

**CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES**

P.O. Box 419064, Rancho Cordova, CA 95741-9064

Reason for this Transmittal

- State Law or Regulation Change
- Federal Law or Regulation Change
- Court Order or Settlement Change
- Clarification requested by One or More Counties
- Initiated by DCSS

October 1, 2002

LCSA LETTER: 02-33

ALL IV-D DIRECTORS

**SUBJECT: CUSTOMER SERVICE AND OMBUDSPERSON PROGRAM ACTIVITY TEMPLATES**

The Department of Child Support Services (DCSS), via CSS Letter No. 00-07, dated November 7, 2000, required each local child support agency (LCSA) to submit quarterly progress reports on the status of their customer service plan implementation.

The quarterly reports were required to detail the current status of the Ombudsperson Program and local customer service initiatives including lessons learned, innovative practices, and expected and actual outcomes of the Customer Service Initiatives. New reporting templates have been designed to simplify the reporting and tracking of Customer Service Initiative activities and allow for the electronic reporting of the information required in CSS Letter No. 00-07.

The new Customer Service Quarterly Activity Report template was developed based on reviews of submitted Customer Service Plans, the Ombudsperson Program, Complaint Resolution regulations, developing Customer Service regulations, and input from the LCSAs. The templates were piloted in San Joaquin and El Dorado counties January through March 2002.

Included in this letter are the following attachments. Attachment I is a sample of the revised Customer Service Quarterly Activity Report template and detailed instructions. Attachment II is a sample of the revised Ombudsperson Program Activity Report template and detailed instructions. Attachment III is a Complaint Description table which provides clarification of the complaint types used in the Ombudsperson Program Activity Report. LCSAs needing hard copy versions of the new templates may make copies of the attached report.

LCSAs are required to begin using these new reporting templates to report the required information for the Customer Service Plan Quarterly Report due January 31, 2003 for

DCSS-PR-2002-CTY-0148



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY  
For energy saving tips, visit the DCSS website at  
[www.childsup.cahwnet.gov](http://www.childsup.cahwnet.gov)

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the reporting quarter October 1, 2002 through December 31, 2002. Reports can be submitted electronically to [CSART@dcss.ca.gov](mailto:CSART@dcss.ca.gov), faxed to (916) 464-5065, or sent via postal service to:

Department of Child Support Services  
Attention Customer Service Analysis and Reporting Team, MS-30  
P.O. Box 419064  
Rancho Cordova, CA 95741-9064

If you have any questions or issues related to the new reporting templates, please contact Kelly Pope at [kelly.pope@dcss.ca.gov](mailto:kelly.pope@dcss.ca.gov) or (916) 464-5246.

Sincerely,

PATRIC B. ASHBY  
Deputy Director  
Child Support Services Division

Attachments (3)

## Customer Service Quarterly Activity Report

Reporting Quarter \_\_\_\_\_

Calendar Year \_\_\_\_\_

LCSA: \_\_\_\_\_

Name of Person Completing Report: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Y\_\_ N\_\_ Customer Service Evaluation included in this report.

Y\_\_ N\_\_ Attachments sent via postal service to: California Department of Child Support Services

P.O. Box 419064

Rancho Cordova, CA 95741-9064

Unique County Needs identified through the DCSS Customer Service Satisfaction Survey:

- 1.
- 2.
- 3.

Total Customer Service expenditures this quarter = \$

## Customer Service Initiatives by Component:

**Outreach\*****Expenditures This Quarter = \$**

1. (Title of initiative) – Participation level: (# of participants, high, low, etc.)

Description and expected Outcome:

 Check box if initiative is described in the Customer Service Plan

Activities:

- 
- 

2. (Title of initiative) – Participation level: (# of participants, high, low, etc.)

Description and expected Outcome:

 Check box if initiative is described in the Customer Service Plan

Activities:

- 
- 

\*Identify all Hispanic outreach initiatives with an asterisk next to the title.

**Customer Service Quarterly Activity Report**  
**Reporting Quarter \_\_\_\_\_**  
**Calendar Year \_\_\_\_\_**

**LCSA: \_\_\_\_\_**

**Access****Expenditures This Quarter = \$**

- 1.** (Title of initiative) – Participation level: (# of participants, high, low, etc.)

Description and expected Outcome:

[] Check box if initiative is described in the Customer Service Plan

Activities:

- 
- 

- 2.** (Title of initiative) – Participation level: (# of participants, high, low, etc.)

