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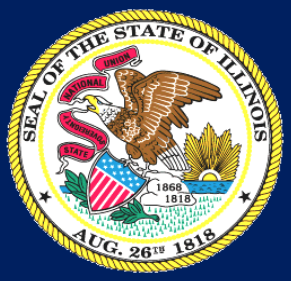

Performance Audit of the

Department of Children and Family Services
Child Safety and Well-Being

May 12, 2022

Frank J. Mautino
Auditor General

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OFFICE OF THE AUDITOR GENERAL
FRANK J. MAUTINO

To the Legislative Audit Commission, the Speaker and Minority Leader of the House of Representatives, the President and Minority Leader of the Senate, the members of the General Assembly, and the Governor:

This is our report of the audit of the Department of Children and Family Services Child Safety and Well-Being.

The audit was conducted pursuant to Public Act 101-0237 (Ta'Naja's Law). This audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310.

The audit report is transmitted in conformance with Sections 3-14 and 3-15 of the Illinois State Auditing Act.

SIGNED ORIGINAL ON FILE

FRANK J. MAUTINO
Auditor General

Springfield, Illinois
May 2022

OFFICE OF THE AUDITOR GENERAL

May 12, 2022

Performance Audit

Report Highlights

Frank J. Mautino *Auditor General*

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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
Whether DCFS is completing Home Safety Checklists within the correct timeframes, as required by 20 ILCS 505/7.8(c).	• 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)
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).	• 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)
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).	• 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)
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).	• 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)
Whether DCFS is in compliance with 325 ILCS 5/7.01(a), 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. Because DCFS was unable to provide a population, auditors were unable to test for compliance with the Public Act. (pages 44-46)

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[1]	536 (84%)	99 (16%)	635
Totals	**2,173 (79%)**	**573 (21%)**	**2,746**

[1] 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[1]	635 (56%)	509 (44%)	1,144
Totals	**2,746 (45%)**	**3,291 (55%)**	**6,037**

[1] 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. 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.*"

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**."

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[1]	127	65%

Notes:

[1] 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.

[2] 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%)
Total	50 (100%)	234 (100%)

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%)
Total	50 (100%)	69 (100%)

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

Digest Exhibit 8
HEARING TESTING RESULTS

Screenings	Total Cases	Total Screenings
Missed screenings	28 (56%)	43 (43%)
Received screenings	22 (44%)	58 (57%)
Total	50 (100%)	101 (100%)

Source: OAG testing of hearing screenings recorded in SACWIS.

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 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.

Digest Exhibit 9
DENTAL EXAMINATION TESTING RESULTS

Exams	Total Cases	Total Exams
Missed exams	44 (88%)	141 (51%)
Received exams[1]	6 (12%)	135 (49%)
Total	50 (100%)	276 (100%)

[1] One cleaning was missed due to a COVID related office closure.

Source: OAG testing of dental examinations recorded in SACWIS.

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

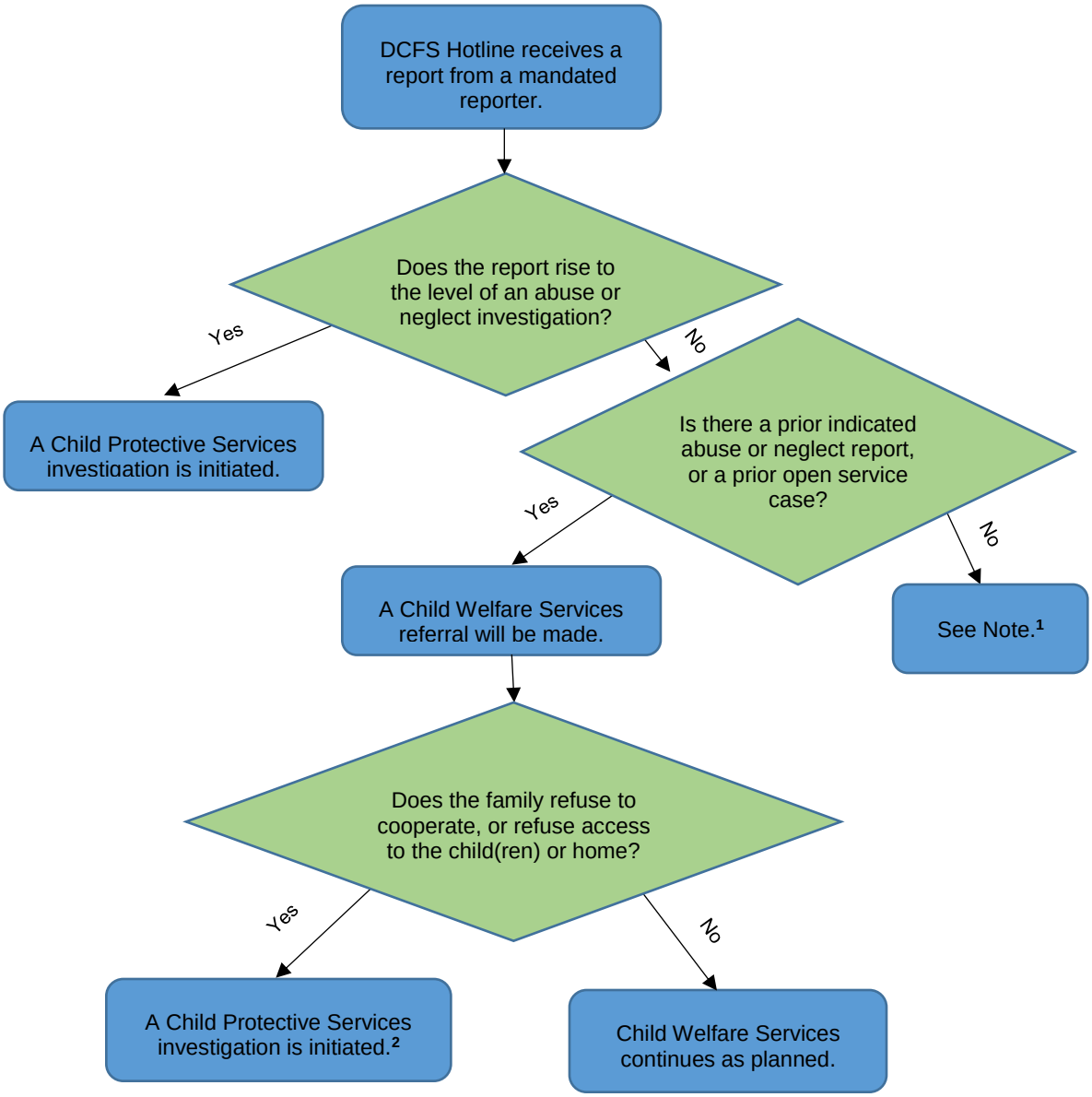
According to DCFS officials, if there is a new report from a mandated reporter that does not meet the criteria for an abuse or neglect investigation but there exists a prior report of abuse/neglect or an open services case, the staff processes the case as a child welfare service referral and sends it 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:

[1] 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).

[2] 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

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

FRANK J. MAUTINO
Auditor General

FJM:PMR

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Recommendations

Introduction

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 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.

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 (POS) 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.

The Office of the Auditor General has previously conducted several performance audits of DCFS. The most recent audits include:

- DCFS LGBTQ Youth in Care, released in February 2021;
- DCFS Investigations of Abuse and Neglect, released in May 2019;
- DCFS Placement of Children, released in September 2016; and
- DCFS Search for Missing Children, released in December 2014.

Background

The Department of Children and Family Services (DCFS) is responsible for administering and supervising the administration of child welfare services. DCFS provides comprehensive social services and child welfare programs that include protective services, protective child care, family services, foster care, and adoption. DCFS is also responsible for licensing all Illinois child welfare agencies, day care centers, homes, group homes, and day care agencies within Illinois. The Department has promulgated rules and developed policies to implement the Children and Family Services Act. These include rules and policies related to placement and other services provided by the Department and its contractual agencies when it is in the best interests of children to be placed apart from their parents or guardians.

Agency Organization

DCFS contracts with purchase of service (POS) agencies, also known as private agencies, to provide much of the day-to-day operations of DCFS, 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. This arrangement allows agencies to assume the traditional responsibilities of the State; however, the ultimate responsibility and oversight remains with DCFS. 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). DCFS is required by the Abused and Neglected Child Reporting Act (325 ILCS 5/7) to be capable of receiving reports of suspected abuse or neglect 24 hours a day, 7 days a week.

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).

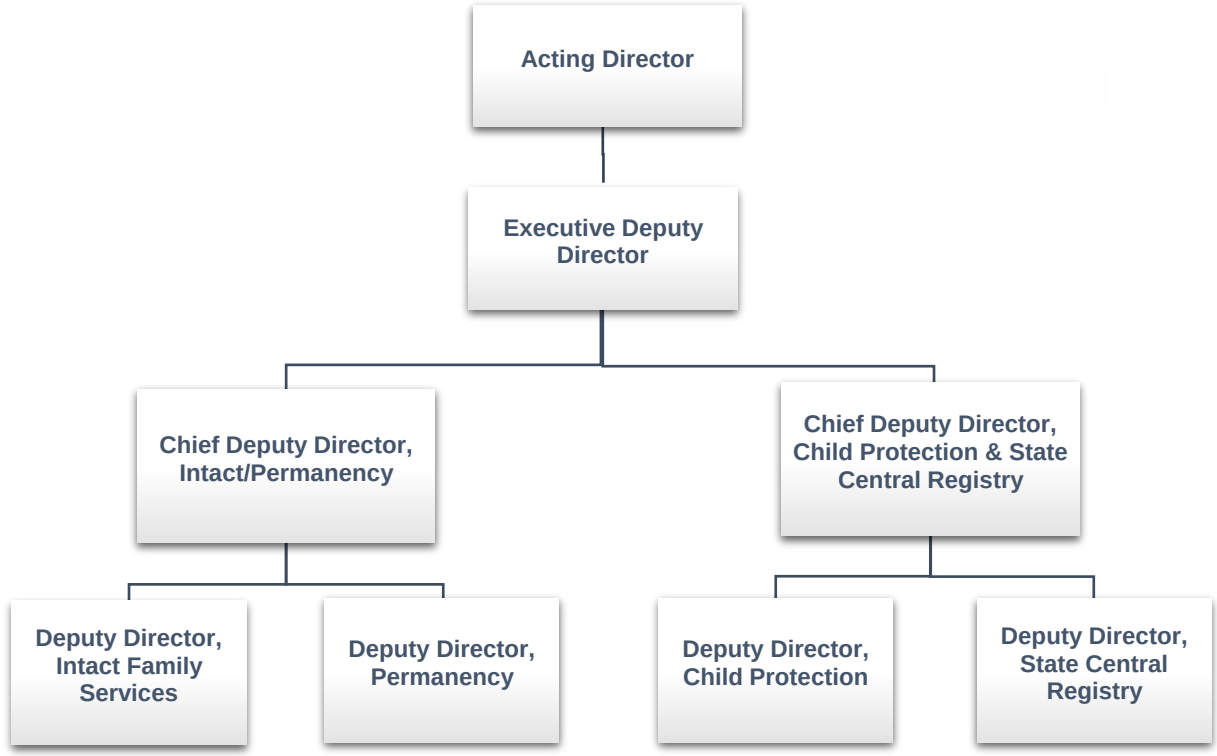
Intact Family Services – This division is designed to provide short term voluntary services intended to make reasonable efforts to stabilize, strengthen, enhance, and preserve family life by providing services that enable children to remain safely at home.

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. These options include transitional/independent living, residential placement, psychiatric hospitalization, or services through screening, assessment, and support. These placements may include licensed foster care homes, home of relatives, and home of fictive kin. 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**.**

These four divisions all fall under Operations in the DCFS organizational chart (see **Exhibit 1**).

Exhibit 1
DCFS' OPERATIONS ORGANIZATIONAL CHART
(As of May 18, 2021)



Source: DCFS Organizational Chart.

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. Of the 2,746 positions that are categorized as funded, 573, or 21 percent, are vacant.

As previously discussed, DCFS Operations is separated into four divisions: Intact Family Services, Permanency, Child Protection, and the State Central Register. DCFS provided Organizational chart data for these divisions. Appendix C of this report shows a detailed summary of each division's staff counts.

Funded Positions within DCFS Operations Divisions

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[1]	536 (84%)	99 (16%)	635
Totals	**2,173 (79%)**	**573 (21%)**	**2,746**

[1] 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.

Exhibit 2 shows the number of filled and vacant positions in DCFS Operations divisions that are funded. For positions within the Child Protection division, auditors found 255 (21%) of the 1,190 funded positions were vacant. For Child Welfare, 219 (24%) of the 921 funded positions were vacant. For other statewide offices within Operations, including Intact Family Services and the State Central Register, auditors found that 99 (16%) of the 635 funded positions were vacant. **Overall, 573 (21%) of the 2,746 total funded positions in DCFS Operations divisions were vacant.**

Unfunded Positions within DCFS Operations Divisions

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[1]	635 (56%)	509 (44%)	1,144
Totals	**2,746 (45%)**	**3,291 (55%)**	**6,037**

[1] 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.

Of the 6,037 positions within the Operations divisions at DCFS, 3,291 (55%) were unfunded. **Exhibit 3** shows the number of funded and unfunded positions within Child Protection, Child Welfare, and other statewide offices. In Child Protection, 1,742 (59%) of the 2,932 positions are unfunded. In Child Welfare, 1,040 (53%) of the 1,961 positions are unfunded. In other Statewide offices within the Operations divisions, including Intact Family Services and the State Central Register, 509 (44%) of the 1,144 positions are unfunded.

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 accuracy of DCFS' organizational charts. 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. If organizational charts are not kept up to date it may become difficult to determine the number of positions available when the need arises to fill them.

DCFS Unfunded Operations Positions

RECOMMENDATION NUMBER 1

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.

DCFS Response:

The Department agrees that reviewing and monitoring of funded and unfunded positions within the Operations Division is important. The Department does closely monitor the number of funded and unfunded positions within the Operations Divisions reviewed under this audit, which include the Divisions of Permanency, Intact Family Services, the State Central Registry and Child Protection Services, and ensures the corresponding organizational charts reflect how the positions are used.

Auditor Comment:

The auditors are neither confirming nor disputing the Department's response. It is important to note that the Department is not questioning the results of the analysis, including the number (**3,291**) and percentage (**55%**) of **unfunded** positions compared to funded positions within DCFS' Operations Divisions, nor the number (**573**) and percentage (**21%**) of **funded** Operations Divisions positions that are **vacant**. However, it is necessary to provide more context surrounding this recommendation. **Auditors first provided this analysis to DCFS officials on December 16, 2021, in order to elicit their feedback. On January 5, 2022, DCFS officials responded that they: "…don't have a great answer for this… Whether or not the personnel database is updated to reflect the funding status is not always an immediate top priority. We update the records as necessary for consistency (as time permits), but officially the DCFS Division of Budget and Finance keeps an official headcount of DCFS' funded headcount."**

Four DCFS officials were included in this correspondence, including the Deputy Director of the Office of Employee Services. Auditors received no further questions, responses, or clarification concerning this analysis. **It was not until the audit exit conference** on April 11, 2022**, nearly four months after the analysis had been provided to DCFS officials, that auditors were informed that the need for Operations divisions staffing was formulaic based.** (See **Appendix C** of this report (page 57) for the analysis of DCFS' Operations divisions headcount analysis.)

It is important to note that the number of positions necessary to fulfill the mission of DCFS is driven by caseload ratios that have been established for decades and are covered by a consent decree. The targeted hiring numbers are dynamic and change in real-time based on the volume of investigations and the number of children and families the Department is serving at any given time. Because the caseloads that inform the number of positions the Department must fill changes rapidly, a number of techniques are used to manage this process, including the use of a large number of unfunded positions. As is reflected in the two examples provided below, reducing the number of unfunded positions would dramatically impact the Department's ability to hire effectively and adversely impact our ability to fulfill our mission of protecting children and serving families.

Auditor Comment:

It seems logical that caseload driven ratios be used for assessing staffing needs for DCFS' Operations Divisions based on a consent decree. The B.H. Consent Decree requires that a caseworker be assigned no more than 12 new cases per month for 9 months of a year, and no more than 15 new cases per month for the remaining 3 months of the year. **However, DCFS has not been in compliance with this provision of the B.H. Consent Decree since at least FY15 through FY20** (see the 2019 Performance Audit of DCFS' Investigations of Abuse and Neglect (pages 18 – 21) and the FY20 DCFS Compliance Examination (page 88)). It also appears obfuscatory for the Department to suggest that maintaining a large number of unfunded positions is a key strategy for quickly filling positions based on caseload demands when the Department has not been able to comply with the B.H. Consent Decree for a significant amount of time. Additionally, as shown in **Exhibit 2** of this report, of the **funded positions** within DCFS' Operations Divisions organizational charts, there is an overall **vacancy rate of 21 percent**. Furthermore, the auditors are not suggesting a reduction of the number of unfunded positions within the organizational charts. The auditors are recommending an analysis of the unfunded positions, followed by an update of the organizational charts in order to more accurately reflect the staffing needs of DCFS' Operations divisions.

As related to the position of Supervisors, DCFS hires to maintain ratio of one supervisor for every five direct service staff. When caseload increases require the addition of a new team, the split class review process to establish a new PSA Team Supervisor can take a year or longer to complete through the review process at CMS Labor Relations. The new position is unable to be posted and filled until this process is complete and CMS Labor has given approval. A number of years ago, to be proactive and avoid excessive delay times for posting new, mission critical PSAs, the Department established over 60 additional direct service teams in locations projected to have potential caseload driven growth. Those positions went through the split class process and many have been filled, while others remain non-budgeted but ready for use when increased caseloads require they be funded and filled in a timely manner. Those positions are vital to our mission and will be utilized when the need arises at those locations or at other locations to which they can be moved to fill an immediate need. Removing these unfunded positions would create dangerous delays in the hiring process.

As relates to front-line staff for the Operations Divisions of Permanency, Investigations, and Intact Family Services, each division maintains a different caseload driven number of staff. When establishing a front-line CWS position, the Department simultaneously establishes a similar, but more experienced position called an Advanced Specialist position. The Department then creates two Position Identification Numbers (PIN's) for the CWS and the Advanced Specialist. DCFS posts the CWS level position as required by the current caseload. However, if the successful bidder is an Advanced Specialist, they will go into the Advanced Specialist PIN, and the funding for the CWS PIN is transferred to the Advanced Specialist PIN. This means that for each team of five staff, there will be 10 positions on the organizational charts for the team, with 5 for the CWS and 5 for the CW Adv Spec, with only five (half) funded at any one time. If the unfunded Advanced Specialist PIN's were not in place, the Department would need to establish a new position or PIN every time a candidate with the Advanced Specialist title successfully bids on a position and every time a CWS with an MSW gains the 2 years of required experience to be promoted to an Advanced Specialist. While this practice shows a large number of unfunded positions on organizational charts at any given time, it leads to greater efficiency in being able to place the successful bidder in a position in a timely manner and has been successfully used by the Department for more than 20 years.

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 the auditors should have: "*independence of mind and appearance….*" This is discussed in more detail below. 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 paragraph 3.56 states that: "*Governmental internal auditors…are considered structurally independent…if the head of the audit organization meets the following criteria :…(e) is sufficiently removed from pressures to conduct engagements and report findings, opinions, and conclusions without fear of reprisal*."

