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Performance Audit of

**The Department of Children and Family Services  
Child Safety and Well-Being  
Pursuant to Public Act 101-0237 (Ta’Naja’s Law)**

**Background:**

Public Act 101-0237 (Act) was enacted on August 9, 2019, and it amends both the Children and Family Services Act (20 ILCS 505) and the Abused and Neglected Child Reporting Act (325 ILCS 5). The Act also directs the Auditor General to conduct a performance audit one year after the effective date of January 1, 2020. The audit is to determine if the Department of Children and Family Services (DCFS) is meeting the requirements of the Act. Within two years of the audit’s release, the Auditor General is to conduct a follow-up performance audit in order to determine if DCFS has implemented the recommendations within the initial performance audit.

On May 5, 2021, House Resolution 165 was passed which renamed Public Act 101-0237 to “Ta’Naja’s Law,” after Ta’Naja Barnes. Ta’Naja was a two-year-old child who died on February 11, 2019, approximately six months after custody was remanded to her mother. Based on preliminary autopsy findings, her death was due to dehydration, malnourishment, physical neglect, and cold exposure. Ta’Naja Barnes’ mother and her mother’s boyfriend have subsequently been convicted of murder for her death.

**Key Findings:**

- Home Safety Checklists are home safety assessments and educational tools that assist in promoting the safety of children. A Home Safety Checklist is to be completed by DCFS whenever it is determined by a court that a child that has been court ordered into foster or substitute care can return to the custody of the parent or guardian. **DCFS was unable to provide 192 of the 195 (98%) required Home Safety Checklists** within our sample. Additionally, according to DCFS’ website, Home Safety Checklists had still not been updated with required new language as of March 16, 2022.
- Aftercare services are to be provided to the child and child’s family by DCFS or a purchase of service agency, and shall begin on the date upon which the child is returned to the custody or guardianship of the parent or guardian. However, DCFS did not ensure that children and families were receiving the recommended aftercare services for the required six months upon family reunification. Of the 50 cases tested, **29 (58%) did not have at least six months of documented aftercare services**, according to information within DCFS’ system of record. In addition, aftercare services procedures were not updated to reflect the new requirements within Public Act 101-0237 until December 28, 2020, almost an entire year after the effective date of the Act.
- Children in DCFS’ care are not receiving their well-child visits/check-ups as required by the federal Centers for Medicare and Medicaid Services, the Department of Public Health’s administrative rules, the Department of Healthcare and Family Services handbook for providers, and the American Academy of Pediatrics guidelines, as well as DCFS’ own procedures. Of the 50 cases tested within each category, **9 (18%) were missing at least one physical examination, 7 (14%) were missing at least one vision screening, 28 (56%) were missing at least one hearing screening, and 44 (88%) were missing at least one dental exam**, according to data within DCFS’ system of record. There were also numerous data entry errors and inconsistent data entry locations for dates when services were received.
- Auditors attempted to review 50 cases to ensure that children were up to date on their age-appropriate immunizations. However, after reviewing 10 cases, it was determined that **the immunizations data within DCFS’**

**system of record was unreliable for testing.** DCFS was able to provide hard copy medical records showing that only nine influenza vaccinations were actually missing.

- The system of record for DCFS, the Statewide Automated Child Welfare Information System (SACWIS), is unable to track or identify child welfare service referrals and child protective investigations that are initiated as a result of the new requirements pursuant to Public Act 101-0237. Because DCFS was unable to provide a population, auditors were unable to test for compliance with the Public Act.
- When reviewing the organizational chart data provided by DCFS, auditors determined that 3,291 (55%) of the 6,037 positions listed within DCFS' Operations divisions are categorized as unfunded. Of the 2,746 positions that are categorized as funded, 573 (21%) are vacant.

***Key Recommendations:***

The audit report contains eight recommendations directed to DCFS including:

- The Department of Children and Family Services should complete Home Safety Checklists as required by 20 ILCS 505/7.8(c) and DCFS Administrative Procedure Number 25. In addition, the Department should include language in the Home Safety Checklists certifying that there are no environmental barriers or hazards to prevent returning the child home, as required by 20 ILCS 505/7.8(c).
- The Department of Children and Family Services should ensure that aftercare services are being provided to children and/or their families for at least six months after the last child is returned home, as required by 20 ILCS 505/7.8(d) and DCFS Procedure 315.250.
- The Department of Children and Family Services should ensure that all children in care receive their well-child visits/check-ups, including physical examinations, vision and hearing screenings, and dental exams, as required by:
  - DCFS Procedures 302.360(e) through (g);
  - Sections II, IV.B.c, and IV.B.d of the EPSDT guide;
  - 77 Ill. Adm. Code 675.110;
  - 77 Ill. Adm. Code 685.110;
  - DHFS Healthy Kids Provider Handbook, HK-203.7.1;
  - DHFS Healthy Kids Provider Handbook, HK-203.7.2; and
  - The guidelines from the American Academy of Pediatrics.
- The Department of Children and Family Services should ensure that immunization data entered into the system of record (SACWIS) is both valid and reliable.
- The Department of Children and Family Services should develop a mechanism in SACWIS that allows the tracking of child welfare service referrals and child protective services investigations that are the result of a call from a mandated reporter that involves a prior indicated finding of abuse or neglect, or an open services case, per Public Act 101-0237.
- The Department of Children and Family Services should review the unfunded positions within its organizational chart data and update the organizational charts accordingly in order to more accurately reflect staffing needs. If DCFS determines that there are unfunded positions that are necessary to fulfill its mission, funding should be sought for those positions.