Description and expected Outcome:

[] Check box if initiative is described in the Customer Service Plan

Activities:

- 
- 

**Services to Encourage Participation****Expenditures This Quarter = \$**

- 1.** (Title of initiative) – Participation level: (# of participants, high, low, etc.)

Description and expected Outcome:

[] Check box if initiative is described in the Customer Service Plan

Activities:

- 
- 

- 2.** (Title of initiative) – Participation level: (# of participants, high, low, etc.)

Description and expected Outcome:

[] Check box if initiative is described in the Customer Service Plan

Activities:

- 
- 

**Training****Expenditures This Quarter = \$**

- 1.** (Title of initiative) – Participation level: (# of participants, high, low, etc.)

Description and expected Outcome:

[] Check box if initiative is described in the Customer Service Plan

Activities:

- 
-

**Customer Service Quarterly Activity Report**  
**Reporting Quarter \_\_\_\_\_**  
**Calendar Year \_\_\_\_\_**

**LCSA:** \_\_\_\_\_

- 2.** (Title of initiative) – Participation level: (# of participants, high, low, etc.)  
 Description and expected Outcome:  
 Check box if initiative is described in the Customer Service Plan  
 Activities:  
 •  
 •

**Working with Courts**

**Expenditures This Quarter = \$**

- 1.** (Title of initiative) – Participation level: (# of participants, high, low, etc.)  
 Description and expected Outcome:  
 Check box if initiative is described in the Customer Service Plan  
 Activities:  
 •  
 •
- 2.** (Title of initiative) – Participation level: (# of participants, high, low, etc.)  
 Description and expected Outcome:  
 Check box if initiative is described in the Customer Service Plan  
 Activities:  
 •  
 •

**Challenges/Lessons Learned This Quarter**

**Next Steps**

**Comments**

**Instructions  
for the  
Customer Service Quarterly Activity Report**

CSS Letter No. 00-07 dated November 7, 2000 requires LCSAs to implement a Local Customer Service Initiative. As part of this initiative, LCSAs were instructed to develop a Local Customer Service Plan identifying how LCSAs would implement its Local Customer Service Initiatives and defining specific customer service activities. LCSAs are also required to submit quarterly progress reports on the status of the Local Customer Service Plan implementation. The instructions below will assist you in completing the Customer Service Quarterly Activity Report. All data is to be reported to the Department of Child Support Services within ten (10) business days of the end of each calendar quarter.

**Report Contact Information**

Complete this area with the appropriate identifying information (see example below):

Reporting Quarter: Jan – Mar

Calendar Year: 2002

LCSA: Sacramento

Name of Person Completing Report: Jane Doe – Person to contact regarding the report content.

Email Address: jdoe@dcss.ca.gov – Electronic mailing address of the person completing the report.

Telephone: (916) 464-5050 – Telephone number of the person completing the report.

**Initiative Check List**

Customer Service Evaluation included in the report: Indicate Y=yes or N=no if a Customer Service Evaluation is included as part of this quarterly report.

Attachments sent via postal service: Indicate Y=yes or N=no if any additional Customer Service information is sent through the postal service to be included in this quarterly report. Examples of attachments include brochures, training curricula, survey responses, outreach materials, Board of Supervisor meeting minutes, Advisory Body member lists, etc.

**Unique County Needs identified through the DCSS Customer Satisfaction Survey:** Indicate those areas of opportunity which were identified in the DCSS Customer Satisfaction Survey.

**Total Customer Service expenditures this quarter:** The total amount of funds expended this quarter for all customer service initiative activities.

**Instructions  
for the  
Customer Service Quarterly Activity Report**

**Initiative Activities by Component**

Initiatives are grouped by component type i.e. Outreach, Access etc. Using a bulleted format, describe the activities that occurred for each planned, changed, or ongoing initiative.

**Outreach**

**Expenditures This Quarter =** The total amount of funds expended this quarter for outreach activities.

- ✓ Title of initiative: Indicate the name given to describe the initiative.
- ✓ Participation level: Indicate numerically or by general description the level of participation for the event or activity that took place i.e. 150 attendees, high turn-out, or 60% of high school seniors.
- ✓ Description and expected Outcome: A complete description of the initiative should already be provided in the initial Customer Service Plan. This section should only be completed if the initiative is new and was not described in the initial Customer Service Plan or was greatly modified. Describe the initiative including who will benefit from the activity, what need or opportunity is the focus of the initiative, the expected outcome or what is hoped to be accomplish through initiative, and how the initiative will be evaluated.
- ✓  Check box if initiative is described in the Customer Service Plan: Place a check in the box if you have already provided a description of this initiative in the Customer Service Plan and there has been no changes to the initiative.
- ✓ List activities for this initiative in bullet format:
  - Made 3 school presentations.
  - Attended school board meeting to get support for the “Keep Your Freedom, Keep Your Dream” program.
  - Developed a new power point presentation to add to curriculum.
  - Student evaluations being sent through the mail.