Yellow Book Standards

The internal audit function should be objective when performing its duties. 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.*" Additionally, Yellow Book paragraphs 3.26 and 3.27 address identifying, evaluating, and safeguarding against threats to independence as necessary to eliminate the threats, or reduce them to an acceptable level. And, 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.*" Section 3.56 of the Yellow Book states that "*Government internal auditors who work under the direction of the audited entity's management are considered structurally independent for the purposes of reporting internally, if the head of the audit organization meets all of the following criteria:…(e) is sufficiently removed from pressures to conduct engagements and report findings, opinions, and conclusions without fear of reprisal.*" Yellow Book paragraphs 3.61 and 3.114 also address using professional judgement in order to assess threats to independence and either eliminate or reduce them to acceptable levels.

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**."

DCFS officials stated that the Chief Internal Auditor has always directly reported to the Director of DCFS. The role of the Chief Fiscal Officer was to provide

administrative support, including timekeeping, coordinating the annual evaluation, and being the initial point of contact for inquiries regarding the Office of Internal Audits. The Chief Fiscal Officer was also involved in preparing the annual evaluation of the Chief Internal Auditor with the Director in the past.

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.

Chief Internal Auditor Reporting Structure

RECOMMENDATION NUMBER 2

The Department of Children and Family Services should 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.

DCFS Response:

The Department agrees and has updated the reporting structure to comply with this recommendation.

Home Safety Checklist

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

Home Safety Checklists are home safety assessments and educational tools that assist in promoting the safety of children.

…the Department must complete, prior to the child's discharge from foster or substitute care, a home safety checklist to ensure that the conditions of the child's home are sufficient to ensure the child's safety and well-being,…At a minimum, the home safety checklist shall be completed within 24 hours prior to the child's return home and completed again or recertified…within 5 working days after a child is returned home and every month thereafter until the child's case is closed…The home

safety checklist shall include a certification that there are no environmental barriers or hazards to prevent returning the child home.

A Home Safety Checklist must be completed prior to a child returning home. The primary users of the Home Safety Checklist are Child Protection Specialists, Intact Family Workers, and Permanency Workers through DCFS' CFS 2025 and CFS 2027 forms. There is also a CFS 2026 form given to parents and caregivers. In general, these forms cover the same topics and ensure that educational literature is provided to caregivers; however, each form is used under different circumstances during a case:

- CFS 2025: Used by Intact Family and Permanency Workers before, during, and after placement.
- CFS 2026: Used by parents and caregivers when either of the other two forms are being completed.
- CFS 2027: Used by Child Protection Specialists during investigations and for certain placements, such as with a non-relative or unlicensed relative.

Although multiple people are responsible for completing these forms, Permanency Workers are the DCFS employees most likely to complete a Home Safety Checklist under the requirements of 20 ILCS 505/7.8(c), using the CFS 2025. **Exhibit 4** shows a general overview of all three forms.

Exhibit 4
HOME SAFETY CHECKLISTS

	CFS 2025	CFS 2026	CFS 2027
Primary Users	Intact Family and Permanency Workers	Parents and Caregivers	Child Protection Specialists
Completion Times	Before, during, and after placement	When either of the other two forms is completed	During investigations and certain placements
Topics	14	16	7
Questions	37	45	19
Literature	7	7	7

Source: DCFS Home Safety Checklists.

In order to adequately complete the checklist, the worker must:

- Discuss the safety standard with the caregiver;
- Document the presence or absence of the safety standard (an absence requires a brief explanation); and
- Provide the caregiver with literature, if applicable.

A waiver may be granted if a subsequent oral report does not involve inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food, or inadequate clothing. A worker can also recertify an already

completed checklist under the same circumstances, as long as the checklist was completed within six months of the subsequent oral report and the worker has done a walk-through of the home.

Exhibit 5 shows a sample page from the CFS 2025 form. Appendix D contains a complete CFS 2025 Home Safety Checklist.

Exhibit 5
CFS 2025 FORM SAMPLE PAGE

CFS 2025
Revised 10/2015

State of Illinois
Department of Children and Family Services
HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

Date Checklist completed:_____

Parent / Caregiver Name(s):_____

Parent / Caregiver Address:_____

Names and ages of Children in the Home:

_____

_____

FIRE AND BURNS

Please circle your answers.

PARENTS' GUIDE to Fire Safety for Babies and Toddlers	Literature Given:	Yes	No
A HELPFUL GUIDE for PARENTS and CAREGIVERS	Literature Given:	Yes	No
A functioning smoke detector was observed in the home.		Yes	No

Comments:_____

_____

_____

1. **The home has a working smoke detector near the family's sleeping areas.**	Discussed with parent?	Yes	No
2. **The family has a fire escape plan that they practice so that they can react quickly in case of a fire.**	Discussed with parent?	Yes	No

Young children in Illinois are more than three times as likely to die in a residential fire than the rest of the state's population. Working smoke detectors save lives! Instruct the family to change smoke detector batteries when they reset their clocks, SPRING AHEAD and FALL BACK. Additionally, if the family/unlicensed caregiver does not have the means to purchase new or repair non-working smoke detectors, the worker shall have the caregiver complete and sign the **CFS 595-2, Consent for Installation of Smoke Alarm(s)** form. The worker shall fax the completed form as instructed on the bottom of the **CFS 595-2**. A smoke detector will be provided at no cost to the parent/unlicensed caregiver. These standards correspond to numbers 1 - 5 on the **CFS 2026/2026-S**.

(5)

Source: DCFS CFS 2025 form.

Other Forms

Other forms are used in conjunction with a Home Safety Checklist. These include:

- **Child Endangerment Risk Assessment Protocol (CERAP; CFS 1441)**. This is a six-page safety assessment protocol designed to provide a mechanism for quickly assessing the potential for moderate to severe harm to children in the immediate or near future and for taking quick action to protect them. Intact Family Workers should complete this, along with a Home Safety Checklist, within five calendar days of a supervisory approved case closure. Additionally, Intact Family Workers, Permanency Workers, and Child Protection Specialists should complete this, along with a Home Safety Checklist, when there is an allegation of inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food, or inadequate clothing.
- **Consent for Installation of Smoke Alarm(s) (CFS 595-2)**. This form provides free smoke detectors to caregivers without the means to purchase or repair them. Intact Family Workers, Permanency Workers, and Child Protection Specialists should complete this if they observe, during completion of a Home Safety Checklist, that the family or caregiver does not have a functioning smoke detector in the home.

Environmental Barriers or Hazards

The Children and Family Services Act also requires the Home Safety Checklist to include certification that there are no environmental barriers or hazards to prevent returning the child home (20 ILCS 505/7.8(c)). However, there is no separate section on any of the forms that explicitly documents this certification. According to a June 21, 2021 email from DCFS officials, the Home Safety Checklist is in the process of being updated to include the required language. As of March 16, 2022, the checklist had not been updated with the required language.

Aftercare Services

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

Aftercare Services:
Services that are provided to the child and child's family after custody or guardianship is returned to the parent or guardian. Examples include: housing advocacy, educational advocacy, child care advocacy, therapeutic, in-home visitation, or cash assistance.

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 is described as a reunification situation in which either: the court returns the child to the custody of the parents, with DCFS retaining guardianship of the child; or the court returns the child home with a protective order for a period of

time, and DCFS does not retain guardianship. Aftercare services are documented in an After Care Service Plan.

The After Care Service Plan is the final closing service plan in which the Permanency Worker makes final recommendations to the family as to what needs and issues the family should continue to address beyond involvement with DCFS or the POS agency. The After Care Service Plan is completed within 30 days prior to case closure as part of a child safety review. This plan is to ensure the health, safety, and well-being of each child and identify which aftercare services are necessary. The After Care Service Plan shall include:

- A description of any recommended services identified by reason, type, frequency, and provider;
- A plan for obtaining services, including a list of referrals;
- Instructions directing the family to contact the Permanency Worker if the family requires services; and
- A revised Visitation and Contact Plan if applicable.

A Child and Family Team Meeting must be held approximately 30 days prior to reunification with the parent or guardian and/or case closure. The purpose of this meeting is to develop the Reunification Service Plan and the After Care Service Plan. The Reunification Service Plan will be presented to the court when the reunification recommendation is made and contains health, safety, and education components, and also lists the services the family is expected to participate in when the child returns home. The Permanency Worker shall ensure that the case record contains an up to date list of all Child and Family Team members along with consents for release of information.

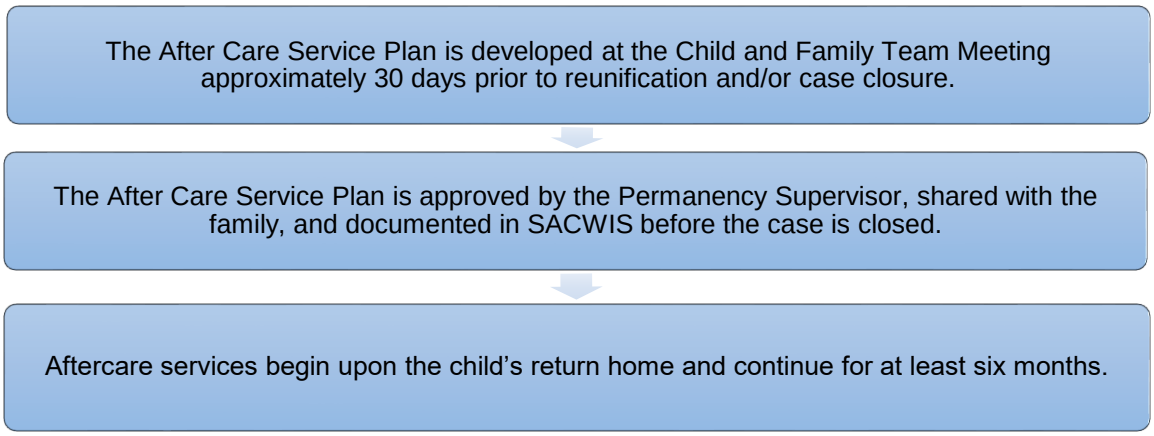
The Permanency Worker is to provide services to the family for at least six months following the return home of each child. The six month time period is to begin on the day the child is returned home. If more than one child is returned home on different days, the six month period begins again upon the date of arrival of the next child**.**

There is also an After Care Supervisory Conference Checklist which is completed to ensure that the family is making progress towards the return home goal and to determine if any more services are needed. The checklist contains items to ensure that the safety and well-being of the child are being met, such as:

- The child is attending school or daycare;
- The current services are effective;
- Sex offender registry searches have been performed on all persons who frequent the home;
- The financial status of the family; and
- The need for additional services.

Exhibit 6 shows the general process for aftercare services.

Exhibit 6
AFTERCARE SERVICES



Source: DCFS Permanency Planning procedures.

Well-Child Visits/Well-Child Check-Ups and Immunizations

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

> *Whenever a child is placed in the custody or guardianship of the Department or a child is returned to the custody of a parent or guardian and the court retains jurisdiction of the case, the Department must ensure that the child is up to date on his or her well-child visits, including age-appropriate immunizations, or that there is a documented religious or medical reason the child did not receive the immunizations.*

Physical Examinations

DCFS Procedure 302.360(e) states that Permanency Workers are to ensure that caregivers arrange for preventative physical examinations for every child in DCFS guardianship. Whenever appropriate, based on age and the overall development of the child, adolescents may choose their own care provider within the DCFS in-house healthcare linkage system. As part of the routine examinations for children 12 and older, the healthcare provider is to offer confidential screenings and anticipatory guidance for: sexual activity, sexually transmitted infections, pregnancy, and sexual abuse risk. After the initial comprehensive health evaluation when the court first obtains jurisdiction over the child, physical examinations are to occur based on the timeline which is shown in **Exhibit 11** later in this report.

Well-Child Visits/Check-Ups include physical examinations, vision screenings, hearing screenings, dental exams and cleanings, and age-appropriate immunizations.

Dental Examinations

Additionally, beginning at age two, annual dental examinations are required, and routine teeth cleaning is required every six months. Although not specifically required, DCFS encourages caregivers to obtain a fluoride treatment for children once a year.

Vision and Hearing Screenings

Other required components of the well-child visits/check-ups are vision and hearing screenings. Children are to receive vision screenings at ages 3, 4, 5, 6, 8, 10, 12, 15, and 18, and hearing screenings at ages 4, 5, 6, 8, and 10. DCFS utilizes the Department of Healthcare and Family Services (DHFS) Healthy Kids Provider Handbook (HK-203.7.1 (March 2008)) for the specific requirements for vision screening, and (HK-203.7.2 (March 2008)) for the criteria to be used at hearing screenings.

Age-Appropriate Immunizations

DCFS requires children in care to be immunized according to the recommendations of the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics. Public Act 101-0237 states that there must be a documented medical or religious reason that the child did not receive immunizations (20 ILCS 505/7.8(b)). The Illinois Department of Public Health requires a form titled *"Illinois Certificate of Religious Exemption to Required Immunizations and/or Examinations Form"* that must be filled out for school-aged children. This form must be presented to the local school authority prior to entering kindergarten, sixth grade, and ninth grade by the child's legal guardian. This form contains specific requirements that must be met in order for the child to qualify for a religious exemption from receiving an immunization or other routine health care screenings.

DCFS Procedure 302.360(h) notes that substitute caregivers cannot refuse to get any immunization for a child in DCFS custody or guardianship. The only valid reason for a child not to receive an immunization is when the child's health care provider has concerns about the child's health. A religious exemption from receiving an immunization must originate from the child's parent or guardian prior to the child coming under the jurisdiction of the court.

Additionally, the DCFS Home Safety Checklist for Intact Family Services and Permanency Workers and the Home Safety Checklist for Parents and Caregivers both contain a section that discusses the importance of children receiving the appropriate immunizations, as well as an immunization schedule. The CDC also has a Catch-up Immunization Schedule for children whose immunizations have been delayed for more than one month. There are also special situations, such as administering immunizations to immunocompromised children, for which the CDC provides guidance.

Child Welfare Services

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.*

The Abused and Neglected Child Reporting Act defines **child welfare services** as: *an assessment of the family for service needs and linkage to available local community resources for the purpose of preventing or remedying or assisting in the solution of problems which may result in the neglect, abuse, exploitation, or delinquency of children.*

Types of Child Welfare Services

Child welfare services are directed toward four service goals: family preservation, family reunification, adoption or attainment of a permanent living arrangement, and youth development. The types of services offered toward these goals may include counseling/advocacy, family planning, self-help groups, referral for substance abuse treatment or financial assistance, relative home care, and day care. These services are provided directly through DCFS or through POS providers. Different types of services are explained in further detail in 89 Ill. Adm. Code 302 and DCFS Procedures 302.360.

Determining Need for Child Welfare Services

In certain cases, DCFS is required to provide child welfare services. These cases include: abused, neglected, and dependent children and their families; children under the age of 13 who have been adjudicated delinquent and their families; and children for whom DCFS already has court ordered legal responsibility who are subsequently adjudicated delinquent or minors requiring authoritative intervention and their families. Otherwise, DCFS may serve children and families who request it or whom DCFS deems in need of services (89 Ill. Adm. Code 304.4(b) and (c)). This includes Child Protection Specialists during or after an investigation, regardless of the finding.

When services are deemed to be appropriate, community-based services are recommended for low-risk situations, and intact family services are recommended for higher risk situations that could be mitigated within 6 to 12 months. Community-based services are typically documented in a case note, and intact family services are documented in the CFS 2040, Intact Services Case Referral and Assignment Form. The process for intact family services is further explained within DFCS procedures.

Processing Child Welfare Services

When DCFS has determined to deliver child welfare services to a family, a family case is opened. Separate cases for children are only opened when DCFS has assumed legal responsibility. Upon case opening, DCFS will develop a written service plan (89 Ill. Adm. Code 304.6(b) and (c) and DCFS Procedure 304.6(b)). Cases are opened in DCFS' Child and Youth Centered Information System (CYCIS), which is a database that captures information for any person or family who is receiving or ever has received services through DCFS.

During a child welfare intake, preliminary information gathering—which includes determining eligibility for services and whether they are necessary—and assessment activities are documented on the SACWIS Risk Assessment, CFS 1440a (Worker Activity Summary), CFS 1440b (Client Contact Summary), and CFS 1441 (Safety Determination Form or CERAP). The last form indicates what decisions were made. The preliminary assessment must be completed within five days after a request for services, either from an individual or agency, or documented receipt from a child protection worker for an indicated report of abuse or neglect when child placement has not occurred. A final decision to not render services must be documented on the SACWIS Risk Assessment within 30 calendar days of the referral. If services are deemed necessary, a case will be opened by completing the CFS 1410 (Registration/Case Opening) within 24 hours, unless received from Child Protection. Another form, the CFS 1440-1 (Family Assessment Factor Worksheet Summary), is a guide for evaluating objectives and tasks, and then recording the continuing or new risk issues.

Once the decision has been made to provide services and a case has been opened, an initial service plan must be completed within 45 calendar days. This is recorded in the SACWIS Service Plan.

Service implementation and monitoring is documented in the CFS 492 (Case Entry), SACWIS Service Plan, and CFS 1421 (Activity/Travel Report). Case closure is documented in the SACWIS Service Plan, CFS 1441 (Safety Determination Form or CERAP), and CFS 1425 (Change of Status Form).

Service cases must be reviewed within 45 days from the day a child enters substitute care and at least once every six months thereafter until the case is closed. This includes reviewing the Service Plan. A decision review may be requested to discuss disagreements over the Service Plan.

Cases are closed when DCFS' legal relationship with the child ends. However, services may continue to be provided to the child as a member of a family that is receiving services.

Exhibit 7 shows the process for providing child welfare services.

Exhibit 7
PROCESS FOR PROVIDING CHILD WELFARE SERVICES

Process	Required Documentation
DCFS has been required, requested, or has determined there is a need to provide child welfare services	
DCFS gathers preliminary information and assesses service needs within five days	- Worker Activity Summary - Client Contact Summary - Safety Determination Form (CERAP) - SACWIS Risk Assessment
A family or child case is opened in CYCIS within 24 hours	- Registration/Case Opening Form
The initial Service Plan is completed within 45 calendar days	- SACWIS Service Plan
Service cases are reviewed within 45 days from entering substitute care and at least once every six months thereafter	- SACWIS Service Plan
Services are monitored and risk assessments are updated throughout the case	- Family Assessment Summary - Case Entry Form - Activity/Travel Report Form - SACWIS Service Plan
Case is closed when DCFS' legal relationship with the child ends	- Safety Determination Form (CERAP) - Change of Status Form - SACWIS Service Plan

Source: 89 Ill. Adm. Code and DCFS procedures.

Child Protective Services Investigations

Public Act 101-0237 requires DCFS to open a child protective services investigation in the event that a family refuses to cooperate after an attempt at opening a child welfare services referral, and there is a prior indicated case of abuse or neglect, or a prior open service case, and the facts otherwise meet the criteria to accept a report of abuse or neglect. A child protective services investigation involves several steps which are governed by administrative rules and DCFS procedures.