This performance audit was conducted by the staff of the Office of the Auditor General.

## Report Digest

Public Act 101-0237 was enacted on August 9, 2019, and it amends both the Children and Family Services Act (20 ILCS 505) and the Abused and Neglected Child Reporting Act (325 ILCS 5). The Act also directs the Auditor General to conduct a performance audit one year after the effective date of January 1, 2020. The audit is to determine if the Department of Children and Family Services (DCFS) is meeting the requirements of the Act. Within two years of the audit’s release, the Auditor General is to conduct a follow-up performance audit in order

### Digest Exhibit 1

#### ASSESSMENT OF AUDIT DETERMINATIONS

Determination from the Public Act	Auditor Assessment
<i>Whether DCFS is completing Home Safety Checklists within the correct timeframes, as required by 20 ILCS 505/7.8(c).</i>	<ul style="list-style-type: none"> <li>DCFS was unable to provide 192 of the 195 (98%) required Home Safety Checklists within our sample. Additionally, according to DCFS’ website, Home Safety Checklists had still not been updated with required new language as of March 16, 2022. (pages 22-26)</li> </ul>
<i>Whether DCFS is ensuring that each child and their family are provided a minimum of six months of aftercare services upon the return home of the child, as required by 20 ILCS 505/7.8(d).</i>	<ul style="list-style-type: none"> <li>DCFS did not ensure that children and families were receiving the recommended aftercare services for the required six months upon family reunification. In addition, aftercare services procedures were not updated to reflect the new requirements within Public Act 101-0237 until December 28, 2020, almost an entire year after the effective date of the Act. (pages 27-30)</li> </ul>
<i>Whether DCFS is ensuring that each child within its jurisdiction is up to date on their well-child visits/well-child check-ups, as required by 20 ILCS 505/7.8(b).</i>	<ul style="list-style-type: none"> <li>Children in DCFS’ care are not receiving their well-child visits/check-ups as required by the federal Centers for Medicare and Medicaid Services, the Department of Public Health’s administrative rules, the Department of Healthcare and Family Services handbook for providers, and the American Academy of Pediatrics guidelines, as well as DCFS’ own procedures. (pages 32-37)</li> </ul>
<i>Whether DCFS is ensuring that each child within its jurisdiction is up to date on their age-appropriate immunizations, as required by 20 ILCS 505/7.8(b).</i>	<ul style="list-style-type: none"> <li>Auditors attempted to review 50 cases to ensure that children were up to date on their age-appropriate immunizations. However, after reviewing 10 cases, it was determined that the immunizations data was unreliable for testing. (pages 40-43)</li> </ul>
<i>Whether DCFS is in compliance with 325 ILCS 5/7.01(a), Safety Assessments for Reports Made by Mandated Reporters.</i>	<ul style="list-style-type: none"> <li>The system of record for DCFS, SACWIS, is unable to track or identify child welfare service referrals and child protective investigations that are initiated as a result of the new requirements pursuant to Public Act 101-0237. Because DCFS was unable to provide a population, auditors were unable to test for compliance with the Public Act. (pages 44-46)</li> </ul>

Source: OAG assessment of the audit determinations contained in Public Act 101-0237 (Ta’Naja’s Law).

to determine if DCFS has implemented the recommendations within the initial performance audit. (page 1)

## **Background**

On May 5, 2021, House Resolution 165 was passed which renamed Public Act 101-0237 to “Ta’Naja’s Law,” after Ta’Naja Barnes. Ta’Naja was a two-year-old child who died on February 11, 2019, approximately six months after custody was remanded to her mother. Based on preliminary autopsy findings, her death was due to dehydration, malnourishment, physical neglect, and cold exposure. Ta’Naja was initially removed from her mother’s home in December 2017 as a result of a DCFS investigation. Ta’Naja was in the care of her father from March through June of 2018, and then in the care of a foster family until custody was remanded to the mother in August of 2018. Ta’Naja Barnes’ mother and her mother’s boyfriend have subsequently been convicted of murder for her death. (page 1)

The Act contains four areas with which DCFS is to be in compliance, which are detailed below.

### **Home Safety Checklist (20 ILCS 505/7.8(c)):**

- A Home Safety Checklist is to be completed by DCFS whenever it is determined by a court that a child that has been court ordered into foster or substitute care can return to the custody of the parent or guardian.
- The home must be determined sufficient to ensure the child’s safety and well-being, as defined in DCFS’ rules and procedures.
- At a minimum, the checklist is to be completed within 24 hours prior to the child’s return home, again within 5 working days of the return home, and then monthly until the child’s case is closed pursuant to the Juvenile Court Act of 1987.
- The checklist shall include a certification that there are no environmental barriers or hazards to prevent returning the child home.