\* Identify those outreach initiatives that target the Hispanic population by placing an asterisk (\*) next to the title of that initiative.

Provide the above information for each initiative that applies to this Outreach component.

**Access** - Same instructions as described for the Outreach component above.

**NCP Service** - Same instructions as described for the Outreach component above.

**Training** - Same instructions as described for the Outreach component above.

**Court Access** - Same instructions as described for the Outreach component above.

**Instructions  
for the  
Customer Service Quarterly Activity Report**

**Challenges/Lessons Learned This Quarter**

Describe in bullet form any challenges that impede the progress of the initiative and/or the lessons learned from the current activities that will result in a change in the next quarter's approach/activities. For example:

- Vacant positions and changes in unit structure caused delay in implementing program changes.
- Overview of Child Support video is too long to use at booth presentations. A two – three minute version of the overview will be developed.
- Customer service training needs to be updated for all staff.

**Next Steps**

Describe, in bullet form, the activities that are planned for the next quarter. For example:

- Further collaboration with stakeholders to progress with program.
- Outreach Coordinator to set meeting with Family Law Facilitators and Legal Aid for next quarter.
- Supervisor to conduct a review of the impact the current changes have had on the staff.

**Other Customer Service Functions or Comments**

Describe any other customer service functions, activities, programs or services that have not previously been reported and are not receiving the Customer Service Allocation. These customer service functions may have been in place prior to the November 7, 2000 letter or more recently implemented. Any information that has not been captured above can also be added to this section to give greater insight and understanding of the overall county program.

Reports can be submitted electronically to CSART@dcss.ca.gov, faxed to (916) 464-5065, or sent via postal service to:

Department of Child Support Services  
Attention Customer Service Analysis and Reporting Team  
P.O. Box 419064  
Rancho Cordova, CA 95741-9064



## OMBUDSPERSON PROGRAM ACTIVITY REPORT

Calendar Year \_\_\_\_\_

Local Child Support Agency Name: \_\_\_\_\_

Lead Ombudsperson Name : \_\_\_\_\_

Telephone: \_\_\_\_\_

*Quarterly Reports are due to DCSS within fifteen (15) business days after the end of the calendar quarter.*

<b>Inquiries</b>	<b>1<sup>st</sup> Quarter (Jan – Mar)</b>	<b>2<sup>nd</sup> Quarter (Apr – Jun)</b>	<b>3<sup>rd</sup> Quarter (Jul – Sept)</b>	<b>4<sup>th</sup> Quarter (Oct – Dec)</b>
Number of Inquiries, Disputes or Issues – Ombudsperson contact with customer				
Number of referrals made				
Number of Complaints – Cases when customer chooses to file formal complaint				
<b>Complaint Type</b>				
<b>Collection and Distribution of Child Support or Calculation of Child Support Arrearages:</b>				
Child support collection and distribution				
Incorrect child support arrears calculation				
Interest calculation				
Assignment of Rights				
<b>Child Support Services</b>				
Case opening				
Case closure				
Locate				
Service of Process				
Paternity Establishment				
Child Support Order Establishment				
Establishment of Medical Support Order				
<b>Enforcement of Child Support Order</b>				
FTB action or inaction (i.e., FTB Debt Collection Program)				
FTB Tax Intercept				
IRS Tax Intercepts				
Other intercepts				
License Suspension				
Civil Contempt				
Criminal Contempt				
Personal Property Lien				
Real Property Lien				
Credit Reporting				
Passport Denial				
Wage Assignment				
Enforcement of Medical Support Order				
Review and Modification of Child Support Order				