In May of 2019, the Office of the Auditor General released an audit of DCFS' Investigations of Abuse and Neglect, which describes the investigative processes in further detail. A copy of this audit can be found on the Office of the Auditor General's website at: https://www.auditor.illinois.gov.

DCFS Call Floor Worker Training

During FY20, DCFS developed a training entitled *2020 New Law Training*, which was presented to call floor workers. The presentation provided workers with overviews of several new Illinois laws affecting DCFS, as well as their implementation. The training included how Public Act 101-0237 modified the Abused and Neglected Child Reporting Act (325 ILCS 5/7.01(a)). Under the revised language of the Public Act, call floor workers would automatically complete a child welfare services referral for any call from a mandated reporter if it meets the following criteria:

- The information provided by the mandated reporter does not rise to the level of an abuse or neglect allegation;
- There are no current pending investigations or open service cases;
- Any member of the home has been previously involved in an indicated investigation of abuse or neglect;
- There has been a prior open service case for any member of the household; and
- The initial call was not a request for a child welfare services referral**.**

According to the training, call floor workers will conduct searches in SACWIS and CYCIS to establish that the criteria for a child welfare services referral has been met. Workers will document the referral in SACWIS, and inform the mandated reporter that per Public Act 101-0237, a child welfare services referral is required to be made in order to assess for preventative services. The referral will then be assigned in SACWIS to the local field office in the region where the family resides. If the family refuses the referral, the field worker must notify the State Central Register. The field worker must also provide any additional information that is available about the family or the referral to the hotline. Call floor workers will assess this additional information to determine if it would rise to the level of an abuse or neglect report. If no new information can be provided by the follow-up field worker, then the call floor worker shall complete a No Report Taken intake. In this instance, a subsequent child welfare services intake

will not be completed for the field worker's follow-up contact to the State Central Register.

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. **Exhibit 18** later in this report contains a flowchart which displays this process.

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 Checklist Requirements

DCFS Administrative Procedure Number 25 contains the requirements for when the Intact Family Services, Permanency, and Child Protection divisions are to complete a Home Safety Checklist. Appendix D contains a complete CFS 2025 Home Safety Checklist. Examples of when **Intact Family Workers** are to complete a Home Safety Checklist (CFS 2025) include:

Home Safety Checklists are home safety assessments and educational tools that assist in promoting the safety of children.

- Within 30 days of the case opening regardless of whether or not a Home Safety Checklist was completed by a Child Protection Specialist;
- Prior to a major change of life circumstance (e.g., move to a new home, child birth);
- Every 90 days during the life of the case; and
- Within 5 calendar days of a supervisory approved case closure in conjunction with the final CERAP (the CERAP is discussed later in this section).

Examples of when **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.

Examples of when a **Child Protection Specialist** is to complete a Home Safety Checklist (CFS 2027) include:

- Prior to the Department's placement of a child or youth with an unlicensed relative; the Home Safety Checklist is completed on the child's placement environment;

- When the parent places his or her child with a relative or non-related family as part of a safety plan; the Home Safety Checklist is completed in the child's placement environment;
- At the time of an initial investigation when there is an allegation of inadequate shelter, inadequate supervision, substance misuse, inadequate food or environmental neglect;
- Prior to the completion of any formal child abuse or neglect investigation unless there is an open services case; and
- At the conclusion of the formal investigation in conjunction with the final CERAP, unless temporary custody is granted or there is an open intact case or assigned caseworker.

Home Safety Checklist Process Narrative

In order to determine the process for completing Home Safety Checklists, auditors submitted process narrative questions to DCFS. According to DCFS officials, it is initially determined that a child should be returned home when unsupervised visits are occurring, there is progress in treatment, reduction in risks, and it is documented in service plans. Once this decision has been made, a Permanency Worker should complete a Home Safety Checklist before the child is actually returned home. The checklist is documented as part of the Reunification Service Plan, which is a reunification recommendation made to a court that contains information regarding the child's health, safety, education, and the services that the family is expected to receive.

If insignificant issues are identified that do not rise to the level of removing children from the home or stopping them from returning home, a safety plan is created or revisited, contact with the family is increased, and there is an increase in services. Similarly, if significant environmental barriers or hazards are identified after the child has been returned home, a safety plan is created or revisited, and resources are provided to the family, including counseling services and cash assistance for things such as food, shelter, and clothing. Additionally, if needed, a new hotline report may be created, or the family may be referred back to court.

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

Exhibit 8
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[1]	127	65%

Notes:

[1] 124 of these Home Safety Checklists were not provided; however, the dates which they were to have been completed was after January 1, 2020, the effective date of Public Act 101-0237. The Home Safety Checklist had not been updated to include the required language as of March 16, 2022.

[2] Totals and percentages do not add because some cases have multiple exceptions.

Source: OAG testing of Home Safety Checklists.

As shown in **Exhibit 8**, the Department was only able to provide 3 of the 195 (2%) required Home Safety Checklists. DCFS officials stated that 68 checklists were due before the effective date of Public Act 101-0237, and therefore should not be counted as part of the sample. However, because the deadlines set in Public Act 101-0237 have been in DCFS Administrative Procedure Number 25 since at least October 2015, auditors have included them in the total. 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. Out of the 195 required checklists, 127 (65%) were due after this date. According to DCFS' website, Home Safety Checklists had still not been updated with the new language as of March 16, 2022. Therefore, all 127 checklists that would have been required to have this language if they were provided would not have been in compliance.

Child Endangerment Risk Assessment Protocol (CERAP)

Besides the Home Safety Checklist, DCFS utilizes the Child Endangerment Risk Assessment Protocol (CERAP) form. The purpose of the CERAP is to identify the likelihood of moderate to severe harm in the immediate future. When immediate risk to a child's safety is identified, the protocol requires that action be taken, such as the implementation of a safety plan or protective custody. The protocol is documented on a CERAP form, which is completed for the following situations:

- Child protection investigations;
- Prevention services (child welfare intake evaluation);
- Intact family services; and
- Placement cases.

The CERAP form is done at different times, depending on the situation. **Exhibit 9** shows the different instances that a CERAP is to be completed.

Exhibit 9
COMPARISON OF HOME SAFETY CHECKLIST AND CERAP COMPLETION REQUIREMENTS

	HOME SAFETY CHECKLIST	CERAP
Primary Users	Permanency Workers[1]	Intact Family, Child Protective Services, and Permanency Workers
Completion Times	• Prior to scheduled unsupervised visits with parents • Within 24 hours prior to returning child home • Within 5 working days after child is returned home and every month thereafter until family case is closed	• When considering unsupervised visits with parents • Within 24 hours prior to returning child home • Within 5 working days after child is returned home and every month thereafter until family case is closed
	• When child is placed with unlicensed relative • When child is placed in unlicensed home with an abuse/neglect investigation • When there is an abuse/neglect investigation involving incident at unsupervised visit • Prior to placing pregnant/parenting teen in independent living • When parenting teen is alleged perpetrator of abuse/neglect of any child in household • Prior to implementing child care at an unlicensed day care home • Prior to a major change of life circumstance	• Within 5 working days after worker receives new/transferred case when there are other children in the home of origin • Every 90 calendar days from case opening date • When a new child is added to family with a child in care • Whenever evidence suggests child's safety is in jeopardy
Purpose	A home safety assessment and educational tool that assists in promoting the safety of children	To identify the likelihood of moderate to severe harm in the immediate future
Literature	7	0
Questions	37	16

[1] Completion times are for permanency cases only. Child Protective Services investigations and Intact Family Services require other deadlines.

Source: CFS 2025 form, CERAP, and DCFS Administrative Procedure Number 25.

The CERAP form consists of 16 yes or no questions, which assess behaviors of caretakers and other members of the home. There are areas to formally document further comments, a description of safety threats, family members who were unable to be assessed, and family strengths and mitigating circumstances. There is also a formally documented safety decision that certifies the home as either safe or unsafe, which must be signed by both a caseworker and supervisor. Upon completion, the CERAP form must be documented in SACWIS within 24 hours. A CERAP form is contained in Appendix E.

Differences between the Home Safety Checklist and CERAP

While CERAPs and Home Safety Checklists are completed by the same workers and have similar timeframe requirements, there are key differences in what they assess and how broadly they assess it. For instance, the Home Safety Checklist must be completed more often than the CERAP, contains a wider scope of questions, and documents that literature was provided to the caretaker. The primary purpose of the CERAP is to determine the immediate threats to safety within the child's environment, with the focus being on behaviors of the caregivers or paramours that have access to the child. The Home Safety Checklist both educates and assesses specific observations of the physical home and the safety practices of the caretakers, while the CERAP assesses behaviors of the caretakers in order to make an immediate assessment of the child's safety and the possible need to remove the child from the environment. **Exhibit 9** summarizes these differences.

As mentioned previously, in a sample of 50 cases, a total of 195 Home Safety Checklists were required, but only 3 (2%) were provided. For the same sample, DCFS also provided 13 CERAPs completed for 3 cases. However, because the CERAP primarily addresses immediate safety concerns, these children may still have been in unsafe conditions because detailed assessments of their physical home and safety practices of the caregivers addressed by the Home Safety Checklist were not completed. Furthermore, by not utilizing Home Safety Checklists and not including a certification that the home has no environmental barriers or hazards to prevent a return home, DCFS is not in compliance with Public Act 101-0237 and its own Administrative Procedure Number 25.

Home Safety Checklists

RECOMMENDATION NUMBER	
3	***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).***

DCFS Response:

The Department of Children & Family Services agrees and will provide a statewide refresher orientation overview training on the policy and procedure on the Home Safety Checklist with emphasis on the timeline when the checklist should be completed. There also will be a state-wide refresher training on SACWIS to address the deficit of data being entered consistently and accurately. To ensure we are complying beginning in May of this year there will be monthly reviews of all cases using a Quality indicator tool to address any case not in compliance. The Department of Children & Family Service will revise the Home Safety Checklist to reflect the language that there are no environmental barriers or hazards to prevent returning the child home, as required by 20 ILCS 505/7.8 (c).

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.

Changes to After Care Service Plan Requirements

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 Services Process Narrative

In order to determine how aftercare services are delivered, auditors submitted process narrative questions to DCFS. According to DCFS officials, development of the After Care Service Plan begins in family meetings, administrative case reviews, and when the critical decision is made to return the child home. The length of time it takes to create a plan depends on each case's unique components, but should be in place prior to reunification. However, families could potentially be reunited with a delayed After Care Service Plan if the reunification is unplanned.

DCFS determines the needed services by using Integrated Assessments, Service Plans, and dialogue with clients. These services include housing assistance, educational advocacy, child care advocacy, therapeutic services, in-home visitations, and flex funding.

Child and Family Team Meetings are used to address any areas of recommended services in which DCFS and members of the family do not agree. However, if a family refuses services, DCFS' response depends on the risk involved and the legal status of the case. Mandatory participation in services is based on the extent of court involvement; court-ordered services have a legal response to any service refusal. If there are any reportable instances of abuse or other risks, the DCFS Hotline is utilized.

Aftercare services can be deemed successful and no longer needed in several ways, such as:

- Completion of Service Plan goals;
- A supervisory critical decision;
- Youth are no longer determined to be at risk; and/or
- There is an applicable court-ordered decision to end aftercare services.

We received an example of a completed Service Plan from DCFS, which also serves as the After Care Service Plan. The plan includes a basic information section that has information about the case such as:

- Family case name;
- Various case ID numbers;
- Primary language of the family; and the
- Approved date of the plan.

The plan also contains a case history, including:

- Why the case was opened;
- Various dates that reports were made;
- Various safety threats and other risk factors, including:
  - An assessment of the living situation;
  - The adequacy of the parenting approach;
  - The parent's perception of the overall situation that led to a case being opened;
  - Previous indicated allegations, and
  - The legal/criminal history of family members;
- Family composition;
- Housing situation;
- Financial status, and
- Medical/mental health history.

The plan also has permanency goals for the child, and an assessment of the parents or caregivers compliance with the plan**.**

The section of the Service Plan that addresses the permanency goals also has a chart which contains the desired outcomes of the plan, such as attending parenting classes, or ensuring proper attendance at school for the child. There are sections for starting dates, completion dates, and evaluation dates; however, there aren't any specific places in the plan to record actual dates of attendance, dates of services received, or whom the provider of services was. The only place that

actual dates of service, or the names of the providers involved may be captured, is in the case narrative notes. Based on our preliminary review, there have only been general notes in the case narrative, such as: "[Parent's name] successfully attended parenting classes through Provider A." There have not been specific dates of service; there have only been generalized notes about whether or not the desired outcomes have been met.

We asked about the impact that COVID-19 had on DCFS' ability to provide aftercare services. DCFS officials stated that the already difficult housing issue for economically challenged parents became even more difficult. Additionally, the multiple COVID-related action plans that limited contact also created additional barriers to providing services.

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.

Exhibit 10 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.

Exhibit 10
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.

DCFS officials explained that the existing service plan section within SACWIS does not have the option to specifically create an After Care Service Plan, but the prior version did. However, there are outcome options available for categorizing the aftercare status of the plan (satisfactory, unsatisfactory, and achieved). Additionally, many DCFS 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.

Because DCFS did not ensure that families are receiving the recommended services for the required duration of time, a successful family reunification is less likely. Additionally, by not documenting confirmation of services being utilized, it is difficult to ensure that families are receiving the services they need for a successful reunification.

Aftercare Services	
RECOMMENDATION NUMBER 4	***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.***

DCFS Response:

The Department of Children and Family Services agrees and will provide a refresher training to all staff state wide on the completion of the after-care service plan to reflect the date plan is initiated, including the progress and services of the family. The after-care service plan will be entered in SACWIS in the appropriate section "Prevention Planning" tab located under Service Plan.

Auditors found other issues during testing, which are described below.

Procedure Update

DCFS procedures were not updated with the aftercare requirements in Public Act 101-0237 until December 28, 2020, almost a year after the Act's effective date of January 1, 2020. Specifically, DCFS Procedure 315.250 requires that aftercare services be provided to the family for at least six months after reunification. Additionally, the procedure lists the following requirements for the After Care Service Plan:

- A description of any recommended services identified by reason, type, frequency and provider;
- A plan for obtaining the services, including a list of referrals;
- Instructions directing the family to contact the Permanency Worker if the family requires services;
- A revised Visitation and Contact Plan, if applicable; and
- Completion of the Plan within 30 days prior to case closure.

Due to DCFS procedures not being updated with the requirements in the Act, DCFS officials stated that caseworkers had not always been aware of the new requirements. For instance, auditors found that 35 (70%) of the 50 After Care Service Plans tested did not include instructions directing the family to contact the Permanency Worker if the family requires services, as required by DCFS Procedure 315.250. By not updating the procedures in a timely manner, the risk of leaving children and their families without aftercare services for at least the required six months was increased.

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 entered into narratives and case notes. The case notes are searchable, but each case may contain hundreds of contact notes. Ultimately, information entered here is entirely up to each caseworker's preference.
- Cases are sometimes closed in CYCIS 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. DCFS officials agreed that the "Plan Date" was not being used as the actual completion date. This may be why most Plans (90%) were not completed within 30 days prior to case closure, as is currently required.
- The "Actual Completion Date" field, which tracks completion dates of individual services, is rarely utilized. Instead, auditors relied on the "Evaluation Date," which records the date of the most recent review of services.

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.

Uniform Data Entry into SACWIS

RECOMMENDATION NUMBER 5	***The Department of Children and Family Services should 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.***

DCFS Response:

The Department of Children and Family Services agrees and there will be a state-wide refresher training on SACWIS to address the deficit of data being entered consistently and accurately.

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 Procedures

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.

Well-Child Visits/Check-Ups and Immunizations Process Narrative

In order to determine how DCFS ensures a child in care is up to date on his or her well-child visits/check-ups and immunizations, auditors submitted process narrative questions to DCFS. According to DCFS officials, the process begins when the child is placed in the custody or guardianship of DCFS. The available information is gathered from the parents, the youth in care, the physician if known, or school records. All youth in care receive an initial health screening, which then begins a current tracking of a child's medical history. This process is the same for children who have been returned to the custody of a parent or guardian even when the court retains jurisdiction over the

Well-Child Visits/Check-Ups include physical examinations, vision screenings, hearing screenings, dental exams and cleanings, and age-appropriate immunizations.

case. However, in a few instances youth that are in care for a short time may have a less detailed medical history.

DCFS ensures the maintenance of up to date immunization records and well-child check-ups by caseworkers entering contact information and documentation in SACWIS, which is DCFS' system of record for children in care. Other documentation, such as physician contacts, educational records, copies of physical exams, facility records, and health screenings, are also entered when applicable. Documentation is also maintained in the child's case records and the managed care system. Physicians are relied upon to make decisions regarding immunizations for children who have lost records or no documented proof of immunizations, assuming that all other avenues have been exhausted.

DCFS considers annual medical and dental care requirements, as well as follow-up of a known but not necessarily chronic issue, to be "well-child visits." The Permanency Worker, identified caregiver, or child's facility is responsible for making the appointments. Some appointments are prompted due to the child's education requirements. DCFS officials were also asked what happens in cases involving children with medical exemptions or religious objections to immunizations. DCFS officials explained that the protocol used in such decisions would include consultation with DCFS Guardian's Office, but they also noted that these types of cases are rare occurrences.

We asked about the impact that COVID-19 had on maintaining the requirements for well-child examinations and immunizations. DCFS officials stated that medical care and well-being visits were impacted by various shelter in place orders, but medical care was never completely discontinued.

Physical Examination Requirements Testing

Exhibit 11
PHYSICAL EXAMINATION SCHEDULE

Age	Examination Schedule
Under Age 1	Birth 2 weeks 1 month 2 months 4 months 6 months 9 months
Ages 1 to 2	12 months 15 months 18 months
Ages 2 to 21	Annually

Source: DCFS Procedure 302.360(e).

DCFS Procedure 302.360(e) states that Permanency Workers are to ensure that caregivers arrange for preventative or well-child physical examinations for every child in DCFS guardianship. DCFS maintains physical examination dates in SACWIS, which is the system of record for children in care. Well-child check-ups are to occur at the ages shown in **Exhibit 11**. Subjective vision and hearing screenings are also to occur during the physical exam.

Physical Examination Requirement Exceptions

From the population of children in DCFS care during calendar year 2020, auditors selected a random sample of 50 cases in order to test compliance with required physical examinations. 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. The sample was taken from children in care for at least one year and under 18 years old in order to increase the likelihood that the child was required to have at least one physical examination while in care. Additionally, the CDC, EPSDT standards, and DCFS Procedures 302.360 primarily focus on healthcare guidance for children under 18 years old.

Exhibit 12
PHYSICAL EXAMINATION TESTING RESULTS

Exams	Total Cases	Total Exams
Missed exams	9 (18%)	16 (7%)
Received exams	41 (82%)	218 (93%)
Total	50 (100%)	234 (100%)

Source: OAG testing of physical examinations recorded in SACWIS.

As shown in **Exhibit 12**, 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

Objective Vision Screenings Should Occur at Ages: 3, 4, 5, 6, 8, 10, 12, 15, and 18 years of age.

DCFS follows the federal CMS EPSDT standards, the Department of Public Health administrative rules (77 Ill. Adm. Code 685.110), guidelines from the American Academy of Pediatrics, and the DHFS Healthy Kids Provider Handbook (HK-203.7.1) for objective vision screening requirements.

