



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

CARLA WEST • Division Director, Human Services

January 12, 2026

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES

ATTENTION: Child Support Managers and Supervisors

SUBJECT: Quarterly ACTS User Certification Report

REQUIRED ACTION: <input type="checkbox"/> Information Only	<input type="checkbox"/> Action Needed
<input checked="" type="checkbox"/> Time Sensitive Action Needed	<input type="checkbox"/> Immediate Action Needed

The quarterly ACTS User Certification Report is due January 22, 2026. The purpose of the report is to assist the Child Support Security Team with verifying access to the Automated Collection and Tracking System (ACTS)/North Carolina Child Support Worker Portal and the State Services Portal. The report titled **“Child Support Staff or Positions”** can be found in the Client Services Data Warehouse (CSDW) under the Child Support Standards reports located in the Public Folders. The new URL for CSDW is <https://csdwportal.ncdhhs.gov/csdwlogin/>.

After selecting report month December 2025, please export the CSDW report in an **Excel format**, attach that report to an email message, and send it to CSS.Security@dhhs.nc.gov and your Regional Continuous Quality Review Specialist (**reports must be submitted electronically**), your email will serve as the Supervisor or Security Officer’s signature.

Prior to sending the report to the State, supervisors must review the access settings for each child support case manager to ensure that it is accurate. If you need to make a change, indicate the change on the report under the **“Actions Needed”** column. It is important that each case manager’s role for the State Services Portal (SSP) or Worker Type in ACTS/Worker Portal is correct.

The IRS now requires that all child support agencies complete specialized training in security, disclosure awareness, and ethics on a quarterly basis. Users will satisfy this requirement by reviewing the Quarterly Disclosure Awareness Training attached to this email, which is titled “MFA-Why We Use it.” Supervisors must answer yes or no for each user under the column labeled, “Qtly Awareness Training (Y/N)” in the report confirming that the user has satisfied the quarterly awareness training requirement.

ACTS Worker Profile forms should be submitted for the noted changes and deletions via email to CSS.Security@dhhs.nc.gov.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES • CHILD SUPPORT SERVICES

MAILING ADDRESS: P.O. Box 20800, Raleigh, NC 27619
www.ncdhhs.gov • TEL: 919-855-4755 • FAX: 919-715-8174

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

If you have any questions, please contact the Security Team at CSS.Security@dhhs.nc.gov .

Sincerely,

A handwritten signature in blue ink that reads "Verna Donnelly". The signature is written in a cursive style with a large initial "V".

Verna Donnelly
North Carolina State Child Support Deputy Director

cc: IV-D Regional Continuous Quality Review Specialist
CSS_26_02