### **Aftercare Services (20 ILCS 505/7.8(d)):**

- Aftercare services are to be provided to the child and child’s family by DCFS or a purchase of service agency, and shall begin on the date upon which the child is returned to the custody or guardianship of the parent or guardian.
- Aftercare services are to be provided for a minimum of six months for each child, beginning on the date the child returns home.

### **Well-Child Visits/Well-Child Check-Ups and Immunizations (20 ILCS 505/7.8(b)):**

- While the court retains jurisdiction over the case, DCFS is to ensure that the child is up to date on well-child visits/well-child check-ups, including age-appropriate immunizations.

- If immunizations are not up to date there must be a documented religious or medical reason.

### **Safety Assessments for Reports Made by Mandated Reporters (325 ILCS 5/7.01(a)):**

- DCFS must, at a minimum, accept the following reports as a child welfare services referral:
  - When a report is made by a mandated reporter and there is a prior indicated report of abuse or neglect; or
  - When a report is made by a mandated reporter and there is a prior open case involving any member of the household.
- A child protective services investigation is to be initiated if:
  - The family refuses to cooperate, and the facts otherwise meet the criteria to accept a report; or
  - The family refuses access to the home or children, and the facts otherwise meet the criteria to accept a report.

Appendix A contains Public Act 101-0237 in its entirety.

### **Agency Organization**

DCFS contracts with purchase of service agencies, also known as private agencies, to provide much of the day-to-day operations, including case management services, family preservation and support services, family foster care, kinship care, adoption, respite care, institutional care, group care, independent living skills, and transitional living skills. There are also many different divisions and units that may be involved in a case of a youth in care. For the purposes of this audit, the relevant divisions are the State Central Register, Child Protection, Intact Family Services, and Permanency Services. The responsibilities of each division are briefly described below.

**State Central Register** – The process of investigating suspected child abuse and neglect begins at the State Central Register. Call floor workers at the State Central Register receive calls through the Child Abuse Hotline. When a report of abuse or neglect is received, the call floor workers enter the information into the Statewide Automated Child Welfare Information System (SACWIS).

**Child Protection** – The Division of Child Protection includes a variety of line staff, such as investigators and caseworkers. Child protective services responsibilities include investigations of abuse and neglect and working with families and caseworkers (usually from private agencies).

**Intact Family Services** – This division is designed to provide short term voluntary services intended to make reasonable efforts to stabilize, strengthen, enhance, and preserve family life by providing services that enable children to remain safely at home.

**Placement/Permanency Services** – When out-of-home options for care need to be considered, DCFS provides placement and permanency services to address safety, permanency, and well-being goals in the least restrictive, most home-like environment that meets the needs of the child. Permanency planning identifies a permanency goal for a child in substitute care, beginning from the earliest contacts with the child and family, continuing through service provision, and ending when services are terminated. (pages 1-5)

Digest Exhibit 2  
**DCFS OPERATIONS FUNDED POSITIONS**  
 (As of December 2, 2021)

Division	Filled Positions	Vacant Positions	Total Positions
Child Protection	935 (79%)	255 (21%)	1,190
Child Welfare	702 (76%)	219 (24%)	921
Other Statewide Offices <sup>1</sup>	536 (84%)	99 (16%)	635
<b>Totals</b>	<b>2,173 (79%)</b>	<b>573 (21%)</b>	<b>2,746</b>

<sup>1</sup> Other Statewide offices include Clinical & Child Services, Clinical Practice, Division of Child Services, Intact Family Services, Office of Chief Deputy Director, Research & Child Well-Being, and State Central Register.

Source: OAG analysis of DCFS positions.

Digest Exhibit 3  
**DCFS OPERATIONS FUNDED/UNFUNDED POSITIONS**  
 (As of December 2, 2021)

Division	Funded Positions	Unfunded Positions	Total Positions
Child Protection	1,190 (41%)	1,742 (59%)	2,932
Child Welfare	921 (47%)	1,040 (53%)	1,961
Other Statewide Offices <sup>1</sup>	635 (56%)	509 (44%)	1,144
<b>Totals</b>	<b>2,746 (45%)</b>	<b>3,291 (55%)</b>	<b>6,037</b>

<sup>1</sup> Statewide offices include Clinical & Child Services, Clinical Practice, Division of Child Services, Intact Family Services, Office of Chief Deputy Director, Research & Child Well-Being, and State Central Register.

Source: OAG analysis of DCFS positions.