DCFS Procedure 302.360(g)(1)(A) requires children to have objective vision screenings at 3, 4, 5, 6, 8, 10, 12, 15, and 18 years of age. Additionally, EPSDT standards require that vision screenings must at a minimum include diagnosis and treatment for defects in vision, including eyeglasses. Auditors randomly selected 50 cases in order to test compliance with required objective vision screenings from the population of children between the ages of 2 and 18, who had been in care for over one year during calendar year 2020. The population was stratified for ages 2 through 18 in order to allow for more leeway when reviewing cases. For example, if a child were to receive their first objective screening at 2 years and 7 months, the child would not be in the population of children between 3 and 18 years old, but this screening should likely be counted as the first required objective screening at 3 years old.

Exhibit 13
VISION TESTING RESULTS

Screenings	Total Cases	Total Screenings
Missed screenings	7 (14%)	10 (14%)
Received screenings	43 (86%)	59 (86%)
Total	50 (100%)	69 (100%)

Source: OAG testing of vision screenings recorded in SACWIS.

Additionally, the CDC, EPSDT standards, and DCFS Procedures 302.360 primarily focus on healthcare guidance for children under 18 years old. 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.

As shown in **Exhibit 13**, 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

DCFS Procedure 302.360(g)(2)(A) requires children to have objective hearing screenings at 4, 5, 6, 8, and 10 years of age. Additionally, EPSDT guidance requires that at a minimum, hearing services must include diagnosis and treatment for defects in hearing, including hearing aids.

Objective Hearing Screenings Should Occur at Ages: 4, 5, 6, 8, and 10 years of age.

DCFS follows the federal CMS EPSDT guidance, the Department of Public Health administrative rules (77 Ill. Adm. Code 675.110), guidelines from the American Academy of Pediatrics, and the DHFS Healthy Kids Provider Handbook (HK-203.7.2) for objective hearing screening requirements.

Auditors selected a random sample of 50 cases in which children were in care for at least one year during calendar year 2020, and were between the ages of 3 and 11. The population was stratified for ages 3 through 11 in order to allow for more leeway when reviewing cases. For example, if a child were to receive their first objective screening at 3 years and 7 months, the child would not be in the population of children between 4 and 11 years old, but this screening should likely be counted as the first required objective screening at 4 years old. 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 hearing examinations were last updated on October 15, 2015.

Exhibit 14
HEARING TESTING RESULTS

Screenings	Total Cases	Total Screenings
Missed screenings	28 (56%)	43 (43%)
Received screenings	22 (44%)	58 (57%)
Total	50 (100%)	101 (100%)

Source: OAG testing of hearing screenings recorded in SACWIS.

As shown in **Exhibit 14**, 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

DCFS Procedure 302.360(f) requires yearly dental examinations as well as teeth cleanings every six months beginning at age two. Based on industry guidance, dental cleanings are accompanied by exams; therefore, if a child received a cleaning, it was also counted towards a dental exam.

From the population of children in care during calendar year 2020 between the ages of 2 and 18, who had been in care for over one year, auditors selected 50 cases in order to test compliance with required dental examinations and cleanings.

The population was stratified for ages 2 through 18 because children should begin receiving dental examinations and teeth cleanings at 2 years old, and the CDC, EPSDT standards, and DCFS Procedures 302.360 primarily focus on healthcare guidance for children under 18 years old. 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 dental examinations were last updated on October 15, 2015.

Exhibit 15
DENTAL EXAMINATION TESTING RESULTS

Exams	Total Cases	Total Exams
Missed exams	44 (88%)	141 (51%)
Received exams[1]	6 (12%)	135 (49%)
Total	50 (100%)	276 (100%)

[1] One cleaning was missed due to a COVID related office closure.

Source: OAG testing of dental examinations recorded in SACWIS.

As shown in **Exhibit 15**, 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%).

Fluoride Treatments

Additionally, DCFS encourages yearly fluoride treatments, although they are not required; therefore, auditors reviewed fluoride treatments as well. Of the 141 total fluoride treatments possible within our sample, 84 were given (60%), according to the data in SACWIS. Based on this, auditors determined that fluoride treatments were generally given as recommended by DCFS Procedure 302.360(f). Auditors also reviewed instances when children received x-rays or filling/cavity work, and found that, in general, children were routinely receiving these services.

Well-Child Check-Up Timeliness	
RECOMMENDATION NUMBER **6**	***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.***

DCFS Response:

The Department of Children and Family Services agrees. In 2020, during the time period reviewed by the audit, the majority of youth in the care of the Illinois Department of Children and Family Services were transitioned to YouthCare, a managed care organization for the provision of their healthcare. Youth in care- and their caregivers - now receive coordinated whole-person healthcare for their physical and mental health needs. YouthCare also provides Specially trained care coordinators working closely with DCFS caseworkers and foster and adoptive families to create and carry out an effective Individual Plan of Care (IPOC) for all youth. These additional resources have been instrumental in ensuring all youth in care receive their well-child visits/check-ups, including physical examinations, vision and hearing screenings, and dental exams.

Data Entry Issues Identified during Well-Child Visit/Well-Child Check-Up Testing

During fieldwork testing for the well-child visit/well-child check-up requirements, auditors determined that there were numerous data errors contained within SACWIS. The FY19-FY20 DCFS Compliance Examination performed by the Office of the Auditor General also identified similar issues (see findings 2020-009, and 2020-010 in the DCFS Compliance Examination for the two years ending June 30, 2020). The findings identified during testing are detailed below.

Inconsistent Date Entry into Person Profile Tab

Physical Examinations

The Person Profile page of SACWIS contains critical information about the child's case and important health information. There are three sections of this tab that are relevant for entering health screening and issues data: Health Tests/Screenings, Health Issues, and Health Encounters. Health Tests/Screenings and Health Encounters are where screenings and exams are recorded, and Health Issues is typically where any diagnoses, abnormalities, or problems found during those exams are described. However, auditors found 13 cases in which exams were documented in the Health Issues section, but nowhere else. There was one other case in which there were two entries on the same date for a health exam in the Health Issues section that was both with and without abnormalities. Additionally, auditors found inconsistent entries in the Health Issues section for other medical entries. For example, several cases showed multiple entries on

different dates for the child's birth; these entries sometimes included different types of births.

The lack of consistency with the dates of entry for physical examinations makes it difficult to determine if the child has received the required physical exam(s). It also appears that the Health Issues section was sometimes used to record exams instead of the Health Tests/Screenings or Health Encounters sections. Inconsistent usage of each section makes it difficult to determine if each child is receiving the required physical examinations, as well as tracking other medical information.

Vision Screenings

Several different instances of objective screenings being entered into different sections of the Person Profile tab of SACWIS were identified. For example:

- In one instance, four separate screenings were entered into the Health Encounters section of the tab, but were not entered into either the Health Tests/Screenings section or the Health Issues section.
- In a different case, the Health Tests/Screenings section contained four separate vision screenings that were not located in the other two sections.
- Additionally, the Health Encounters section contained one screening that was not located in either Health Tests/Screenings or Health Issues sections.

The lack of consistency with the dates of entry for objective vision examinations makes it difficult to determine if children are up to date on their required vision screenings. Often times it appeared that an entry for the vision screening containing only the date would be entered into either the Health Tests/Screenings section or the Health Encounters section, and a more in depth description of the screening would be entered into the Health Issues section.

Inconsistent usage of each section also makes it difficult to determine if each child is receiving the required vision screenings.

Duplicate Exam/Screening Dates

Physical Examinations

Auditors identified 22 children in the sample (44%) with duplicate date entries of physical examinations, which accounted for 42 duplicated dates (42 of 198, or 21%). Duplicate entries of the same date for physical examinations indicates a possible weakness in data entry controls.

Vision Screenings

Auditors identified nine different instances within six cases of duplicate date entries of vision screenings into the Person Profile tab of SACWIS (9 of 53, or 17%). Duplicate entries of the same date for vision exams indicates a possible weakness in data entry controls.

Hearing Screenings

Within the sample selected, four cases were identified that had a total of four duplicate screening dates (4 of 45, or 9%) in either different sections of the record, or within the same section of the record. Instances of duplicate dates of care indicates a possible weakness in data entry controls.

Dental Exams

Auditors identified five cases that had six duplicate dates of dental care in SACWIS (6 of 151, or 4%). Instances of duplicate dates of care indicates a possible weakness in data entry controls.

Other Data Issues Identified

Additionally, three incorrect birthdates were identified: one in the physical examination testing sample, and the other two in the hearing testing requirements sample. For two other cases, no medical information was available for review in SACWIS: one in the hearing testing requirements sample and the other in the dental care requirements sample. **Exhibit 16** summarizes the data issues identified during the well-child visit/well-child check-up testing.

Exhibit 16
WELL-CHILD VISIT/CHECK-UP DATA ENTRY ISSUES

Exceptions	Hearing Cases (%)	Vision Cases (%)	Physical Exam Cases (%)	Dental Cases (%)
Duplicate dates	4 (8%)	6 (12%)	22 (44%)	5 (10%)
Different birth dates	2 (4%)	N/A	1 (2%)	N/A
Missing records	1 (2%)	N/A	N/A	1 (2%)
Inconsistent entries[1]	N/A	N/A	18 (36%)	N/A
Total cases	50 (100%)	50 (100%)	50 (100%)	50 (100%)

[1] Inconsistent entries include cases in which births were recorded on different dates and/or by different methods, exams were recorded as with and without abnormal findings, and exams were documented in one section of SACWIS but nowhere else.

Source: OAG testing of well-child visits/check-ups.

DCFS Response to Data Issues

DCFS officials stated that SACWIS receives data from other agencies such as the Departments of Healthcare and Family Services (HFS), Human Services (DHS), and Public Health (DPH). Interfacing issues may have been the reason for duplicate date entries and information being entered into the wrong section of SACWIS, as well as other SACWIS inconsistencies. As previously stated, the FY19-FY20 DCFS Compliance Examination performed by the Office of the Auditor General also identified similar issues (see findings 2020-009, and 2020-010 in the DCFS Compliance Examination for the period ending June 30, 2020).

Data Issues with Age-Appropriate Immunizations Data

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. **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.**

Age-Appropriate Immunizations Testing

DCFS Procedure 302.360(h) requires children in care to be immunized according to the recommendations of the CDC and the American Academy of Pediatrics unless the child's health care provider considers one or more specific immunizations to be contrary to the child's health. **Exhibit 17** shows a compiled immunization schedule based on CDC recommended guidance and DCFS' Home Safety Checklists.

In order to test this requirement, we selected a random sample of 50 cases from the population of children that were in care during calendar year 2020 for at least a year. This population was stratified to remove children that were over 18, because the CDC does not have immunization guidance for children past 18 years old. Testing was terminated after auditors had reviewed the first 10 samples because the data in SACWIS contained numerous errors, such as:

- 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.

Exhibit 17
RECOMMENDED IMMUNIZATION SCHEDULE

Age	Immunizations	Number of Doses	Total Doses
Birth-1 year	1. Hepatitis B (HepB)	3[1]	**21-22**
	2. Diphtheria, Tetanus, and Pertussis (DTaP)	3	
	3. Haemophilus influenza type b (Hib)	3	
	4. Inactivated Polio (IPV)	3	
	5. Pneumococcal (PCV)	3	
	6. Rotavirus (RV1)	2	
	7. Rotavirus (RV5)	3	
	8. Influenza (IIV or LAIV4)	1-2	
1-2 years	1. Diphtheria, Tetanus, and Pertussis (DTaP)	1	**9-11**
	2. Haemophilus influenza type b (Hib)	1	
	3. Measles, Mumps, and Rubella (MMR)	1	
	4. Varicella (chicken pox)	1	
	5. Pneumococcal (PCV)	1	
	6. Influenza (IIV or LAIV4)	2-4	
	7. Hepatitis A	2	
3-6 years	1. Diphtheria, Tetanus, and Pertussis (DTaP)	1	**8-12**
	2. Inactivated Polio (IPV)	1	
	3. Measles, Mumps, and Rubella (MMR)	1	
	4. Influenza (IIV or LAIV4, annual)	4-8	
	5. Varicella (chicken pox)	1	
7-8 Years	1. Influenza (IIV or LAIV4, annual)	2-4	**2-4**
9-12 years	1. Tetanus and Diphtheria (Td)	1	**8-9**
	2. Influenza (IIV or LAIV4, annual)	4	
	3. Human papillomavirus	2-3	
	4. Meningococcal (ACWY)	1	
13-18 years	1. Influenza (IIV or LAIV4, annual)	6	**9-10**
	2. Meningococcal (ACWY)	1	
	3. Meningococcal (B)	2-3	

[1]In some instances a fourth dose of Hepatitis B may be needed.

Source: Home Safety Checklist and CDC immunization schedules.

Appropriateness of Evidence Standards

Section 8.102 of the Yellow Book addresses the appropriateness of evidence that is necessary when conducting performance audits. The Yellow Book defines appropriateness as "*the measure of the quality of evidence that encompasses the relevance, **validity**, and **reliability of evidence** used for addressing the audit objectives and supporting findings and conclusions.*"

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**."

Section 8.102(b) of the Yellow Book states: ***"Validity refers to the extent to which evidence is a meaningful or reasonable basis for measuring what is being evaluated. In other words, validity refers to the extent to which evidence represents what it is purported to represent."*** Based on the results of the first 10 cases within the sample, it was concluded that the data was not valid for reporting results – the likelihood of a

health care professional administering numerous vaccinations above the recommended guidelines is much lower than the possibility of data entry errors in SACWIS. Therefore the decision was made to stop our review.

Section 8.102(c) of the Yellow Book states: *"Reliability refers to the consistency of results when information is measured or tested and includes the concepts of being verifiable or supported. For example, in establishing the appropriateness of evidence, auditors may test its reliability by obtaining supporting evidence, using statistical testing, or obtaining corroborating evidence."* **Because SACWIS is the system of record for DCFS, it is imperative that the information entered is accurate.** The immunizations data shown within SACWIS is not in compliance with the CDC and the American Academy of Pediatrics guidelines. The data, in many instances, shows multiple immunizations well above the recommended guidelines, and there are instances of the data showing immunizations given outside of the appropriate age group recommended as well. Because the immunizations data reviewed contained numerous errors, no assurance of the reliability of the data could be given. **Therefore, because SACWIS is the system of record, which by definition is the authoritative data source for case information within DCFS, testing was discontinued after it was determined that the reliability and validity of the data was questionable**.

The results of testing were presented to DCFS officials in order to inform them of the possible errors, and to ask for a cause. DCFS officials stated that these issues were most likely a data integrity problem. They also provided supporting documentation 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.

Although the hard copy medical records provided generally show that children in DCFS care are receiving age-appropriate immunizations as required, the lack of accurate health care information within SACWIS makes it difficult to determine if the children are receiving the health care to which they are entitled. Specifically, the lack of accurate immunizations reporting makes it difficult to ensure that each child is up to date on required age-appropriate immunizations.

Immunization Data

RECOMMENDATION NUMBER

7

The Department of Children and Family Services should ensure that immunization data entered into the system of record (SACWIS) is both valid and reliable.

DCFS Response:

As of September 2020, immunization records are maintained and accessible to case workers in the online YouthCare portal.

Auditor Comment:

Auditors were not informed that the YouthCare portal had been implemented or contained healthcare information. Because of this, the auditors did **not** review this information. Furthermore, the Department stated SACWIS is the **system of record**, which means it maintains the official case and healthcare information. As noted in the report, the information from SACWIS was both invalid and unreliable.

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.**

Child Welfare Service Referral/Child Protective Services Changes

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

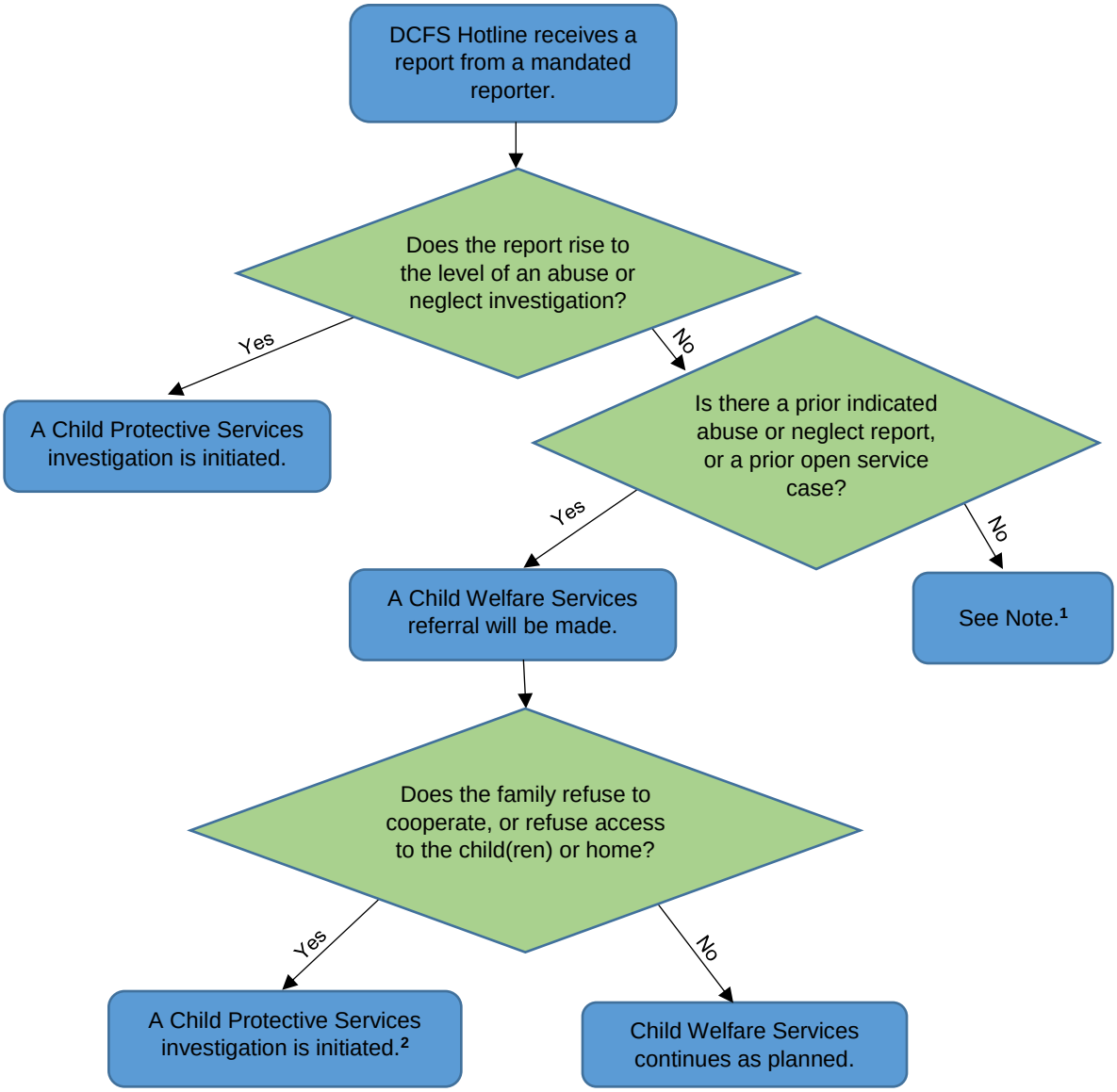
> *When a report is made by a mandated reporter…and there is a prior indicated report of abuse or neglect, or there is a prior open service case involving any member of the household, the Department must, at a minimum, accept the report as a child welfare services referral. If the family refuses to cooperate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

In order to determine how the above requirements factored into the intake process, auditors submitted process narrative questions to DCFS. When fielding reports, intake workers conduct a complete history search of all participants within SACWIS. According to DCFS officials, the intake worker documents in SACWIS the information of all prior contact with the subjects in the narrative of the report, and links previous people and cases to the intake as appropriate. Intake workers are also able to see all records that have been entered into SACWIS regardless of how old the case histories might be. If a report meets the criteria for an abuse or neglect investigation, it is then sent to the Division of Child Protection. If there is a new report 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 services referral and sends it to the appropriate field office for assignment to Child Welfare Referrals. Some examples of child welfare services include: referrals to local family advocacy centers and community resources such as food pantries, housing assistance, job related resources, counseling services, mental health services, and drug treatment programs.