**OMBUDSPERSON PROGRAM ACTIVITY REPORT**  
**Calendar Year \_\_\_\_\_**

<b>Customer Service Complaints</b>	<b>1<sup>st</sup> Quarter (Jan – Mar)</b>	<b>2<sup>nd</sup> Quarter (Apr – Jun)</b>	<b>3<sup>rd</sup> Quarter (Jul – Sept)</b>	<b>4<sup>th</sup> Quarter (Oct – Dec)</b>
<b>Customer Service Complaints</b>				
Impolite treatment				
Communication unclear				
Slow or non-responsive				
Limited or no access				
<b>Complaints Not appropriately Addressed Through the Complaint Resolution Process</b>				
Amount of Court Ordered child support				
Court ordered or equivalent determination of paternity				
Amount of Court Ordered spousal support				
Child custody or visitation				
<b>Miscellaneous</b>				
Mistaken identity				
Other (describe complaint type)				
▪				
▪				
▪				
<b>State Hearing Assistance</b>				
Number of customers assisted with State Hearing Preparation				

**OMBUDSPERSON PROGRAM ACTIVITY REPORT**

Calendar Year \_\_\_\_\_

Quarterly Reporting Period \_\_\_\_\_

**Customer Satisfaction Assessment**

Per CCR Section 111543 (a): Ombudsperson shall assess customer satisfaction with the local child support agency's actions regarding the inquiry, issue, dispute or complaint with the local child support agency.

*Complaint Resolution Data Analysis due to DCSS within 30 business days after the end of the calendar quarter*

**Complaint Resolution Data Analysis**

Per CCR Section 111543 (c): Systemic issues identified based on analysis of complaint resolution information required by Section 120108.

**Other Ombudsprogram Activities**

Per CCR Section 111543 (d): Compile and maintain other information required by the Department upon request.

## OMBUDSPERSON PROGRAM ACTIVITY REPORT INSTRUCTION SHEET

This instruction sheet will assist you in completing the Ombudsperson Program Activity Report. Ombudsperson Program information is to be reported to the Department of Child Support Services within 15 business days of the end of the calendar quarter with the exception of the Complaint Resolution Data Analysis of systemic issues which is due 30 business days of the end of the calendar quarter.

### **Ombudsperson Information**

Enter the appropriate information in the following (*see example below*):

Calendar Year 2002

Local Child Support Agency Name: Sacramento

Lead Ombudsperson Name : Jane Doe

Telephone: (916) 456-7890

### **Inquiries**

This category will capture the number and type of inquiries, issues, disputes/complaints received by the Ombudsperson. Complete this information as follows:

- **Number of inquiries, issues or disputes:** Enter total number of inquiries, issues, disputes/complaints received for the quarter.
- **Number of referrals:** Enter the number of referrals made to other agencies from the Ombudsperson Office.
- **Number of Complaints:** Enter the number of complaints received from customers.
- **Complaint Type:** Categorize complaints by complaint type (i.e. case closure, FTB tax intercept, paternity establishment, etc.) Enter the number of complaint types in the appropriate field. – See Attachment III Complaint Descriptions.

### **State Hearing Assistance**

Enter the number of customers assisted with State Hearing Preparation.

### **Customer Satisfaction Assessment**

Provide assessment of customer satisfaction with the local child support agency.

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**Complaint Resolution Data Analysis**

Identify and report any systemic issues to the Department of Child Support Services within 30 business days after the end of the calendar quarter.

**Other Ombudsprogram Activities**

Identify and report any Ombudsprogram activities performed this quarter that were not captured in the above information.

Reports can be submitted electronically to CSART@dcss.ca.gov, faxed to (916) 464-5065, or sent via postal service to:

Department of Child Support Services  
Attention Customer Service Analysis and Reporting Team  
P.O. Box 419064  
Rancho Cordova, CA 95741-9064

## Complaint Description

Category	Complaint Type	Description
<b>Collection/Distribution of Child Support or Calculation of Arrearages</b>		
	Child support collection and distribution	Complainant alleges the local child support agency did not distribute child support collections or incorrectly disbursed or distributed child support collections.
	Incorrect child support arrears calculation	Complainant alleges that the local child support agency incorrectly calculated the amount of child support arrears.
	Interest calculation	Complainant alleges the local child support agency incorrectly calculated the amount of interest on arrears.
	Assignment of Rights	Complainant alleges the local child support agency did not comply with state or federal law or policies when establishing the Assignment of Rights, i.e., determined that/how the complainant must trade their right to child support monies collected to the county in exchange for CalWORKS, Foster Care, or Medi-Cal benefits.
<b>Child Support Services</b>		
	Case opening	Complainant alleges the local child support agency did not comply with state or federal law or policies by not opening a child support case upon request, or not opening the case within the required timeframes.
	Case closure	Complainant alleges the local child support agency did not comply with state or federal law or policies by closing a child support case or failing to close a child support case.
	Locate	Complainant alleges the local child support agency did not comply with state or federal law or policies regarding locating a parent.