**DCFS Operations Organizational Chart Analysis**

As part of routine auditing procedures, auditors requested all of the relevant organizational charts for the Operations divisions pertinent to the audit. When reviewing the organizational chart data provided by DCFS, auditors determined that **3,291, or 55 percent, of the 6,037 positions listed within DCFS’ Operations divisions are categorized as unfunded**, as seen in **Digest Exhibit 3. Of the 2,746 positions that are categorized as funded, 573, or 21 percent, are vacant**, as seen in **Digest Exhibit 2.**

Because the majority of the positions listed within the organizational chart data provided are unfunded (**3,291 of 6,037, or 55%**), it is difficult to determine the necessary staffing needs of the Department. It is unclear whether these positions are still relevant for the organizational structure of the division, or whether their funding status will change in the future. In order to ensure the safety and well-being of the children for which DCFS is responsible, it is critical to be able to accurately assess the staffing needs of the Operations divisions.

**We recommended that DCFS review the unfunded positions within its organizational chart data and update accordingly in order to more accurately reflect staffing needs. If DCFS determines that there are unfunded positions that are necessary to fulfill its mission, funding should be sought for those positions.** (pages 5-7)

## Chief Internal Auditor Reporting Structure

In addition to the Operations organizational charts, DCFS’ primary organizational chart was also reviewed. This organizational chart structure showed the Chief Internal Auditor reporting directly to the Chief Fiscal Officer. The Fiscal Control and Internal Auditing Act (FCIAA) requires the Chief Internal Auditor to report directly to the Director of the agency. Additionally, generally accepted government auditing standards state that auditors should have: “*independence of mind and appearance....*” According to DCFS officials, the Chief Fiscal Officer had assisted in preparing the Chief Internal Auditor’s annual performance evaluation and discussed the evaluation with the Director in the past. Additionally, the Chief Fiscal Officer had been the initial point of contact for inquiries regarding the internal audit function. This creates a threat to independence, and a possible impairment to independence, within the internal audit reporting structure.

### Yellow Book Standards

The internal audit function should be objective when performing its duties.

**The Yellow Book** - Generally accepted government auditing standards (GAGAS) are the guidelines and standards for governmental audit entities. These guidelines are contained within a book that is referred to as the “**Yellow Book**.”

Yellow Book paragraph 3.11 states: “*Auditors’ objectivity in discharging their professional responsibilities is the basis for credibility of auditing in the government sector. Objectivity includes independence of mind and appearance....*” Yellow Book paragraph 3.21(b) defines independence in appearance as: “*The absence of circumstances that would cause a reasonable and informed third party to reasonably conclude the integrity, objectivity, or professional skepticism of an audit organization or*

*member of the engagement team had been compromised.*” Yellow Book paragraph 3.30(g) defines structural threat as: “*The threat that an audit organization’s place within a government entity in combination with the structure of the government entity being audited, will affect the audit organization’s ability to perform work and report results objectively.*”

An independent reporting structure is imperative to the internal audit function. This ensures that management receives information that is free from actual or perceived impairments to independence. Because the Chief Fiscal Officer has assisted in preparing the Chief Internal Auditor’s performance evaluation, there is a threat to independence, especially when conducting statutory internal audit functions over the fiscal responsibilities of DCFS as required by the FCIAA (30 ILCS 10/2003(a)(2)).

During the course of the audit, the agency provided an updated organizational chart which complies with auditing standards. The updated organizational chart shows that the Chief Internal Auditor directly reports to the agency Director as of October 1, 2021. However, the administrative reporting structure of the internal audit function for timesheets, approval of benefit time, and annual evaluations is still unclear.

**We recommended that DCFS update its reporting structure for the Chief Internal Auditor in order to ensure that the internal audit function is free from impairments to independence. Specifically, the Chief Internal Auditor should be placed within a reporting structure that ensures that the annual performance evaluation is prepared by the Director with no involvement from areas over which the internal audit function has audit responsibilities or statutory reporting requirements.** (pages 9-10)

## Home Safety Checklists

During testing, **DCFS was unable to provide 192 of the 195 (98%) required Home Safety Checklists within our sample.** Additionally, the three Home Safety Checklists that were provided did not contain new language that is required by Public Act 101-0237 certifying that there are no environmental barriers or hazards to prevent the child from returning home.

Home Safety Checklists are home safety assessments and educational tools that assist in promoting the safety of children. Public Act 101-0237 directs the Office of the Auditor General to ensure that DCFS is completing Home Safety Checklists as required by 20 ILCS 505/7.8(c). Examples of when DCFS Permanency Workers are to complete a Home Safety Checklist (CFS 2025) include:

- When a child is placed with an unlicensed relative; the assessment must be completed on the home of the relative;
- When there is a child abuse or neglect investigation of an unlicensed home in which a child is placed;
- Prior to a scheduled, unsupervised visit in the home of the parents;
- Prior to a major change of life circumstances (e.g., move to a new home, child birth);
- Within 24 hours prior to returning a child home; and
- Within 5 working days after a child is returned home and every month thereafter until the family case is closed.

## Home Safety Checklist Testing

From the population of children that were returned home during calendar year 2020, auditors selected a random sample of 50 cases in order to test compliance with Public Act 101-0237. The sample was taken for children in care for at least 30 days and under 18 years old in order to increase the likelihood that a Home Safety Checklist would be required.