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. **Exhibit 18** contains a flowchart of this process.

Exhibit 18
CHILD WELFARE SERVICE REFERRAL FLOWCHART AS REQUIRED BY PUBLIC ACT 101-0237



Notes:

[1] 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).

[2] 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.

DCFS Unable to Provide Population of Cases

Our initial plan for fieldwork testing was to request the population of calendar year 2020 cases that had a prior indicated abuse or neglect case or a prior open services case. We would then select a random sample of 25 cases that had a child welfare case referral opened, and a random sample of 25 cases where the family had refused to cooperate or refused access to the home or children, and a child protection services investigation was opened. **However, DCFS officials stated that SACWIS was not currently capable of identifying these populations.**

Because DCFS is unable to provide the population for these cases, we are unable to test for compliance with Public Act 101-0237.

SACWIS Tracking	
RECOMMENDATION NUMBER **8**	***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.***

DCFS Response:

The Department agrees and does have the ability to track child welfare services referrals and reflect compliance with Public Act 101-0237. The Department was unable to produce the data in time for it to be evaluated for this report, but compliance is being tracked in SACWIS and a summary of that data is provided below to reflect the dramatic increase in PA 101-0237 compliant child welfare services referrals that coincide with the effective date of the act. *(**Auditor Note:** The chart referenced by the Department is located within Appendix G of this report (page 98). It is unaudited information.)*

Auditor Comment:

It is a mischaracterization to state that: "The Department was unable to produce the data in time for it to be evaluated for this report…" **In responses provided by the Department on May 17, 2021, and May 20, 2021, DCFS officials stated: "…we have not yet developed a mechanism in SACWIS to quantify this work", and they "do not believe that level of data is available...." Included in these correspondences were the Executive Deputy Director, the Deputy Director of Child Protection, the Deputy Director of Intact Services, the Deputy Director of Permanency, the Deputy Director of the State Central Registry, and the Deputy Director of Legislative Affairs.** Because auditors were told that SACWIS did not have a mechanism in place to track these cases and a population could not be provided, it was never requested, and testing was not performed. During a July 20, 2021, audit status meeting, DCFS officials were told that their inability to track this population would likely be a recommendation in the final report. Again, on August 31, 2021, DCFS officials were reminded that because a population could not be provided, auditors would not be able to test this area of Public Act 101-0237 for compliance. At no time throughout the audit process were auditors made aware that this data was being tracked, or available for review. **It was not until April 19, 2022,** during a meeting that occurred after the audit exit conference, **that auditors were told that the Department could, in fact, provide this population,** and had been tracking child welfare service referrals and child protection investigations that had occurred as a result of the language within Public Act 101-0237. We will follow up on the Department's assertion and ability to track this information during the next audit.

Appendix A
Public Act 101-0237

AN ACT concerning courts.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Children and Family Services Act is amended by adding Section 7.8 as follows:

(20 ILCS 505/7.8 new)

Sec. 7.8. Home safety checklist; aftercare services; immunization checks.

(a) As used in this Section, "purchase of service agency" means any entity that contracts with the Department to provide services that are consistent with the purposes of this Act.

(b) Whenever a child is placed in the custody or guardianship of the Department or a child is returned to the custody of a parent or guardian and the court retains jurisdiction of the case, the Department must ensure that the child is up to date on his or her well-child visits, including age-appropriate immunizations, or that there is a documented religious or medical reason the child did not receive the immunizations.

(c) Whenever a child has been placed in foster or substitute care by court order and the court later determines that the child can return to the custody of his or her parent or guardian, the Department must complete, prior to the child's discharge from foster or substitute care, a home safety checklist to ensure that the conditions of the child's home are sufficient to ensure the child's safety and well-being, as defined in Department rules and procedures. At a minimum, the home safety checklist shall be completed within 24 hours prior to the child's return home and completed again or recertified in the absence of any environmental barriers or hazards within 5 working days after a child is returned home and every month thereafter until the child's case is closed pursuant to the Juvenile Court Act of 1987. The home safety checklist shall include a certification that there are no environmental barriers or hazards to prevent returning the child home.

(d) 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.

(e) One year after the effective date of this amendatory Act of the 101st General Assembly, the Auditor General shall commence a performance audit of the Department of Children and Family Services to determine whether the Department is meeting the requirements of this Section. Within 2 years after the audit's release, the Auditor General shall commence a follow-up performance audit to determine whether the Department has implemented the recommendations contained in the initial performance audit. Upon completion of each audit, the Auditor General shall report its findings to the General

Assembly. The Auditor General's reports shall include any issues or deficiencies and recommendations. The audits required by this Section shall be in accordance with and subject to the Illinois State Auditing Act.

Section 10. The Abused and Neglected Child Reporting Act is amended by adding Section 7.01 as follows:

(325 ILCS 5/7.01 new)

Sec. 7.01. Safety assessments for reports made by mandated reporters.

(a) When a report is made by a mandated reporter to the statewide toll-free telephone number established under Section 7.6 of this Act 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.

As used in this Section, “child welfare services referral” means an assessment of the family for service needs and linkage to available local community resources for the purpose of preventing or remedying or assisting in the solution of problems which may result in the neglect, abuse, exploitation or delinquency of children, and as further defined in Department rules and procedures. As used in this Section, "prior open service case" means a case in which the Department has provided services to the family either directly or through a purchase of service agency.

(b) One year after the effective date of this amendatory Act of the 101st General Assembly, the Auditor General shall commence a performance audit of the Department of Children and Family Services to determine whether the Department is meeting the requirements of this Section. Within 2 years after the audit’s release, the Auditor General shall commence a follow-up performance audit to determine whether the Department has implemented the recommendations contained in the initial performance audit. Upon completion of each audit, the Auditor General shall report its findings to the General Assembly. The Auditor General’s reports shall include any issues or deficiencies and recommendations. The audits required by this Section shall be in accordance with and subject to the Illinois State Auditing Act.

Appendix B
Audit Scope and Methodology

This performance audit was conducted in accordance with generally accepted government auditing standards and the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310.

Audit standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives found in Public Act 101-0237, or Ta'Naja's Law.

The audit objectives were delineated in Public Act 101-0237 (Act), which directed the Auditor General to conduct a performance audit of the Department of Children and Family Services (DCFS). The Act contained four areas with which DCFS must be in compliance, which are detailed below:

1. 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.
    - The checklist shall include a certification that there are no environmental barriers or hazards to prevent returning the child home.
2. 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 (POS) agency, and shall begin on the date upon which the child is returned to the custody or guardianship of his or her parent or guardian.
    - Aftercare services are to be provided for a minimum of six months for each child, beginning on the date he or she returns home.
3. Immunization Checks (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, including age-appropriate immunizations. If immunizations are not up-to-date, there must be a documented religious or medical reason.
4. 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.

In conducting this audit, auditors reviewed applicable State statutes, rules, administrative codes, and internal DCFS policies and procedures. Auditors also reviewed management controls and assessed risk related to the audit's objectives. Auditors examined the five components of internal control – control environment, risk assessment, control activities, information and communication, and monitoring – along with the underlying principles. We considered all five components to be significant to the audit objectives. Any deficiencies in internal control that were significant within the context of the audit objectives are discussed in the body of the report.

During the audit, auditors conducted interviews and phone conferences with officials from DCFS. Auditors frequently met with the Chief Internal Auditor and his staff to discuss how the audit determinations are completed and compliance testing results.

In order to test compliance with the requirements of the Act, auditors requested data populations for all children in care during calendar year 2020, all children that were returned home in calendar year 2020 that required a Home Safety Checklist, and all cases that were closed in calendar year 2020 that required an After Care Service Plan. The methodologies of compliance testing for each audit area are discussed in the sections below.

Home Safety Checklist

Auditors requested the population of children in DCFS care that were returned home during calendar year 2020. However, the population received contained return home dates prior to calendar year 2020. Return home dates from before the Act's effective date of January 1, 2020, were included in the final sample population because the timeframes established in the Act were already in DCFS policy since October 21, 2015. Auditors further stratified the population for children that were in care for at least 30 days and were under 18 years old, in order to increase the likelihood that a Home Safety Checklist would be required. After this stratification, the final population was 1,547. From this final sample population, auditors randomly selected a sample of 50 cases, along with 10 spares.

Because Home Safety Checklists are not uploaded to SACWIS, hard copies were requested for these cases during the relevant timeframes, and they were reviewed to determine if checklists were completed according to the timeframes set in the Act. The results are not projectable to the population.

Auditors determined that 300 Home Safety Checklists were required for the entire sample. However, due to COVID-19 restrictions between March and June 2020, 105 of those checklists could not be performed. This left a total of 195 required checklists.

DCFS was only able to provide 3 out of 195 (2%) required checklists. DCFS officials determined that 68 checklists were due before the effective date of the Act, and therefore should not be counted as part of the sample. However, because the deadlines set in the Act have been in DCFS Administrative Procedure Number 25 since at least October 21, 2015, auditors have included them in the total.

Additionally, auditors reviewed hard copy checklists to determine if they included certification that there are no environmental barriers or hazards to prevent returning the child home. This requirement became effective January 1, 2020. Out of the 195 required checklists, 127 (65%) were due after this date. According to DCFS officials, Home Safety Checklists had still not been updated with the new language as of March 16, 2022. Therefore, all 127 checklists that were required to have this language were not compliant.

Home Safety Checklist testing is described further on pages 22-26.

Aftercare Services

From the total population of 822 children in DCFS care that returned home during calendar year 2020, auditors selected a random sample of 50 cases, along with 10 spares, in order to test compliance with the Act. The results are not projectable to the population.

Thirty cases (60%) contained at least one exception. Of the 50 cases tested, 29 (58%) did not have at least six months of aftercare services, according to SACWIS. Additionally, 9 out of the 50 cases (18%) had no documented confirmation that services had been completed, such as a narrative description of service updates, or contact notes with the service provider.

In addition, DCFS procedures were not updated with the aftercare requirements in the Act until December 28, 2020, almost a year after the Act's effective date of January 1, 2020. This included the six-month timeframe, as well as requirements for the After Care Service Plan. Because of this, DCFS officials stated that caseworkers had not always been aware of the new requirements.

Finally, DCFS officials explained that many of the issues auditors found with After Care Service Plans were most likely issues with data entry in SACWIS.

Aftercare service testing is described further on pages 27-30.

Well-Child Visits/ Well-Child Check-Ups Including Immunizations

DCFS has procedures in place that outline the guidance that should be used for determining when a child should receive physical exams, vision and hearing screenings, dental care, and immunizations. 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. 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, auditors 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 the Act.

Physical Examinations

From the population of 19,087 children in DCFS care during calendar year 2020, auditors selected a random sample of 50 cases, along with 10 spares, in which children were in care for at least one year and were under 18 years old in order to increase the likelihood that the child was required to have at least one physical examination while in care. 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. Auditors used SACWIS to review physical exam dates during the child's stay in DCFS care. The results are not projectable to the population.

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.

Physical examination testing is described further on pages 33-34.

Vision Screenings

From the population of 17,215 children in DCFS care during calendar year 2020 that were between the ages of 2 and 18 years old, auditors selected a random sample of 50 cases, along with 10 spares, in which children were in care for at least one year. Auditors selected the age range of 2 through 18 years old in order to allow for more leeway when reviewing cases. For example, if a child were to receive their first objective screening at 2 years and 7 months, the child would not be in the population of children between 3 and 18 years old, but this screening

should likely be counted as the first required objective screening at 3 years old. 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. Auditors used SACWIS to review vision screening dates during the child's stay in DCFS care. The results are not projectable to the population.

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.

Vision screening testing is described further on pages 34-35.

Hearing Screenings

From the population of 9,450 children in DCFS care during calendar year 2020 that were between the ages of 3 and 11 years old, auditors selected a random sample of 50 cases, along with 20 spares, in which children were in care for at least one year. Auditors selected the age range of 3 through 11 years old in order to allow for more leeway when reviewing cases. For example, if a child were to receive their first objective screening at 3 years and 7 months, the child would not be in the population of children between 4 and 11 years old, but this screening should likely be counted as the first required objective screening at 4 years old. 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. Auditors used SACWIS to review hearing screening dates during the child's stay in DCFS care. The results are not projectable to the population.

Within the 50 cases tested, there were 101 required hearing screenings. According to SACWIS, 28 of the 50 cases (56%) tested were missing at least one required hearing screening. Within these 28 cases, 43 screenings (43%) were missing.

Hearing screening testing is described further on page 35.

Dental Exams

From the population of 17,215 children in DCFS care during calendar year 2020 that were between the ages of 2 and 18 years old, auditors selected a random sample of 50 cases, along with 10 spares, in which children were in care for at least one year. Auditors selected the age range of 2 through 18 years old because children should begin receiving dental examinations and teeth cleanings at 2 years old. Based on industry guidance, dental cleanings are accompanied by exams; therefore, if a child received a cleaning, it was also counted towards a dental exam. 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. Auditors used SACWIS to review dental exam dates during the child's stay in DCFS care. The results are not projectable to the population.

Within the 50 cases tested, there were 276 cleanings required. According to SACWIS, 44 of the 50 cases (88%) tested were missing at least one required cleaning. Within these 44 cases, 141 cleanings (51%) were missing. Additionally, of the 141 total fluoride treatments possible within the sample, 84 (60%) were given according to the data in SACWIS. Based on this, auditors determined that fluoride treatments were generally given as recommended by DCFS Procedure 302.360(f). Auditors also reviewed instances when children received x-rays or fillings/cavity work, and found that, in general, children were routinely receiving these services.

Dental exam testing is described further on pages 35-37.

Data Entry Issues Identified During Well-Child Visit Testing

During fieldwork testing for all the well-child visit requirements, auditors determined that there were numerous data errors within SACWIS. The FY19-FY20 DCFS Compliance Examination performed by the Office of the Auditor General also identified similar issues (see findings 2020-009 and 2020-010 in the FY19-FY20 DCFS Compliance Examination). The data issues that were identified during testing include inconsistent data entry into the Person Profile tab, duplicate exam and screening dates, incorrect birthdates, and missing medical records.

DCFS officials stated that SACWIS receives data from other agencies like the Departments of Healthcare and Family Services (HFS), Human Services (DHS), and Public Health (DPH). Interfacing issues may have been the reason for duplicate date entries, information being entered into the wrong section of SACWIS, as well as other SACWIS inconsistencies.

Data entry issues are described further on pages 37-39.

Immunizations

From the population of 19,087 children in DCFS care during calendar year 2020, auditors selected a random sample of 50 cases, along with 10 spares, in which children were in care for at least one year and were under 19 years old because the CDC does not have immunization guidance for children past 18 years old. The results would not have been projectable to the population. Auditors used SACWIS to review immunization dates during the child's stay in DCFS care. 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.

Section 8.102 of the Yellow Book addresses the appropriateness of evidence that is necessary when conducting performance audits. The Yellow Book defines appropriateness as "*the measure of the quality of evidence that encompasses the relevance, **validity**, and **reliability of evidence** used for addressing the audit objectives and supporting findings and conclusions.*"

Section 8.102(b) of the Yellow Book states: **"Validity refers to the extent to which evidence is a meaningful or reasonable basis for measuring what is being evaluated. In other words, validity refers to the extent to which evidence represents what it is purported to represent."** Based on the results of the first 10 cases within the sample, it was concluded that the data was very likely not valid for reporting results; in other words, the likelihood of a health care professional administering numerous vaccinations above the recommended guidelines is much lower than the possibility of data entry errors in SACWIS. Therefore, the decision was made to stop compliance testing.

Section 8.102(c) of the Yellow Book states: **"Reliability refers to the consistency of results when information is measured or tested and includes the concepts of being verifiable or supported. For example, in establishing the appropriateness of evidence, auditors may test its reliability by obtaining supporting evidence, using statistical testing, or obtaining corroborating evidence."** Because SACWIS is the system of record for DCFS, it is imperative that the information entered is accurate. The immunizations data shown within SACWIS is not in compliance with the CDC and the American Academy of Pediatrics guidelines. The data, in many instances, shows multiple immunizations well above the recommended guidelines, and there are instances of the data showing immunizations given outside of the appropriate age group recommended as well. Because the immunizations data reviewed very likely contained numerous errors, no assurance of the reliability of the data could be given. Furthermore, because SACWIS is the system of record, which by definition is the authoritative data source for case information within DCFS, testing was discontinued after it was determined that the reliability and validity of the data was questionable.

The results of testing were presented to DCFS officials in order to inform them of the possible errors, and to ask for a cause. DCFS officials stated that these issues were most likely a data integrity problem. They also provided supporting documentation 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.

Well-child and immunization testing is described further on pages 40-43.

Safety Assessment for Reports Made by Mandated Reporters

The initial plan for fieldwork testing was to request a population of calendar year 2020 cases that had a prior indicated abuse or neglect case or a prior open service case. We would then select a random sample of 25 cases that had a child welfare case referral opened, and a random sample of 25 cases where the family had refused to cooperate or refused access to the home or children, and a Child Protection Services investigation was opened. However, DCFS officials stated that SACWIS was not currently capable of identifying these populations. Because DCFS was unable to provide the population for these cases, auditors were unable to test for compliance with the Public Act. See pages 44-46 of this report for a more thorough explanation.

