

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

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



June 19, 2001

LCSA LETTER NO. 01-18

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

TO: ALL IV-D DIRECTORS

SUBJECT: AUTOMATED COMPLAINT RESOLUTION TRACKING SYSTEM

Assembly Bill 472 (Chapter 803, Statutes of 1990), requires the establishment of a uniform complaint resolution process within the local child support agencies (LCSA). To ensure uniform complaint resolution data tracking and reporting, DCSS has developed the automated Complaint Resolution Tracking System (CRTS). The CRTS is web based and will not require any modification to the county consortia application.

Effective July 1, 2001, LCSAs will be required to use CRTS to enter complaint data through the internet. DCSS will use CRTS to collect and track complaint data statewide. The Department of Social Services, State Hearing Office will use CRTS to view the resolution status of a complaint when a custodial party or non-custodial parent requests a State Hearing. DCSS will make training available on CRTS to all counties.

The CRTS will only be accessible to authorized users. We request that each IV-D agency complete the attached Child Support Complaint Resolution Tracking System Login ID Request form, which will identify authorized users in your county. For information regarding a JetForm template of this form, please contact Kristy Johnson by e-mail at kristy.johnson@dcss.ca.gov or by telephone at (916) 464-5219.

We will use this information to assign unique User names for each authorized user in your county. The number of unique User names assigned to each county will be based on the county caseload. We will only assign unique User names to those employees that have signed and completed the Child Support Complaint Resolution Tracking System Login ID request form.



Please complete the Child Support Complaint Resolution Tracking System Login ID Request form. To ensure user access to CRTS beginning July 1, 2001, the form should be mailed, faxed or e-mailed within five (5) days from the date of this letter to:

Department of Child Support Services
Attention: Michael Coleman, Manager
P.O. Box 419064
Rancho Cordova, CA 95741-9064
Fax: (916) 464-5065
E-Mail: michael.coleman@dcss.ca.gov

Please contact Francine Woods, Chief of the Customer and Community Services Branch, at (916) 464-5337 or by email at francine.woods@dcss.ca.gov, if you have any questions or concerns.

Sincerely,

CURTIS HOWARD
Assistant Deputy Director
Child Support Services Division

Attachment

CHILD SUPPORT COMPLAINT RESOLUTION TRACKING SYSTEM LOGIN ID REQUEST

The DCSS Complaint Resolution Tracking System Login ID Request form is used to authorize, change and terminate access to the DCSS Complaint Resolution Tracking System. The information on this form must be kept current. It must be signed by the Supervisor and user before access will be granted. When an employee separates from the local child support agency, requests to terminate access must be submitted to DCSS as soon as possible and no later than one business day after the employee's separation date. Form must be kept on file with the LCSA.

Step 1 REQUESTING COUNTY:

1. Complete Sections 1 through 4
2. Forward the completed login ID request to the DCSS

Step 2 DEPARTMENT OF CHILD SUPPORT SERVICES:

1. Assign login ID and register the users password
2. Complete Section 5
3. Route copy of form back to county agency to keep on file

SECTION 1 User Information

User Name _____

County _____

Phone Number _____

Fax Number _____

E-Mail Address _____

Access Level Case Worker Ombudsperson State Hearing

SECTION 2 User Acknowledgement of Responsibilities and Signature

This section is to be read and completed by the user prior to receiving access to the tracking system database.

I acknowledge that the DCSS has provided data base access for my use in performing my job duties. The DCSS will grant system access to me as specified in this document. I will use the system application access for appropriate business purposes and only at the LCSA worksite. I will take reasonable precautions to protect the confidential and sensitive data in this system. This access will remain in force until it is changed and documented in a subsequent change request.

User Name (Print)	User Signature	Date
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COMPLAINT RESOLUTION TRACKING SYSTEM LOGIN ID REQUEST-CONTINUED

SECTION 3 IV-D DIRECTOR or Designee Verification Signature

I confirm that:

- The proposed permission / privileges for the tracking system database has been authorized for the above named user

- The Acknowledgement of Responsibilities has been read and signed by the user

- Termination action has been taken to cancel the employee's account

IV-D DIRECTOR NAME (PRINT)	IV-D DIRECTOR SIGNATURE	DATE
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SECTION 4 County Point of Contact Information

POINT OF CONTACT:

Name _____

Phone Number _____

Fax Number _____

E-Mail Address _____

SECTION 5 DCSS Login ID Assignment

Users ID: _____

User Password: _____

Date Assigned: _____ By: _____