## Home Safety Checklist Testing Results

Auditors determined that 300 Home Safety Checklists were required for the entire sample. However, due to COVID-19 restrictions between March and June 2020,



Digest Exhibit 4  
**HOME SAFETY CHECKLIST TESTING RESULTS**

Exceptions	Total	Percentage
Total Home Safety Checklists required	195	N/A
Home Safety Checklists provided	3	2%
Home Safety Checklists missing	192	98%
Home Safety Checklists requiring but missing new language per Public Act 101-0237 <sup>1</sup>	127	65%

Notes:

<sup>1</sup> 124 of these Home Safety Checklists were not provided; however, the dates which they were to have been completed was after 1/1/2020. The Home Safety Checklist had not been updated to include the required language as of March 16, 2022.

<sup>2</sup> Totals and percentages do not add because some cases have multiple exceptions.

Source: OAG testing of Home Safety Checklists.

105 of those checklists could not be performed. This left a total of 195 required checklists.

As shown in **Digest Exhibit 4**, the Department was only able to provide 3 of the 195 (2%) required Home Safety Checklists. Based on the lack of Home Safety Checklists that DCFS was able to provide, checklists are not being completed as required by the Act and DCFS Administrative Procedure Number 25.

**Required Certification**

Public Act 101-0237 also requires that Home Safety Checklists include language certifying that the home has no environmental barriers or hazards to prevent the child from returning home. This requirement became effective January 1, 2020. According to DCFS’ website, Home Safety Checklists had still not been updated with the new language as of March 16, 2022.

**We recommended that DCFS complete Home Safety Checklists as required by 20 ILCS 505/7.8(c) and DCFS Administrative Procedure Number 25. In addition, the Department should include language in the Home Safety Checklists certifying that there are no environmental barriers or hazards to prevent returning the child home, as required by 20 ILCS 505/7.8(c). (pages 22-26)**

**Aftercare Services**

**DCFS did not ensure that children and families were receiving the recommended aftercare services for the required six months upon family reunification.** In 29 of 50 (58%) cases tested, the required six months of aftercare services were not documented. In addition, aftercare services procedures were not updated to reflect the new requirements within Public Act 101-0237 until December 28, 2020, almost an entire year after the effective date of the Act. Another issue identified was inconsistent data entry of critical information, such as reunification dates and service completion dates, into SACWIS. In many instances, important information may only be found in case notes; each case may have hundreds of case note entries, which makes retrieving important information cumbersome.

Public Act 101-0237 changed the Children and Family Services Act (20 ILCS 505/7.8(d)) to include the following language:

*When a court determines that a child should return to the custody or guardianship of a parent or guardian, any aftercare services provided to*

*the child and the child’s family by the Department or a purchase of service agency shall commence on the date upon which the child is returned to the custody or guardianship of his or her parent or guardian. If children are returned to the custody of a parent at different times, the Department or purchase of service agency shall provide a minimum of 6 months of aftercare services to each child commencing on the date each individual child is returned home.*

**Aftercare Service Testing**

Auditors determined that there was a total population of 822 cases with a calendar year 2020 return home date within SACWIS that were required to receive aftercare services within the requirements of Public Act 101-0237. From this population, a random sample of 50 cases was selected to test for compliance. All 50 cases contained a Service Plan.

**Digest Exhibit 5** shows the results for aftercare service testing. Thirty cases (60%) contained at least one exception. **Of the 50 cases tested, 29 (58%) did not have at least six months of documented aftercare services, according to SACWIS.** Additionally, 9 of the 50 cases (18%) had no documented confirmation that services had been utilized, such as a narrative description of service updates, or contact notes with the service provider. **In addition, aftercare services procedures were not updated to reflect the new requirements within Public Act 101-0237 until December 28, 2020, almost an entire year after the effective date of the Act.**

Digest Exhibit 5  
**AFTERCARE SERVICE TESTING RESULTS**

Cases/Exceptions	Total Cases	Total Exceptions	Percentage
Total cases	50		
Cases with exceptions	30		60%
Six months aftercare services not documented		29	58%
Confirmation of services being used not documented		9	18%

Source: OAG testing of After Care Service Plans.

Additionally, according to DCFS officials, many workers are not creating a Service Plan after reunification. DCFS officials stated that training will need to be provided to staff to ensure the policy/procedure is being followed to rectify the issue.

**We recommended that DCFS ensure that aftercare services are being provided to children and/or their families for at least six months after the last child is returned home, as required by 20 ILCS 505/7.8(d) and DCFS Procedure 315.250.** (pages 27-30)

### Aftercare Services Data Entry Issues

DCFS officials explained that many of the issues auditors found with After Care Service Plans were most likely issues with data entry in SACWIS. These issues included the following:

- Information is sometimes only entered into narratives and case notes.
- Cases are sometimes closed in another DCFS system but not in SACWIS. This can result in closed and completed dates not being recorded in SACWIS, which is DCFS' system of record.
- The “Plan Date” at the top of the After Care Service Plan is supposed to be the Plan's completion date; however, it appears to be overridden by review dates.
- The “Actual Completion Date” field, which tracks completion dates of individual services, is rarely utilized.