The date of the Exit Conference, along with the principal attendees, are noted below:

Exit Conference	April 11, 2022
Agency	**Name and Title**
Illinois Department of Children and Family Services	• Marc Smith, Director • Jassen Strokosch, Chief of Staff • Timothy Snowden, Chief Deputy Director of Permanency and Intact Services • Valerie Darby, Associate Deputy Director of Permanency Services • Kimberly Bates, Deputy Director Office of Employee Services • Jim Daugherty, Chief Information Officer • Bill McCaffrey, Director of Communications • Phil Dasso, Chief Internal Auditor • Nessar Uddin, Internal Audit Manager • Anmarie Brandenburg, Ethics Officer • Beth Solomon, Special Assistant to the General Counsel • Meaghan Jorgensen, Deputy Chief of Staff • Tierney Stutz, Chief Deputy Director of Child Protection & State Central Register
Illinois Office of the Auditor General	• Patrick Rynders, Audit Manager • Megan Chrisler, Audit Supervisor • Joshua Kuhl, Audit Staff

Appendix C

DCFS Operations Organizational Chart Analysis

DCFS OPERATIONS ORGANIZATIONAL CHART POSITION ANALYSIS (FILLED/VACANT, FUNDED/UNFUNDED)
As of December 2, 2021

Regional Child Protective Offices- Funded

Division/Location	Filled Positions	Vacant Positions	Total Positions	% Filled	% Vacant
Child Protection Admin	6	0	6	100.0%	0.0%
OFC of Chief Dep Dir, DCP/SCR	3	0	3	100.0%	0.0%
Central CP-Champaign Sub	85	16	101	84.2%	15.8%
Central CP-Peoria Sub	105	17	122	86.1%	13.9%
Central CP-Springfield Sub	76	8	84	90.5%	9.5%
Cook CP-Cook Central	81	25	106	76.4%	23.6%
Cook CP-Cook North	96	30	126	76.2%	23.8%
Cook CP-Cook South	117	42	159	73.6%	26.4%
Northern CP-Aurora Sub	166	50	216	76.9%	23.1%
Northern CP-Rockford Sub	48	37	85	56.5%	43.5%
Southern CP-ESTL Sub	74	10	84	88.1%	11.9%
Southern CP-Marion Sub	78	20	98	79.6%	20.4%
Total	**935**	**255**	**1190**	**78.6%**	**21.4%**

Regional Child Protective Offices- Funded/Unfunded

Division/Location	Funded Positions	Unfunded Positions	Total Positions	% Funded	% Unfunded
Child Protection Admin	6	7	13	46.2%	53.8%
OFC of Chief Dep Dir, DCP/SCR	3	0	3	100.0%	0.0%
Central CP-Champaign Sub	101	133	234	43.2%	56.8%
Central CP-Peoria Sub	122	126	248	49.2%	50.8%
Central CP-Springfield Sub	84	138	222	37.8%	62.2%
Cook CP-Cook Central	106	139	245	43.3%	56.7%
Cook CP-Cook North	126	144	270	46.7%	53.3%
Cook CP-Cook South	159	153	312	51.0%	49.0%
Northern CP-Aurora Sub	216	437	653	33.1%	66.9%
Northern CP-Rockford Sub	85	166	251	33.9%	66.1%
Southern CP-ESTL Sub	84	154	238	35.3%	64.7%
Southern CP-Marion Sub	98	145	243	40.3%	59.7%
Total	**1190**	**1742**	**2932**	**40.6%**	**59.4%**

Regional Permanency Offices- Funded					
Division/Location	**Filled Positions**	**Vacant Positions**	**Total Positions**	**% Filled**	**% Vacant**
Permanency Admin	76	21	97	78.4%	21.6%
OFC of Chief Dep Dir, Perm/Int	119	25	144	82.6%	17.4%
Central Region Perm-Champaign	61	15	76	80.3%	19.7%
Central Region Perm-Peoria	48	9	57	84.2%	15.8%
Central Region Perm-SPFLD	54	12	66	81.8%	18.2%
Cook County Perm-Cook Central	33	16	49	67.3%	32.7%
Cook County Perm-Cook North	35	18	53	66.0%	34.0%
Cook County Perm-Cook South	72	28	100	72.0%	28.0%
Northern Region Perm-Aurora	58	24	82	70.7%	29.3%
Northern Region Perm-Rockford	38	11	49	77.6%	22.4%
Southern Region Perm-ESTL	44	18	62	71.0%	29.0%
Southern Region Perm-Marion	64	22	86	74.4%	25.6%
Total	**702**	**219**	**921**	**76.2%**	**23.8%**

Regional Permanency Offices- Funded/Unfunded					
Division/Location	**Funded Positions**	**Unfunded Positions**	**Total Positions**	**% Funded**	**% Unfunded**
Permanency Admin	97	163	260	37.3%	62.7%
OFC of Chief Dep Dir, Perm/Int	144	113	257	56.0%	44.0%
Central Region Perm-Champaign	76	108	184	41.3%	58.7%
Central Region Perm-Peoria	57	71	128	44.5%	55.5%
Central Region Perm-SPFLD	66	63	129	51.2%	48.8%
Cook County Perm-Cook Central	49	47	96	51.0%	49.0%
Cook County Perm-Cook North	53	54	107	49.5%	50.5%
Cook County Perm-Cook South	100	75	175	57.1%	42.9%
Northern Region Perm-Aurora	82	107	189	43.4%	56.6%
Northern Region Perm-Rockford	49	72	121	40.5%	59.5%
Southern Region Perm-ESTL	62	78	140	44.3%	55.7%
Southern Region Perm-Marion	86	89	175	49.1%	50.9%
Total	**921**	**1040**	**1961**	**47.0%**	**53.0%**

Other Regional Offices- Funded					
Division	**Filled Positions**	**Vacant Positions**	**Total Positions**	**% Filled**	**% Vacant**
Clinical & Child Services	3	2	5	60.0%	40.0%
Clinical Practice	90	33	123	73.2%	26.8%
Division of Child Services	64	18	82	78.0%	22.0%
Intact Family Services	132	25	157	84.1%	15.9%
OFC of Chief Deputy Director	2	3	5	40.0%	60.0%
Research & Child Well-Being	5	1	6	83.3%	16.7%
State Central Register	240	17	257	93.4%	6.6%
Total	**536**	**99**	**635**	**84.4%**	**15.6%**

Other Regional Offices- Funded/Unfunded					
Division	**Funded Positions**	**Unfunded Positions**	**Total Positions**	**% Funded**	**% Unfunded**
Clinical & Child Services	5	13	18	27.8%	72.2%
Clinical Practice	123	74	197	62.4%	37.6%
Division of Child Services	82	41	123	66.7%	33.3%
Intact Family Services	157	154	311	50.5%	49.5%
OFC of Chief Deputy Director	5	6	11	45.5%	54.5%
Research & Child Well-Being	6	8	14	42.9%	57.1%
State Central Register	257	213	470	54.7%	45.3%
Total	**635**	**509**	**1144**	**55.5%**	**44.5%**

Funded Positions	**Filled Positions**	**Vacant Positions**	**Total Positions**	**% Filled**	**% Vacant**
Grand Total (Filled/Vacant)	**2173**	**573**	**2,746**	**79.1%**	**20.9%**

Total Positions	**Funded Positions**	**Unfunded Positions**	**Total Positions**	**% Funded**	**% Unfunded**
Grand Total (Funded/Unfunded)	**2746**	**3291**	**6037**	**45.5%**	**54.5%**

Source: OAG analysis of DCFS organizational charts.

Appendix D

Home Safety Checklist (CFS 2025)

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HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

INSTRUCTIONS FOR COMPLETING THE HOME SAFETY CHECKLIST

Every year, 120,000 children 14 years of age and younger suffer some form of permanent damage due to unintentional/accidental injuries. Infants and toddlers are at high risk of unintentional injury or death due to their inability to recognize and react to protect themselves from the danger. According to data from the National SAFE KIDS Campaign:

- Accidental or unintentional injury is the leading cause of death among children, teens and young adults.
- The five leading causes of accidental injury are drowning, burns, motor vehicle accidents, falls, and poisonings.
- Burns and fires are the fourth most common cause of accidental death in children.
- Nearly 75 percent of all burns in children are preventable.
- Nearly 2,900 adults and children die every year in fires or from other burn injuries.
- The majority of children ages four and under, who are hospitalized for burn-related injures, suffer from scald burns (65 percent) or contact burns (20 percent).
- Hot tap water burns result in more deaths and hospitalizations than burns from any other hot liquids.

Fire/burns, motor vehicle traffic accidents, suffocation and accidental falls are the leading causes of unintentional deaths of children under the age of five in Illinois. Numerous Illinois children also die each year as a result of domestic violence.

While it may be impossible to eliminate all the dangers children encounter in their homes, one of the most important factors in reducing those dangers is parent education. The **Home Safety Checklist**, when properly used with parents and caregivers, provides an effective home safety assessment and educational tool that will assist in promoting the safety of children.

WHEN TO COMPLETE THE CHECKLIST

Intact Family Cases

Intact Family Workers shall complete the **Home Safety Checklist**:

- Within 30 days of the case opening regardless of whether a **CFS 2027** was completed by a Child Protection Specialist;
- Prior to a major change of life circumstance (e.g., move to a new home, child birth);
- Every 90 days during the life of the case;
- When a family with an open service case is the subject of a subsequent child abuse or neglect investigation; and
- Within 5 calendar days of a supervisory approved case closure in conjunction with the final CERAP.

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Subsequent CA/N Investigations of Families with Open Cases

The Child Protection Specialist or the Child Protection Supervisor shall notify the family assigned Intact Family or Permanency Worker or the worker's supervisor of the subsequent oral report (SOR) of alleged abuse or neglect within 48 hours after assignment of the investigation. The notification shall include the reminder that the worker must complete a new checklist or re-certify the family's previous checklist within **14 days** of the SOR. The Intact Family or Permanency Worker must also complete a case note that documents the worker's current assessment of home safety issues and forward the documentation to the Child Protection Specialist. The Child Protection Specialist cannot complete the investigation without receipt of documentation that a checklist has been completed.

A **Home Safety Checklist Waiver** may be granted by the Intact Family Supervisor if the allegation or allegations of the SOR do not involve inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food or inadequate clothing. The supervisor must complete a supervisory note documenting the waiver and rationale for the approval.

A **Home Safety Checklist Recertification** may be granted by the Intact Family Supervisor if the checklist was completed within six months of the SOR; the SOR does not involve an allegation of inadequate supervision, inadequate food, inadequate clothing, inadequate shelter environmental neglect or substance misuse; and the Intact Family Worker has completed a walk through of the family's home to confirm that the conditions of the home have not changed. The supervisor must complete a supervisory note documenting the approval and rationale for the approval.

Placement Cases

Permanency Workers shall complete the **Home Safety Checklist**:

- 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;
- When there is a child abuse or neglect investigation involving an alleged incident that occurs during an unsupervised home visit;
- Prior to placement of a pregnant or parenting teen in an independent living arrangement;
- When a parenting teen is identified as the alleged perpetrator of abuse or neglect involving his or her child or any child residing in the household;
- Prior to implementation of child care arrangements involving a child for whom the Department is legally responsible when a parent or caregiver plans to use an unlicensed day care home. The assessment must be completed on the day care home;
- Prior to a major change of life circumstance (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.

A **Home Safety Checklist waiver** may be granted by the Permanency Supervisor if there is an SOR and the family does not have an open service case with the Department; a checklist was completed for the family within 30 days; and the allegation or allegations of the SOR do not involve inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food, or inadequate clothing. The Permanency Supervisor must complete a supervisory note documenting the waiver and rationale for the approval.

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A **Home Safety Checklist Recertification** may be granted by the Permanency Supervisor if the checklist was completed within six months of the SOR; the SOR does not involve an allegation or allegations of inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food, inadequate clothing; and the Permanency Specialist has completed a walk through of the family's home to confirm that the conditions of the home have not changed. The Permanency Supervisor must complete a supervisory note documenting the approval for recertification and the rationale for approval.

Note: When there is an allegation of inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food or inadequate clothing the checklist should be completed at the time the Safety Determination Form, CFS 1441, is completed.

HOW TO COMPLETE THE CHECKLIST

The **Home Safety Checklist** addresses fifteen categories of home safety. Each category is supported by safety standards, literature, and straightforward factual information that should be shared with the parent/caregiver. Use the factual information and literature associated with each category to establish an instructive dialogue to educate the family on safety issues.

There are three activities required for each standard:

1. Discuss the safety standard with the parent/caregiver;
2. Indicate the presence or absence of the safety standard; and
3. Provide the parent/caregiver with seven pieces of literature: *PARENTS' GUIDE to Fire Safety for Babies and Toddlers*, *A Helpful Guide for Parents and Caregivers*, *Back to Sleep*, *Get water wise...SUPERVISE*, *Never Shake a Baby!*, *Practice Methadone Safety* (only if applicable) and *Violence Prevention*. This literature can be ordered from Central Stores.

Example: Once you have discussed the importance of having a working smoke detector and observed that the family has a smoke detector located near their sleeping areas and the smoke detector works, circle "**Yes**" after the standard: **The home has a working smoke detector located near the family's sleeping areas**. If the family does not have a working smoke detector or has a smoke detector that does not work, circle "**No**". A "**No**" response requires a brief explanation in the Comments section.

When the parent/caregiver is provided fire safety literature, circle "**Yes**" to indicate that the required fire prevention literature was provided. The Sleeping standard also requires a comment when a worker does not observe a crib or bassinette for infants age 1 or younger. Some standards are age specific. For example, the standards that discuss burns may not be applicable to older children. When the standard does not apply circle "**N/A**".

When a standard requires the observation of a specific item or items (e.g., smoke detectors, small electrical appliances), the worker is required to complete the task if the item is readily observable. Do not open cabinets or drawers, move furniture or handle dangerous items. On the last page of the checklist there is a section to make additional comments or identify other hazards.

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The home safety assessment is a service provided to the children and families served by the Department. In order for the **Home Safety Checklist** to be effective, the responsibility for its completion must be shared with the parent/caregiver. Use the information provided at the top of page one of the instructions to explain the purpose of the assessment, provide the parent/caregiver a copy of the **CFS 2026 or 2026-S** (Spanish adaptation), **Home Safety Checklist for Parents and Caregivers**, to use during the assessment, and to take notes on and retain for future reference. The formats of the **CFS 2027** and **CFS2026/2026-S** differ; use the prompts provided on the **CFS 2027** to locate the corresponding **CFS 2026/2026-S** sections. Sign, date and have the parent/caregiver sign the completed assessment. If the parent/caregiver declines the opportunity to complete the checklist, check the declined box and request that the parent/caregiver verify his or her decision by signing the form. If the parent/caregiver refuses to sign the form, document the negative response on the parent's signature line. Place the completed assessment in the investigative local index file.

Note: The CFS 2027 does not supersede any of the requirements for the completion of the CFS 1441 or CFS 454, HMR Placement Safety Checklist.

Suggest that the family visit the following resources if they have Internet access:

American College of Emergency Physicians, www.acep.org
American Association of Poison Control Centers, http://www.aapcc.org
American Red Cross Health and Safety Services, http://www.redcross.org
National Safe Kids Campaign, http://www.safekids.org
American Human Society, www.americanhumanesociety.org
American Veterinary Medical Association, www.avma.org
Centers for Disease Control and Prevention, www.cdc.gov
National Center for Injury Prevention and Control, www.cdc.gov/injury/index

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HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

Date Checklist completed:_____

Parent / Caregiver Name(s):_____

Parent / Caregiver Address:_____

Names and ages of Children in the Home:

_____

_____

FIRE AND BURNS

Please circle your answers.

PARENTS' GUIDE to Fire Safety for Babies and Toddlers	Literature Given:	Yes	No
A HELPFUL GUIDE for PARENTS and CAREGIVERS	Literature Given:	Yes	No
A functioning smoke detector was observed in the home.		Yes	No

Comments:_____

_____

_____

1. The home has a working smoke detector near the family's sleeping areas.	Discussed with parent?	Yes	No
2. The family has a fire escape plan that they practice so that they can react quickly in case of a fire.	Discussed with parent?	Yes	No

Young children in Illinois are more than three times as likely to die in a residential fire than the rest of the state's population. Working smoke detectors save lives! Instruct the family to change smoke detector batteries when they reset their clocks, SPRING AHEAD and FALL BACK. Additionally, if the family/unlicensed caregiver does not have the means to purchase new or repair non-working smoke detectors, the worker shall have the caregiver complete and sign the **CFS 595-2, Consent for Installation of Smoke Alarm(s)** form. The worker shall fax the completed form as instructed on the bottom of the **CFS 595-2**. A smoke detector will be provided at no cost to the parent/unlicensed caregiver. These standards correspond to numbers 1 - 5 on the **CFS 2026/2026-S**.

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3. Preschoolers and younger children do not have access to matches or lighters.	Discussed with parent?	Yes	No	N/A
4. The stove oven or burners are not used to heat the home.	Discussed with parent?	Yes	No	

Forty percent of residential fire related deaths among children are caused by child fire-play. Up to two thirds of child fire-play victims are not the children who were playing with and/or started the fire. Supervision of children will prevent fire-play as well as other accidents. Home heating systems are a leading cause of home fires, and alternative home heating sources such as electric space heaters, kerosene heaters and wood stoves are a major cause of fire deaths. Electric space heaters should be approved by the Underwriters Laboratories (UL), have a thermostat control mechanism, and switch off automatically if the heater falls over. Heaters are not clothes dryers or tables. Keep the heater three feet from combustible materials such as furniture, curtains, blankets, paper, and walls; and unplug the heater when it is not in use. Kerosene heaters should also be UL approved. Never fill a kerosene heater with gasoline or camp stove fuel; both flare-up easily. Only use crystal clear K-1 kerosene. Use the kerosene heater in a well ventilated room and away from combustible materials. Check wood stoves for cracks and inspect legs, hinges and door seals for smooth joints and seams. Burn only seasoned wood, not green wood, artificial logs or trash. Be sure to keep combustible materials at least three feet away from a wood stove. These standards correspond to numbers 6 & 7 on the **CFS 2026/2026-S**.

5. The family's hot water does not come out of the faucet at scalding temperatures.	Discussed with parent?	Yes	No

To measure your hot water temperature, place a thermometer under the stream of water from a kitchen or bathroom faucet. Hold the thermometer in the stream of water until the recorded temperature stops rising. The water temperature may be measured with outdoor, candy, or digital thermometers. Your hot water heater should be set no higher than 120° Fahrenheit to prevent scald burns to children. Children's skin is thinner than an adult's skin, and infants and young children will suffer partial and full-thickness (second and third degree) burns after ten seconds in 130° F water; four seconds in 135° F water; one second in 140° F water; and one half second in 149° F water. The correct temperature for an infant's bath water is between 96.8° and 102.2° F. Never place your child in a bath or under running water without first checking the temperature of the water. This standard corresponds to number 8 on the **CFS 2026/2026-S**.

6. Pot handles are always turned towards the back of the stove when they are on the stove.	Discussed with parent?	Yes	No	N/A
7. Electrical appliances (e.g., hair dryers and irons) are kept out of the reach of younger children.	Discussed with parent?	Yes	No	N/A
8. Electrical outlets are not overloaded.	Discussed with parent?	Yes	No	

The majority of scald burns to children, especially among those ages six months to two years, are from hot foods and liquids spilled in the kitchen. Kitchens can be especially dangerous for children during meal preparation. Hot items such as coffee, tea, water, food, pots and pans, and lit cigarettes should never be left on tables, countertops or stove tops within the reach of a child. Parents/caregivers should not hold children while they are cooking. This standard corresponds to numbers 9 and 10 on the **CFS 2026/2026-S**. Children have been burned by appliances they have pulled down onto themselves. Children have also electrocuted themselves by dropping appliances into water. These standards correspond to numbers 9-12 on the **CFS 2026/2026-S**.

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9. Extension cords are not under rugs or furniture.	Discussed with parent?	Yes	No

Extension cords can wear out and spark. Worn cords can cause a fire if they spark under a rug or furniture. This standard corresponds to number 13 on the **CFS 2026/2026-S**.