Complaint Description

Category	Complaint Type	Description
<b>Child Support Services</b>		
	Service of Process	Complainant alleges the local child support agency did not comply with state or federal law, policies or timeframes for service and process of child support documents.
	Paternity Establishment	Complainant alleges the local child support agency did not comply with state or federal law, policies or timeframes for establishing paternity.
	Child Support Order Establishment	Complainant alleges the local child support agency did not comply with state or federal laws and policies for establishing a Child Support order.
	Establishment of Medical Support Order	Complainant alleges the local child support agency did not comply with state or federal laws and policies for establishing a Medical Support order.
<b>Enforcement of Child Support Order</b>		
	FTB action or inaction (i.e., FTB Debt Collection Program)	Complainant alleges the local child support agency or Franchise Tax Board did not comply with state or federal law or policies regarding FTB enforcement action, failed to take adequate steps to utilize FTB enforcement action, or excessively used FTB enforcement action.
	FTB Tax Intercept	Complainant alleges the local child support agency or Franchise Tax Board did not comply with state or federal law or policies regarding use of the FTB Tax Intercept Program.

Complaint Description

Category	Complaint Type	Description
Enforcement of Child Support Order		
	IRS Tax Intercept	Complainant alleges the local child support agency did not comply with state or federal law or policies regarding the use of the IRS Tax Intercept Program to enforce a child support order.
	Other intercepts	Complainant alleges the local child support agency did not comply with state or federal law or policies regarding the use of other intercept programs to enforce a child support order.
	License Suspension	Complainant alleges the local child support agency did not comply with state or federal law or policies for suspending driver, professional, occupational or recreational licenses.
	Civil Contempt	Complainant alleges the local child support agency did not comply with state or federal law or policies regarding using Civil Contempt to enforce child support.
	Criminal Contempt	Complainant alleges the local child support agency did not comply with state or federal law or policies regarding using Criminal Contempt to enforce child support.
	Personal Property Lien	Complainant alleges the local child support agency did not comply with state or federal law or policies regarding using a personal property lien to enforce child support.
	Real Property Lien	Complainant alleges the local child support agency did not comply with state or federal law or policies regarding using a real property lien to enforce child support.



## Complaint Description

Category	Complaint Type	Description
<b>Enforcement of Child Support Order</b>		
	Credit Reporting	Complainant alleges the local child support agency reported inaccurate information or did not comply with state or federal law or policies for reporting information to credit bureaus.
	Passport Denial	Complainant alleges the local child support agency did not comply with state or federal law or policies regarding using passport denial to enforce child support.
	Wage Assignment	Complainant alleges the local child support agency did not comply with state or federal law or policies regarding establishing or enforcing a wage assignment to collect child support.
	Enforcement of Medical Support Order	Complainant alleges the local child support agency did not comply with state or federal law or policies regarding enforcing a medical support order.
	Review and Modification of Child Support Order	Complainant alleges the local child support agency did not comply with state or federal law or policies for review and modification of a child support order.

## Complaint Description

Category	Complaint Type	Description
<b>Customer Service Complaints</b>		
	Impolite treatment	Complainant alleges local child support agency staff treated them rudely, frequently transferred their calls or did not provide the complainant with requested assistance.
	Communication unclear	Complainant alleges the local child support agency's written/verbal communication is vague, confusing or not understandable.
	Slow or non-responsive	Complainant alleges the local child support agency is unresponsive or slow to respond to written or verbal inquiries.
	Limited or no access	Complainant alleges there is limited or no access to the local child support agency, i.e., lack of transportation, office hours not convenient, cannot access staff via telephone, long wait on phone line.
<b>Complaints Not Appropriately Addressed Through the Complaint Resolution Process</b>		
	Amount of Court Ordered child support	Complaints regarding a court ordered amount of child support or child support arrears.
	Court ordered or equivalent determination of paternity	Complaints regarding a court order or equivalent determination of paternity.
	Amount of Court Ordered spousal support	Complaints regarding a court order for spousal support.
	Child custody or visitation	Complaints regarding child custody or visitation matters.
<b>Miscellaneous</b>		
	Mistaken identity	Complainant alleges that he/she is not the individual the child support agency named or meant to name in a child support matter.
	Other (User will be automatically prompted to enter explanation of this complaint type)	All child support complaints that do not fit into the above listed types.