Because DCFS is not entering critical information into SACWIS accurately and consistently, it is extremely difficult to monitor and track multiple facets of data, including service dates, review dates, and completion dates. This greatly increases the risk that families are not receiving the recommended services for the correct timeframe, and decreases the likelihood of a successful family reunification.

**We recommended that DCFS ensure that data is being entered consistently and accurately into SACWIS, including utilizing the various date fields such as the “Actual Completion Date” field within the Service Plan areas of SACWIS in order to accurately capture timeframes of when services are provided and completed.** (page 31)

### Well-Child Visits/Check-Ups

Children in DCFS' care are not receiving their well-child visits/check-ups as required by the federal Centers for Medicare and Medicaid Services, the Department of Public Health's administrative rules, the Department of Healthcare and Family Services handbook for providers, the American Academy of Pediatrics guidelines, as well as DCFS' own procedures. Of the 50 cases tested within each category, 9 (18%) were missing at least one physical examination, 7 (14%) were missing at least one vision screening, 28 (56%) were missing at least one hearing screening, and 44 (88%) were missing at least one dental exam. SACWIS also contained numerous data entry errors and inconsistent data entry locations for dates when services were received.

DCFS has procedures in place that are to be used for determining when a child should receive physical exams, vision and hearing screenings, dental care, and immunizations. These procedures were last updated on October 15, 2015. DCFS Procedure 302.360(e) states that: “*All well child examinations should be performed in accordance with Early and Periodic Screening Diagnosis and Treatment (EPSDT) standards.*” The EPSDT standards are set forth by the federal Centers for Medicare and Medicaid Services (CMS). The EPSDT

standards list several screenings that should be part of a well-child check-up, including:

- A physical exam;
- Vision and hearing tests;
- Dental exams; and
- Age-appropriate immunizations.

Based on the guidance within both DCFS Procedures 302.360(e-h) and the EPSDT standards, we chose to test annual physical exams, vision and hearing screenings, dental exams/cleanings, and immunizations as the well-child visit and age-appropriate immunizations components of Public Act 101-0237.

**Physical Examination Requirements Testing**

We reviewed service dates beginning in calendar year 2016 in order to present a more complete and meaningful analysis. Calendar year 2016 was chosen as the beginning date because DCFS procedures for routine physical examinations were last updated on October 15, 2015.

Digest Exhibit 6 PHYSICAL EXAMINATION TESTING RESULTS		
Exams	Total Cases	Total Exams
Missed exams	9 (18%)	16 (7%)
Received exams	41 (82%)	218 (93%)
<b>Total</b>	<b>50 (100%)</b>	<b>234 (100%)</b>

Source: OAG testing of physical examinations recorded in SACWIS.

As shown in **Digest Exhibit 6**, within the 50 cases tested, there were 234 total examinations required because some cases required more than one exam. According to SACWIS, 9 of the 50 cases (18%) tested were missing at least one required physical examination. Within these 9 cases, 16 (7%) exams were missing.

**Vision Screening Requirements Testing**

We reviewed service dates beginning in calendar year 2016 in order to present a more complete and meaningful analysis. Calendar year 2016 was chosen as the beginning date because DCFS procedures for objective vision examinations were last updated on October 15, 2015.

Digest Exhibit 7 VISION TESTING RESULTS		
Screenings	Total Cases	Total Screenings
Missed screenings	7 (14%)	10 (14%)
Received screenings	43 (86%)	59 (86%)
<b>Total</b>	<b>50 (100%)</b>	<b>69 (100%)</b>

Source: OAG testing of vision screenings recorded in SACWIS.

As shown in **Digest Exhibit 7**, within the 50 cases tested, there were 69 total screenings required. According to SACWIS, 7 of the 50 cases (14%) tested were missing at least one required vision screening. Within these 7 cases, 10 (14%) of the required screenings were missing.

### Hearing Screening Requirements Testing

We reviewed service dates beginning in calendar year 2016 in order to present a more complete and meaningful analysis. Calendar year 2016 was chosen as the

Digest Exhibit 8 HEARING TESTING RESULTS		
Screenings	Total Cases	Total Screenings
Missed screenings	28 (56%)	43 (43%)
Received screenings	22 (44%)	58 (57%)
<b>Total</b>	<b>50 (100%)</b>	<b>101 (100%)</b>

Source: OAG testing of hearing screenings recorded in SACWIS.

beginning date because DCFS procedures for objective hearing examinations were last updated on October 15, 2015.

As shown in **Digest Exhibit 8**, 28 of the 50 (56%) cases tested had at least one missed hearing screening entry. Within the 50 records tested, there were 101 required hearing screenings. SACWIS did not contain entries for 43 of the 101 (43%) required hearing screenings.

### Dental Care Requirements Testing

We reviewed service dates beginning in calendar year 2016 in order to present a

Digest Exhibit 9 DENTAL EXAMINATION TESTING RESULTS		
Exams	Total Cases	Total Exams
Missed exams	44 (88%)	141 (51%)
Received exams <sup>1</sup>	6 (12%)	135 (49%)
<b>Total</b>	<b>50 (100%)</b>	<b>276 (100%)</b>

<sup>1</sup> One cleaning was missed due to a COVID related office closure.