10. Electrical outlets are covered when not in use.	Discussed with parent?	Yes	No

Children can be electrocuted if they place small objects in electrical outlets. This standard corresponds to number 14 on the **CFS 2026/2026-S**.

SLEEPING

Back to Sleep Literature Given: Yes No

Observed individual crib/bassinette for all infants, age 1 year or younger. Yes No

Comments:

11. The infant sleeps alone in a crib or bassinette.	Discussed with parent?	Yes	No	N/A
12. The infant does not sleep with toys, stuffed animals or pillows.	Discussed with parent?	Yes	No	N/A
13. The infant is placed on his or her back to sleep.	Discussed with parent?	Yes	No	N/A

If there is a child under the age of one in the home, the following information must be shared with the parent/caregiver.

Infants should sleep alone in a crib or bassinette. Infants sleeping in adult beds are 20 times more likely to suffocate than infants who sleep alone in cribs. The majority of infants suffocate when another person lays over them; or when they are placed on soft bedding or furniture and their face becomes trapped in the bedding; or they become wedged in a small space, such as between a mattress and a wall or between couch cushions.

If the parent/caregiver is without a crib, consult with the supervisor about loaning the family a crib until they can obtain one of their own.

When the infant is in the crib, the sides of the crib must be up; the mattress must be in the low position; the crib must not be placed near a window; window blinds and electrical cords must be out of the reach of the child; and pillows, stuffed animals and toys must never be left in the crib with the child. A child must never wear a pacifier on a ribbon or string placed around his or her neck. These standards correspond to numbers 15 - 17 on the **CFS 2026/2026-S**.

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CHOKING

14. Plastic bags, pins, buttons, coins, balloons, sharp or breakable items are kept out of the reach of the children.	Discussed with parent?	Yes	No	N/A
15. Younger children only play with toys that are too large to swallow, unbreakable and without sharp edges or points.	Discussed with parent?	Yes	No	N/A

Food such as hot dogs, hard candy, grapes, popcorn and nuts are common culprits in choking deaths. Small toys, tiny rubber balls, too small pacifiers, and bits of balloons are common non-food choking hazards. Children are also at risk for becoming entangled in clothing hood ties, cords that control window blinds, toys strung across cribs, and strings used to attach pacifiers to clothing. As a general rule, any toy that can fit in a toilet paper roll is a choking hazard. These standards correspond to numbers 18 & 19 on the **CFS 2026/2026-S**.

DROWNING

Get water wise.... SUPERVISE Literature Given: Yes No

16. Infants and toddlers are never left alone when near a bath, pool, bucket or toilet.	Discussed with parent?	Yes	No	N/A
17. Baby pools are drained when not in use.	Discussed with parent?	Yes	No	N/A
18. Children are always supervised when they are near water.	Discussed with parent?	Yes	No	

A young child can drown in as little as one inch of water. More than half of the drowning victims under the age of one drown in the bathtub during a brief lapse of supervision by the child's parent or caregiver. A child will lose consciousness within two minutes following submersion. Children must always be supervised when they are near water. These standards correspond to numbers 20 - 22 on the **CFS 2026/2026-S**.

FALLS

19. Infants and toddlers are never left alone on changing tables, countertops, etc.	Discussed with parent?	Yes	No	N/A
20. Furniture that infants and younger children can climb or crawl on is not place near windows.	Discussed with parent?	Yes	No	N/A
21. Baby walkers are not used.	Discussed with parent?	Yes	No	N/A

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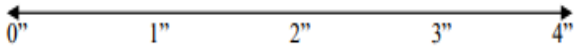
Children are more likely to die or be severely injured from window-related falls than adults. A screen is not strong enough to hold a child who is leaning against it. Screens are designed to keep insects out of the home, not to keep children from falling out the window. Children have fallen from windows that were open as little as four inches. Children crawling or jumping on beds are at risk of falling from open windows. Supervision is the key to keeping children safe from injury. These standards correspond to numbers 23-25 on the **CFS 2026/2026-S**.



POISON

22. Cleaning products, pesticides, all medicine and liquor are kept out of the reach of children.	Discussed with parent?	Yes	No	N/A
23. The above products (#22) are not kept in food containers or soft drink bottles.	Discussed with parent?	Yes	No	N/A
24. Paint is not chipping or peeling off the walls or woodwork of the home.	Discussed with parent?	Yes	No	N/A
25. Rodent poison and traps are kept out of the reach infants and younger children.	Discussed with parent?	Yes	No	N/A
26. Toddlers and younger children do not have access to rotten food/trash.	Discussed with parent?	Yes	No	N/A

Poisoning in childhood is frequently due to household cleaning products, medicines, vitamin supplements, plants and cosmetics. If someone in the home is involved in a methadone treatment program, the worker must ensure that the methadone is kept in a safe place, preferably in a locked box or a cabinet, **out of the reach of children and clearly marked to prevent anyone from taking it accidentally.** Workers must remind clients that methadone is a very strong drug. A small amount can kill a child or an adult who does not have a tolerance to it. If anyone should accidentally drink the methadone, **911 must be called immediately**. Workers shall verify the safe and proper storage of methadone and other substances, such as prescription and over the counter drugs, vitamins and dietary supplements, which may be fatal if taken in excess, during every regularly scheduled visit. The worker shall give a copy of the **CFS 1050-66-3, the Practice Methadone Safety brochure** (or **1050-66-3/S)** to the client and document verification of the proper storage of methadone and the above substances in a case note.

Toddlers and preschoolers may be attracted to medicines and vitamins because they resemble candy; cleaning products may look like sweet beverages; and cosmetics may smell like fruit or candy. Because young children explore the world by putting things in their mouths, poisoning is a serious risk. If you suspect your child has ingested a dangerous substance **NEVER INDUCE VOMITING,** which can do more harm than good. Immediately call the National Poison Control Center Hotline at 1-800-222-1222. The most common way that a child comes into contact with lead is through peeling or chipping paint. If you suspect that the paint in your home contains lead, contact the Illinois Department of Public Health's Childhood Lead Poisoning Prevention Program at 1-800-545-2200. These standards correspond to numbers 26-31 on the **CFS 2026/2026-S**.

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HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

VIOLENCE

Never Shake A Baby! Literature Given: Yes No

Violence Prevention Literature Given: Yes No

27. The parent/caregiver knows how to calm a crying infant.	Discussed with parent?	Yes	No	N/A
28. The parent/caregiver knows never to shake a baby.	Discussed with parent?	Yes	No	N/A

The number one reason given by a perpetrator for killing an infant is that the infant would not stop crying. Other reasons perpetrators have given for injuring a child is that the child wet or soiled him or herself or the child was perceived as misbehaving. Instruct the family that they should NEVER, NEVER SHAKE A BABY, and that they should remind their children's caretakers that they should never shake a baby. This standard corresponds to number 32 on the **CFS 2026/2026-S**.

Recommend that the parent/caregiver do the following when their baby is crying:

- Make sure that the baby is not hungry, wet, hot or cold, sick or in pain;
- Offer the baby a pacifier;
- Rock or walk with the baby;
- Sing or talk to the baby;
- Take the baby for a ride in his or her stroller or walk the baby in a snuggly body carrier;
- Play soothing music to the baby;
- Turn on a fan. Babies often like rhythmic noises;
- If the baby is overtired, lower the lights and turn off the television or radio;
- Call a friend or neighbor to baby-sit the child for short periods of time to avoid becoming frustrated and angry; and
- As a last resort, gently place the child in his or her crib, close the door and walk away. The parent/caregiver should check on the baby every five or ten minutes until the child stops crying or until the parent/caregiver is calm enough to resume comforting the child.

29. Firearms and ammunition stored in the home are kept in separate locked locations.	Discussed with parent?	Yes	No	N/A

The safest home for children is one without weapons. Parents that keep firearms in the home should always store ammunition and unloaded weapons in separate, securely locked containers. The containers, if possible, should be stored in locations that are unknown and inaccessible to the children. The keys to the containers should always remain under the control of the parents. Visitors to the home, who are licensed to carry a concealed firearm, should be requested by the parents not to bring a firearm into the home or property. Fifty percent of all childhood unintentional shooting deaths occur in the home of the victim and nearly forty percent occur in the home of a relative or friend. It is difficult for children under the age of eight to distinguish between real and toy guns. Three-year-old children have the coordination and strength to pull the trigger of many handguns. In Illinois, it is illegal to allow a 14 year old to have access to firearms if that youth does not have a Firearm Owners Identification Card. This standard corresponds to number 33 on the **CFS 2026/2026-S**.

CFS 2025
Revised 10/2015

State of Illinois
Department of Children and Family Services

HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

SUPERVISION

30. Children are left with an appropriate caregiver when the parent/caregiver is not home. Discussed with parent? Yes No N/A

A parent's/caregiver's supervision is the most important factor in keeping children safe from injury. Review the following questions with the parent/caregiver. This standard corresponds to number 34 on the **CFS 2026/2026-S**.

The answers to these questions should be YES.

- Does this person want to watch my children?
- Will I have an opportunity to watch this person with my children before I leave?
- Is this person good with children my child's age?
- Has this person done a good job caring for other children that I know?
- Will my children be cared for in a place that is safe?
- Does this person know that a baby should never be shaken?

The answers to these questions should be NO.

- Will this person become angry if my children bother him or her?
- If this person is angry with me for leaving, will he or she take her anger out on my children?
- Does this person have a history of violence that makes him or her a danger to my children?
- Has this person had children removed from his or her custody because he or she was unable to care for them?

AUTOMOBILES

31. Illinois law requires children under the age of eight to be in car or booster seats when riding in a car. Discussed with parent? Yes No N/A

Illinois state law requires any child under the age of eight to be secured in a car seat or booster seat when riding in an automobile. Children eight years of age and older must be secured with a seat belt while riding in an automobile. This standard corresponds to number 35 on the **CFS 2026/2026-S**.

32. Young children are never left unattended in an automobile. Discussed with parent? Yes No N/A

The temperature in an automobile can rise extremely fast and lead to death by heat exposure. This standard corresponds to number 36 on the **CFS 2026/2026-S**.

(11)

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HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

EMERGENCY TELEPHONE NUMBERS

Help the family prepare a list of emergency telephone numbers that include their doctor or clinic, the nearest emergency room, poison control (1-800-222-1222). Post the list by the telephone or another easily accessible location if the family does not have telephone. This standard corresponds to number 37 on the **CFS 2026/2026-S**.

ILLNESS

33. The parent/caregiver can recognize signs of illness. Discussed with parent? Yes No N/A

Children that are ill, or becoming ill, will show one or more of the following signs of illness:

- Irregular crying that cannot be consoled;
- Irregular sleep patterns;
- Irregular breathing or wheezing;
- Coughing or sneezing;
- Runny nose, unusual discharge;
- Rashes;
- Fever;
- Ear pain;
- Vomiting;
- Diarrhea;
- Poor appetite;
- Unusual smell/color of bowel movements;
- Abdomen pain; or
- Pain during urination

This standard corresponds to number 38 on the **CFS 2026/2026-S**.

IMMUNIZATIONS

34. The children are up to date on their immunizations. Discussed with parent? Yes No

The following schedule of immunizations is recommended by the American Academy of Pediatrics, Centers for Disease Control and the American Academy of Family Practitioners. This standard corresponds to number 39 on the **CFS 2026/2026-S**.

- Hepatitis B (HepB): given at birth, between 1 – 4 months and between 6 – 18 months;
- Diphtheria, Tetanus and Pertussis (DTaP): given at 2,4 & 6 months, between 15 – 18 months, and between 4 – 6 years (and Tetanus and Diphtheria (Td) should be administered between 11 – 12 years);
- Haemophilus influenza type b (Hib): given at 2,4 & 6 months and between 12 – 15 months;
- Inactivated Polio (IPV): given at 2 & 4 months, between 6 – 18 months and between 4 – 6 years;
- Measles, Mumps and Rubella (MMR): given between 12 – 15 months and between 4 – 6 years;
- Varicella (chicken pox): given between 12 – 18 months; and
- Pneumococcal (PCV): given at 2, 4 & 6 months and between 12 – 15 months

(12)

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Department of Children and Family Services

HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

MEDICAL CARE

35. The children have physical examinations according to their doctor's schedule or the schedule listed below.	Discussed with parent?	Yes	No

Children usually have medical checkups performed by a physician at two weeks; two, four, six, nine, 12, 15 and 18 months; two years and annually thereafter. This standard corresponds to number 40 on the **CFS 2026/2026-S**.

PETS

36. The family has pets or other animals in the home.	Yes	No	
37. The pet might be classified as a breed that is associated with fighting or other crimes.	Yes	No	N/A

According to the Centers for Disease Control and Prevention and the American Veterinary Medical Association:

- Every 40 seconds someone in the United States seeks medical attention for a dog bite-related injury.
- Dog attacks cause 4.5 million injuries annually; 800,000 of which require medical attention.
- At least 25 different breeds of dogs have been involved in the 238 dog bite-related fatalities in the United States.
- Pit bulls and rottweilers account for over half of these deaths.
- 24% of human deaths involve unrestrained dogs off of their owners' property.
- 58% of human deaths involved unrestrained dogs on their owners' property.

Dogs can be a danger to children! What parents should know.

- Children under 15 years of age are the most common victims, making up approximately 70% of all dog bite victims.
- Dog bites are a greater health problem for children than measles, mumps, and whooping cough combined.
- Young boys between the ages of five and nine are the most frequent victims.

Prevent dog attacks: What can pet owners do?

- Choose your dog carefully. Select a breed or type of dog that is appropriate for your family and home.
- Socialize your dog. Be sure your dog interacts with all members of the family, as well as people outside the family and with other animals.
- License your dog, obey leash laws, and take care to properly fence yards. Dogs that are allowed to roam loose outside the yard expand their "territory," and will often defend it aggressively.

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HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

- Neuter your dog. Neutering reduces aggression, especially in males. Un-neutered dogs are more than 2.6 times more likely to bite than neutered dogs.
- Train your dog. Basic obedience training is as important for the owner as it is for the dog.
- Maintain your dog's health. Not only is it the right thing for the dog, but it also reduces bite responses caused by pain or irritability.
- Be sure your dog is vaccinated for rabies and other diseases.
- Provide your dog with adequate food, shelter, exercise, and affection. Tethering or chaining dogs makes them feel vulnerable and increases their aggression.
- Don't play aggressive games with your dog.

OTHER OBSERVED HAZARDS/OTHER COMMENTS

SIGNATURES

Parent's/Caregiver's Signature: Date:

Address:

Your signature acknowledges receipt of all brochures and information contained herein.

☐ Parent/caregiver declined the opportunity to complete the checklist.

Supervisor's Signature: Date:

Worker's Signature: Date:

(14)

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Department of Children and Family Services

HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

WAIVER REQUEST

Worker's Name: Supervisor's Name:

Reason for the request:

Waiver Approved: Yes No

If no, please explain:

Worker's Signature: Date:

Supervisor's Signature: Date:

RE-CERTIFICATION

Date of most current Home Safety Checklist: Date of supervisory approval for the re-certification:

Date of home review for the re-certification:

Worker's Signature: Date:

Supervisor's Signature: Date:

(15)

Appendix E

Child Endangerment Risk Assessment Protocol

CFS 1441
Rev 5/2013

State of Illinois
Department of Children and Family Services

CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL

SAFETY DETERMINATION FORM

Case Name	Date of Report	Agency Name
RTO/RSF	Date of this Assessment Date of Certification	SCR/CYCIS #
Name of Worker Completing Assessment		ID#

When To Complete the Form:

CHILD PROTECTION INVESTIGATION (check the appropriate box):

- ☐ 1. Within 24 hours after the investigator first sees the alleged child.
- ☐ 2. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.
- ☐ 3. Every 5 working days following the determination that a child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted considering the child's safety status as if there was no safety plan, (i.e., would the child be safe **without** the safety plan?).
- ☐ 4. At the conclusion of the formal investigation, unless temporary custody is granted or there is an open intact case or assigned caseworker. The safety of all children in the home, including alleged victims and non-involved children, must be assessed.

PREVENTION SERVICES (CHILD WELFARE INTAKE EVALUATION) (check the appropriate box):

- ☐ 1. Within 24 hours of seeing the children, but no later than 5 working days after assignment of a Prevention Services referral.
- ☐ 2. Before formally closing the Prevention Services referral, if the case is open for more than 30 calendar days.
- ☐ 3. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

INTACT FAMILY SERVICES (check the appropriate box):

- ☐ 1 Within 5 working days after initial case assignment and upon any and all subsequent case transfers.
  Note: If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for CERAP safety assessment and safety planning until the investigation is complete. When the investigation is completed and approved, the assigned intact worker has 5 work days to complete a new CERAP.
- ☐ 2. Every 90 calendar days from the case opening date.
- ☐ 3. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.
- ☐ 4. Every 5 working days following the determination that a child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted as if there was no safety plan (i.e., would the child be safe **without** the safety plan?).
- ☐ 5. Within 5 work days of a supervisory approved case closure.

Page 1 of 5

PLACEMENT CASES (check the appropriate box):

- ☐ 1. Within 5 working days after a worker receives a new or transferred case, **when there are other children in the home of origin.**
- ☐ 2. Every 90 calendar days from the case opening date.
- ☐ 3 When considering the commencement of unsupervised visits in the home of the parent or guardian.
- ☐ 4. Within 24 hours prior to returning a child home.
- ☐ 5. When a new child is added to a family with a child in care.
- ☐ 6. Within 5 working days after a child is returned home and every month thereafter until the family case is closed.
- ☐ 7. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker will provide an explanation as to what changed in order to eliminate the Safety Threat on the next page.

SECTION 1. SAFETY ASSESSMENT
Part A. Safety Threat Identification

Directions: The following list of threats is behaviors or conditions that may be associated with a child being in immediate danger of moderate to severe harm. **NOTE: At the initial safety assessment, all alleged child victims and all other children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caretaker and alleged perpetrator. If some children are not at home during the initial investigation, do not delay the safety assessment. Complete a new safety assessment on the children who are not home at the earliest opportunity only if the safety assessment changes. If there is no change, indicate so in the "Reclassify Participant" box in PART B.2. For all other safety assessments, all children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caregiver and alleged perpetrator.** When assessing children's safety, consider the effects that any adults or members of the household who have access to them could have on their safety. Identify the presence of each factor by checking "Yes," which is defined as "clear evidence or other cause for concern."