Source: OAG testing of dental examinations recorded in SACWIS.

more complete and meaningful analysis. Calendar year 2016 was chosen as the beginning date because DCFS procedures for dental examinations were last updated on October 15, 2015.

As shown in **Digest Exhibit 9**, within the 50 cases tested, there were 276 exams required. According to the data in SACWIS, 44 of the 50 cases (88%) tested were missing at least one required exam. These 44 cases were missing 141 exams of the 276 total required (51%).

**We recommended that DCFS ensure that all children in care receive their well-child visits/check-ups, including physical examinations, vision and hearing screenings, and dental exams, as required by:**

- DCFS Procedures 302.360(e) through (g);
- Sections II, IV.B.c, and IV.B.d of the EPSDT guide;
- 77 Ill. Adm. Code 675.110;
- 77 Ill. Adm. Code 685.110;
- DHFS Healthy Kids Provider Handbook, HK-203.7.1;
- DHFS Healthy Kids Provider Handbook, HK-203.7.2; and
- The guidelines from the American Academy of Pediatrics. (pages 32-37)

### Age-Appropriate Immunizations

**Auditors could not test the immunizations data within SACWIS to ensure that children in DCFS’ care were receiving their age appropriate**

**immunizations.** In order to test data, auditing standards require that it meet certain “Appropriateness of Evidence” standards, including validity and reliability. After reviewing 10 cases from the sample of 50, testing was terminated because the data failed to meet the standards required in order to conduct a meaningful analysis. The data contained numerous errors including children receiving well over the total recommended number of vaccinations for their ages. Examples of errors identified during the review of ten cases include:

- Two children receiving well over the total recommended number of vaccinations for their ages (one receiving 36 and the other receiving 41);
- One child only receiving 5 vaccinations instead of the approximately 28 recommended for the child’s age;
- Four children receiving between 6 and 8 total Hepatitis B vaccinations, when the most that should be given is 4;
- One child receiving 8 Poliovirus vaccinations, when only 4 should be administered; and
- Five children receiving between 5 and 6 Chicken Pox/Varicella vaccinations when only 2 should be administered.

**Because SACWIS is the system of record, which by definition is the authoritative data source for case information within DCFS, it is imperative that the medical information entered is correct.**

DCFS was able to provide hard copy medical records showing that, out of all the missing vaccinations that auditors identified, only nine influenza vaccinations were actually missing, with four of those possibly missing due to the COVID-19 pandemic.

**We recommended that DCFS ensure that immunization data entered into the system of record (SACWIS) is both valid and reliable.** (pages 40-43)

### **Safety Assessments for Reports Made by Mandated Reporters**

The system of record for DCFS, SACWIS, is unable to track or identify child welfare service referrals and child protective investigations that are initiated as a result of the new requirements pursuant to Public Act 101-0237. DCFS officials stated that SACWIS currently does not have a mechanism in place to identify this population. **Because DCFS was unable to provide a population, auditors were unable to test for compliance with the Public Act.**

Public Act 101-0237 changed the Abused and Neglected Child Reporting Act (325 ILCS 5/7.01) to include:

*When a report is made by a mandated reporter...and there is a prior indicated report of abuse or neglect, or there is a prior open service case involving any member of the household, the Department must, at a minimum, accept the report as a child welfare services referral. If the family refuses to cooperate or refuses access to the home or children, then*

*a child protective services investigation shall be initiated if the facts otherwise meet the criteria to accept a report.*

### **Child Welfare Services Referral/Protective Services Investigation Process**

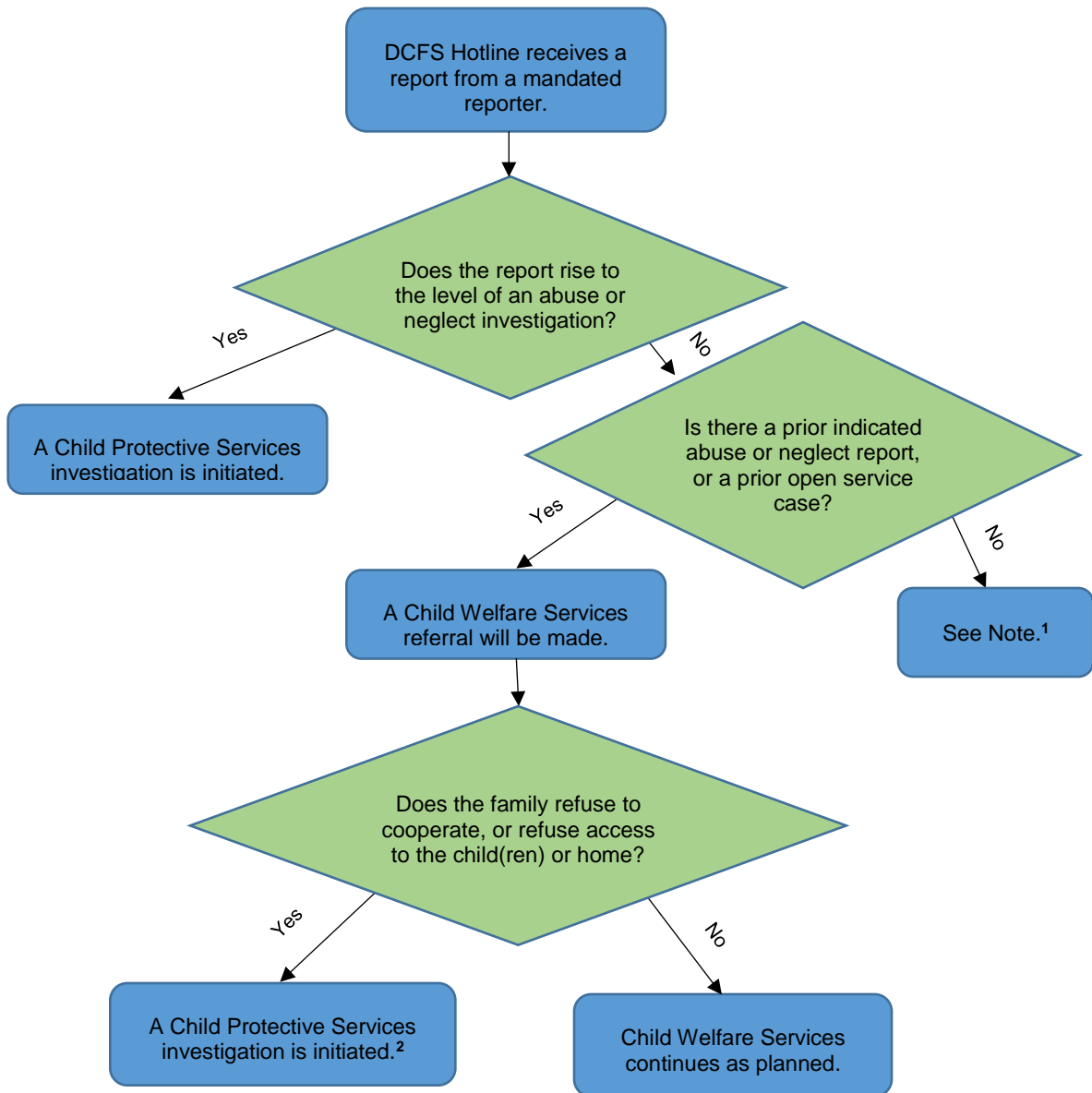
According to DCFS officials, if there is a new report from a mandated reporter that does not meet the criteria for an abuse or neglect investigation but there exists a prior report of abuse/neglect or an open services case, the staff processes the case as a child welfare service referral and sends it to the appropriate field office for assignment to Child Welfare Referrals. If a family refuses to cooperate with a child welfare services referral, or refuses to allow DCFS access to the home or child, then the child welfare referral worker reports this subsequent information to an intake worker at the hotline. The intake worker will then take this additional information into consideration and determine whether it would meet the criteria for the initiation of an investigation into child abuse or neglect. **Digest Exhibit 10** contains a flowchart of this process.

### **DCFS Unable to Provide Population of Cases**

The system of record for DCFS, SACWIS, is unable to track or identify child welfare service referrals and child protective investigations that are initiated as a result of the new requirements pursuant to Public Act 101-0237. DCFS officials stated that SACWIS currently does not have a mechanism in place to identify this population. **Because DCFS was unable to provide a population, auditors were unable to test for compliance with the Public Act.**

**We recommended that DCFS develop a mechanism in SACWIS that allows the tracking of child welfare service referrals and child protective services investigations that are the result of a call from a mandated reporter that involves a prior indicated finding of abuse or neglect, or an open services case, per Public Act 101-0237.** (pages 44-46)

Digest Exhibit 10  
**CHILD WELFARE SERVICE REFERRAL FLOWCHART AS REQUIRED BY PUBLIC ACT 101-0237**



Notes:

<sup>1</sup> When a mandated reporter reports an incident or situation that does not qualify as a report of suspected child abuse or neglect, referral for services, licensing referral, or any other type of intake, the call floor worker must document the call as a Mandated Caller No Report Taken (MCNRT).

<sup>2</sup> If additional information is discovered that leads to an abuse or neglect allegation, a Protective Services investigation is opened. If no new information is reported, a No Report Taken intake is completed.

Source: P.A.101-0237 and DCFS procedures.



## Audit Recommendations

The audit report contains eight recommendations directed to the Department of Children and Family Services. The Department agreed with the recommendations. The complete response from the Department is included in this report as Appendix G.

This performance audit was conducted by the staff of the Office of the Auditor General.

**SIGNED ORIGINAL ON FILE**

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JOE BUTCHER  
Division Director

This report is transmitted in accordance with Sections 3-14 and 3-15 of the Illinois State Auditing Act.

**SIGNED ORIGINAL ON FILE**

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FRANK J. MAUTINO  
Auditor General

FJM:PMR