1.	Yes ☐	No ☐	A caregiver, paramour or member of the household whose behavior is violent and out of control.
2.	Yes ☐	No ☐	A caregiver, paramour or member of the household is suspected of abuse or neglect that resulted in moderate to severe harm to a child or who has made a plausible threat of such harm to a child.
3.	Yes ☐	No ☐	A caregiver, paramour or member of the household has documented history of perpetrating child abuse/neglect or any person for whom there is reasonable cause to believe that he/she previously abused or neglected a child. The severity of the maltreatment, coupled with the caregiver's failure to protect, suggests child safety may be an urgent and immediate concern.
4.	Yes ☐	No ☐	Child sex abuse is suspected and circumstances suggest child safety may be an immediate concern.
5.	Yes ☐	No ☐	A caregiver, paramour or member of the household is hiding the child, refuses access, or there is some indication that a caregiver may flee with the child.
6.	Yes ☐	No ☐	Child is fearful of his/her home situation because of the people living in or frequenting the home.
7.	Yes ☐	No ☐	A caregiver, paramour or member of the household describes or acts toward the child in a predominantly negative manner.
8.	Yes ☐	No ☐	A caregiver, paramour or member of the household has dangerously unrealistic expectations for the child.
9.	Yes ☐	No ☐	A caregiver, paramour or member of the household expresses credible fear that he/she may cause moderate to severe harm to a child.
10.	Yes ☐	No ☐	A caregiver, paramour or member of the household has not, will not, or is unable to provide sufficient supervision to protect a child from potentially moderate to severe harm.
11.	Yes ☐	No ☐	A caregiver, paramour or member of the household refuses to or is unable to meet a child's medical or mental health care needs and such lack of care may result in moderate to severe harm to the child.
12.	Yes ☐	No ☐	A caregiver, paramour or member of the household refuses to or is unable to meet the child's need for food, clothing, shelter, and/or appropriate environmental living conditions.
13.	Yes ☐	No ☐	A caregiver, paramour or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect or care for the child.
14.	Yes ☐	No ☐	A caregiver, paramour or member of the household whose alleged or observed mental/physical illness or developmental disability may seriously impair or affect his/her ability to provide care for a child.
15.	Yes ☐	No ☐	The presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection of a child from moderate to severe harm.
16.	Yes ☐	No ☐	A caregiver, paramour, member of the household or other person responsible for a child's welfare engaged in or credibly alleged to be engaged in human trafficking poses a safety threat of moderate to severe harm to the child .

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker shall provide an explanation in a contact note as to what changed in order to eliminate the Safety Threat(s).

_____

_____

_____

_____

_____

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PART B.1. Safety Threat Description

Directions: **IF SAFETY THREAT(S) ARE CHECKED "YES":**

- Note the applicable safety number and then briefly describe the specific individuals, behaviors, conditions and circumstances associated with that particular threat.

IF NO SAFETY THREATS ARE CHECKED "YES"

- Summarize the information you have available that leads you to believe that no children are likely to be in immediate danger of moderate to severe harm

PART B.2. List Children and Adults Who Were Not Assessed and the Reason Why They Were Not Identify the timeframes in which the assessment will be done.

Page 4 of 5

RECLASSIFY Participant: Indicate below if no change in the assessment has occurred due to the assessment of the above persons.
If a change has occurred, complete a new assessment

Worker's Signature:_____Date: _____

Supervisor's Signature:_____Date: _____

PART B.3. Family Strengths or Mitigating Circumstances

For each safety factor that has been checked "yes", describe any family strengths or mitigating circumstances. This section is not to be completed if no safety factors are checked "yes".

Safety Factor # 1. Family Strengths 2. Mitigating Circumstances

SECTION 2: SAFETY DECISION

Directions: Identify your safety decision by checking the appropriate box below. (Check one box only.) This decision should be based on the assessment of all safety factors and any other information known about this case.

A. SAFE ☐ There are no children likely to be in immediate danger of moderate to severe harm at this time. No safety plan shall be done.

B. UNSAFE ☐ A safety plan must be developed and implemented **or** one or more children must be removed from the home because without the plan they are likely to be in immediate danger of moderate to severe harm.

SIGNATURE/DATES

The safety assessment and decision were based on the information known at the time and were made in good faith.

Worker_____Date_____

Supervisor_____Date _____

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Appendix F
After Care Service Plan Excerpts

Service Plan Page 1 of 28

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
FAMILY SERVICE PLAN

Service Plan Face Sheet:	**Plan Date:**
Family Case Name:	
SACWIS Case ID:	**CYCIS ID:**
Worker Name:	**Plan Type:**
Worker RSF:	**Agency:**
Plan Approved By:	**Approved Date:**
Family's Primary Language:	
Mode Of Communication:	
Hispanic Language Determination Form Completed?	
Intact Family?	
Absent Effective Preventive Services, Is Foster Care The Planned Living Arrangement?	

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
FAMILY SERVICE PLAN

Case Name:

Case ID#: **Date Plan Initiated:**

Why Was The Case Opened?

What Safety Threats Were Present When The Case Was Opened?

What Risk Factors Were Present When The Case Was Opened?

Factor	Score	Description
Living Situation		

Demonstrates Effective Parenting Approaches

Parent/Caregiver's Understanding of Impact of Own Behavior on Children

What Was The Parent's Perception Of Safety Threats Present, Acknowledgment Of Safety Threats Or Lack Of Acknowledgment? Explain.

What Was The Parent's Perception Of Risk Factors Present, Acknowledgment Of Risk Factors Or Lack Of Acknowledgment? Explain.

Specific Court Orders Affecting How Services Are To Be Delivered:

What Are The Reasons The Case Remains Open?

Indicated Investigation Allegations Since The Last Service Plan:

ID	Alleged Victim	Allegation

Review From Last Reporting Period:

Case Member	Age	Date LEADS Check	Date CA/N Check	Date Legal Check

Service Plan Page 4 of 28

Summarize The Family's Progress Since The Last Review:

Family Composition:

Legal Criminal Status:

Probation, Parole, Incarceration:

Health / Mental Status:

Housing:

Financial Stability:

Last Court Date And Type Of Hearing:

Next Court Date And Type Of Hearing:

Other:

Child And Family Team Meetings / Quarterly Reviews:

Administrative / Six Month / Unscheduled Reviews:

Permanency Questions:

Concurrent Plan: Action on the concurrent plan does not need to be taken now.

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILD SUBJECTS OF PLAN

Child's Name **Birth Date** **Race/Ethnicity:**

County:

Child Docket #:

Date Of Next Court Permanency Hearing:

Living Arrangement:

Legal Status:

Photo Update:

Fingerprint Date:

Permanency Goal

Permanency Goal Type:

Date Established: **Planned Achievement Date:**

Previous Permanency Goal:

Reason For Permanency Goal:

Evaluation Of Permanency Goal Progress

Evaluation Date:

Evaluation Narrative:

Desired Outcome (Supporting The Permanency Plan):

Service Plan Page 7 of 28

Date Established: **Planned Achievement Date:**

Support That Strengths Provide For The Family/Individual:

Identified Needs:

- **Case Recommendation**

Additional Plan(s) Met By This Outcome:

- After Care

Action Steps Leading To / Supporting The Desired Outcome	Progress Dates
Who: **Needs To Do What:** **Evaluation Of Action Step Progress** **Evaluation Narrative:**	**Start Date:** **Target Completion Date:** **Actual Completion Date:** **Evaluation Date:**
Who: **Needs To Do What:** **Evaluation Of Action Step Progress** **Evaluation Narrative:**	**Start Date:** **Target Completion Date:** **Actual Completion Date:** **Evaluation Date:**
Who:	Start Date:

Needs To Do What:	Actual Completion Date:
Evaluation Of Action Step Progress	Evaluation Date:
Evaluation Narrative:	

Evaluation of Outcome Progress

Evaluation Date:

Evaluation Narrative:

Health Update

The child's Person record has been updated with the most current Health information

The child does not have a clinically diagnosed disability.

The child's immunizations are up-to-date.

The child is on psychotropic medication.

The Guardian consent forms are in the case file.

Education Update

The child's or youth's educational needs are being met by the school program.

The child's or youth's academic performance is at grade level for all subjects.

The child or youth missed 4 days of school during the previous 6 months.

There is no relationship between the child's or youth's absences and his or her academic performance.

A developmental screening is not applicable.

Child's Functioning Summary

What is the child's or youth's placement history?

What changes have occurred in the child's or youth's relationship with his or her parents?

What changes have occurred in the child's or youth's relationship with his or her caregivers?

What changes have occurred in the child's or youth's relationship with his or her siblings?

What changes have occurred in the child's or youth's relationship with other family members and other significant relationships?

Federal Compliance Questions

The child or youth is placed in the least restrictive setting that most closely approximates a family environment.

The child or youth is placed with his or her siblings that the Department has legal responsibility for.

The child or youth is placed within reasonable proximity of the home of his/her parents.

The child's or youth's caregiver's religion is the same as the child's or youth's.

The child or youth is placed with a caregiver or treatment facility that can meet the cultural needs of the child or youth.

The child or youth is not placed with his or her non-custodial parent.

The child or youth is placed with a relatives.

The child or youth is not an Indian child as defined in *Rule 307, Indian Child Welfare Services*.

For non-English speaking families, their language of preference has not been documented in the case file (Hispanic Client Language Determination, CFS 1000-1 for Spanish speaking families).

The child or youth is not a Spanish speaking child placed in a non-Spanish speaking home (CFS 1000-A).

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

CASE PLANNING ACKNOWLEDGMENTS

Case Name:

I have reviewed this service plan. _____

Supervisor's Signature / Date

I conducted an administrative case review of this case. _____

Reviewer's Signature / Date

Request For Emergency Assistance:

I request that DCFS seek Emergency Assistance payments for the services they provide my family.

_____ _____

Parent Signature / Date Parent Signature / Date

I request Emergency Assistance for the services provided to this family and authorize all necessary services. This emergency was not the result of the client refusing to accept employment.

Case Plan and EAP Service Authorization Completed by:

_____ _____

DCFS Worker Signature POS Worker Signature

I have received a copy of the service plan and the plan has been explained to me. I know I can disagree with any part of this plan and have my disagreement recorded. My written Statement of Disagreement will be attached and, therefore, will become a part of the Service Plan. I know I can request a review and appeal of this plan or any part of it by completing the appropriate forms. I have received a statement of my service appeal rights. I understand that if I don't respond within forty-five (45) days I waive my rights to an appeal.

_____ _____

Parent Signature / Date Parent Signature / Date

_____ _____

Parent Signature / Date Parent Signature / Date

_____ _____

Child Signature / Date Child Signature / Date

_____ _____

Child Signature / Date Child Signature / Date

CLIENTS COMMENTS/DISAGREEMENTS ATTACHED Yes ☐ No ☐

Service Plan Page 28 of 28

NOTIFICATIONS TO PARENTS

Notice To Parents If Permanency Goal Is To Return Home

☐ (Check if applicable)

I understand that the Department of Children and Family Services will continue to work with me toward the goal of returning my child(ren) home as long as I make substantial progress toward correcting the conditions that require my child(ren) to be in care, as demonstrated by behavior changes that ensure the health, safety, and well being of my child(ren), cooperate with the Department of Children and Family Services and my agency caseworker, and comply with the terms of the service plan.

This means that if I fail to substantially fulfill my obligations under the service plan and correct the conditions that require my children to be in care, the Department of Children and Family Services and/or Juvenile Court may decide that my child(ren)'s need for a permanent home requires a new plan. This may include identifying a permanent home for my child(ren); and asking the court to terminate my parental rights.

_____ _____

Parent Signature Parent Signature

Notice To Parents If Permanency Goal Is Other Than Return Home Or Remain Home.

☐ (Check if applicable)

I understand that the goal selected by the Department of Children and Family Services or the Juvenile Court is that my child(ren) NOT return home, and may include identifying a permanent home for my child(ren) and asking the court to permanently terminate my parental rights.

_____ _____

Parent Signature Parent Signature

Family Meeting Date:

Name	Relationship	Signature

Print Cancel

Click Here to return to the top of the page.

Appendix G
Agency Responses

JB Pritzker
Governor

Illinois Department of DCFS Children & Family Services

Marc D. Smith
Director

April 22, 2022

Patrick Rynders
Audit Manager
Office of the Auditor General
Iles Park Plaza, 740 East Ash
Springfield, IL 62703-3154

Dear Mr. Rynders:

In answer to the recommendations contained in your draft report on the performance audit pursuant to Public Act 101-0237, we have enclosed the Department of Children & Family Service's (DCFS) responses.

Please contact DCFS Chief Internal Auditor Phillip Dasso at (217) 557-2438 or by email at Phillip.Dasso@Illinois.gov with any questions. Thank you for your professionalism throughout the process.

Sincerely,

[redacted]

Marc D. Smith
Director
Illinois Department of Children & Family Services

cc: Jassen Strokosch, Chief of Staff
Phillip Dasso, Chief Internal Auditor

SAFETY FIRST SAFETY ALWAYS

Office of the Director
100 W. Randolph St., 6-100 • Chicago, Illinois 60601-3249
312-814-2074 • 312-814-1888 / Fax
www2.illinois.gov/DCFS

DCFS Unfunded Operations Positions	
RECOMMENDATION 1	***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.***
DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE	The Department agrees that reviewing and monitoring of funded and unfunded positions within the Operations Division is important. The Department does closely monitor the number of funded and unfunded positions within the Operations Divisions reviewed under this audit, which include the Divisions of Permanency, Intact Family Services, the State Central Registry and Child Protection Services, and ensures the corresponding organizational charts reflect how the positions are used. ***Auditor Comment:*** The auditors are neither confirming nor disputing the Department's response. It is important to note that the Department is not questioning the results of the analysis, including the number (**3,291**) and percentage (**55%**) of **unfunded** positions compared to funded positions within DCFS' Operations Divisions, nor the number (**573**) and percentage (**21%**) of **funded** Operations Divisions positions that are **vacant**. However, it is necessary to provide more context surrounding this recommendation. **Auditors first provided this analysis to DCFS officials on December 16, 2021, in order to elicit their feedback. On January 5, 2022, DCFS officials responded that they: "…don't have a great answer for this… Whether or not the personnel database is updated to reflect the funding status is not always an immediate top priority. We update the records as necessary for consistency (as time permits), but officially the DCFS Division of Budget and Finance keeps an official headcount of DCFS' funded headcount."** **Four DCFS officials were included in this correspondence, including the Deputy Director of the Office of Employee Services.** Auditors received no further questions, responses, or clarification concerning this analysis. **It was not until the audit exit conference** on April 11, 2022**, nearly four months after the analysis had been provided to DCFS officials, that auditors were informed that the need for Operations divisions staffing was formulaic based.** (See **Appendix C** of this report (page 57) for the analysis of DCFS' Operations divisions headcount analysis.) It is important to note that the number of positions necessary to fulfill the mission of DCFS is driven by caseload ratios that have been established for decades and are covered by a consent decree. The targeted hiring numbers are dynamic and change in real-time based on the volume of investigations and the number of children and families the Department is serving at any given time. Because the caseloads that inform the number of positions the

Department must fill changes rapidly, a number of techniques are used to manage this process, including the use of a large number of unfunded positions. As is reflected in the two examples provided below, reducing the number of unfunded positions would dramatically impact the Department's ability to hire effectively and adversely impact our ability to fulfill our mission of protecting children and serving families.

Auditor Comment:

It seems logical that caseload driven ratios be used for assessing staffing needs for DCFS' Operations divisions based on a consent decree. The B.H. Consent Decree requires that a caseworker be assigned no more than 12 new cases per month for 9 months of a year, and no more than 15 new cases per month for the remaining 3 months of the year. **However, DCFS has not been in compliance with this provision of the B.H. Consent Decree since at least FY15 through FY20** (see the 2019 Performance Audit of DCFS' Investigations of Abuse and Neglect (pages 18 – 21) and the FY20 DCFS Compliance Examination (page 88)). It also appears obfuscatory for the Department to suggest that maintaining a large number of unfunded positions is a key strategy for quickly filling positions based on caseload demands when the Department has not been able to comply with the B.H. Consent Decree for a significant amount of time. Additionally, as shown in **Exhibit 2** of this report, of the **funded positions** within DCFS' Operations Divisions organizational charts, there is an overall **vacancy rate of 21 percent**. Furthermore, the auditors are not suggesting a reduction of the number of unfunded positions within the organizational charts. The auditors are recommending an analysis of the unfunded positions, followed by an update of the organizational charts in order to more accurately reflect the staffing needs of DCFS' Operations Divisions.

As related to the position of Supervisors, DCFS hires to maintain ratio of one supervisor for every five direct service staff. When caseload increases require the addition of a new team, the split class review process to establish a new PSA Team Supervisor can take a year or longer to complete through the review process at CMS Labor Relations. The new position is unable to be posted and filled until this process is complete and CMS Labor has given approval. A number of years ago, to be proactive and avoid excessive delay times for posting new, mission critical PSAs, the Department established over 60 additional direct service teams in locations projected to have potential caseload driven growth. Those positions went through the split class process and many have been filled, while others remain non-budgeted but ready for use when increased caseloads require they be funded and filled in a timely manner. Those positions are vital to our mission and will be utilized when the need arises at those locations or at other locations to which they can be moved to fill an immediate need. Removing these unfunded positions would create dangerous delays in the hiring process.

As relates to front-line staff for the Operations Divisions of Permanency, Investigations, and Intact Family Services, each division maintains a different caseload driven number of staff. When establishing a front-line CWS position, the Department simultaneously establishes a similar, but more experienced position called an Advanced Specialist position. The Department then creates two Position Identification Numbers (PIN's) for the CWS and the Advanced Specialist. DCFS posts the CWS level position as required by the current caseload. However, if the successful bidder is an Advanced Specialist, they will go into the Advanced

	Specialist PIN, and the funding for the CWS PIN is transferred to the Advanced Specialist PIN. This means that for each team of five staff, there will be 10 positions on the organizational charts for the team, with 5 for the CWS and 5 for the CW Adv Spec, with only five (half) funded at any one time. If the unfunded Advanced Specialist PIN's were not in place, the Department would need to establish a new position or PIN every time a candidate with the Advanced Specialist title successfully bids on a position and every time a CWS with an MSW gains the 2 years of required experience to promoted to an Advanced Specialist. While this practice shows a large number of unfunded positions on organizational charts at any given time, it leads to greater efficiency in being able to place the successful bidder in a position in a timely manner and has been successfully used by the Department for more than 20 years.

Chief Internal Auditor Reporting Structure	
RECOMMENDATION 2	***The Department of Children and Family Services should 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.***
DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE	The Department agrees and has updated the reporting structure to comply with this recommendation.

Home Safety Checklists	
RECOMMENDATION 3	***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).***
DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE	The Department of Children & Family Service agrees and will provide a statewide refresher orientation overview training on the policy and procedure on the Home Safety Checklist with emphasis on the timeline when the checklist should be completed. There also will be a state- wide refresher training on SACWIS to address the deficit of data being entered consistently and accurately. To ensure we are complying beginning in May of this year there will be monthly reviews of all cases using a Quality indicator tool to address any case not in compliance. The Department of Children & Family Service will revise the Home Safety Checklist to reflect the language that there are no environmental barriers or hazards to prevent returning the child home, as required by 20 ILCS 505/7.8 (c).

Aftercare Services	
RECOMMENDATION 4	***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.***
DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE	The Department of Children and Family Services agrees and will provide a refresher training to all staff state wide on the completion of the after-care service plan to reflect the date plan is initiated, including the progress and services of the family. The after-care service plan will be entered in SACWIS in the appropriate section "Prevention Planning" tab located under Service Plan.

Uniform Data Entry into SACWIS	
RECOMMENDATION 5	***The Department of Children and Family Services should 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.***
DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE	The Department of Children and Family Services agrees and there will be a state-wide refresher training on SACWIS to address the deficit of data being entered consistently and accurately.

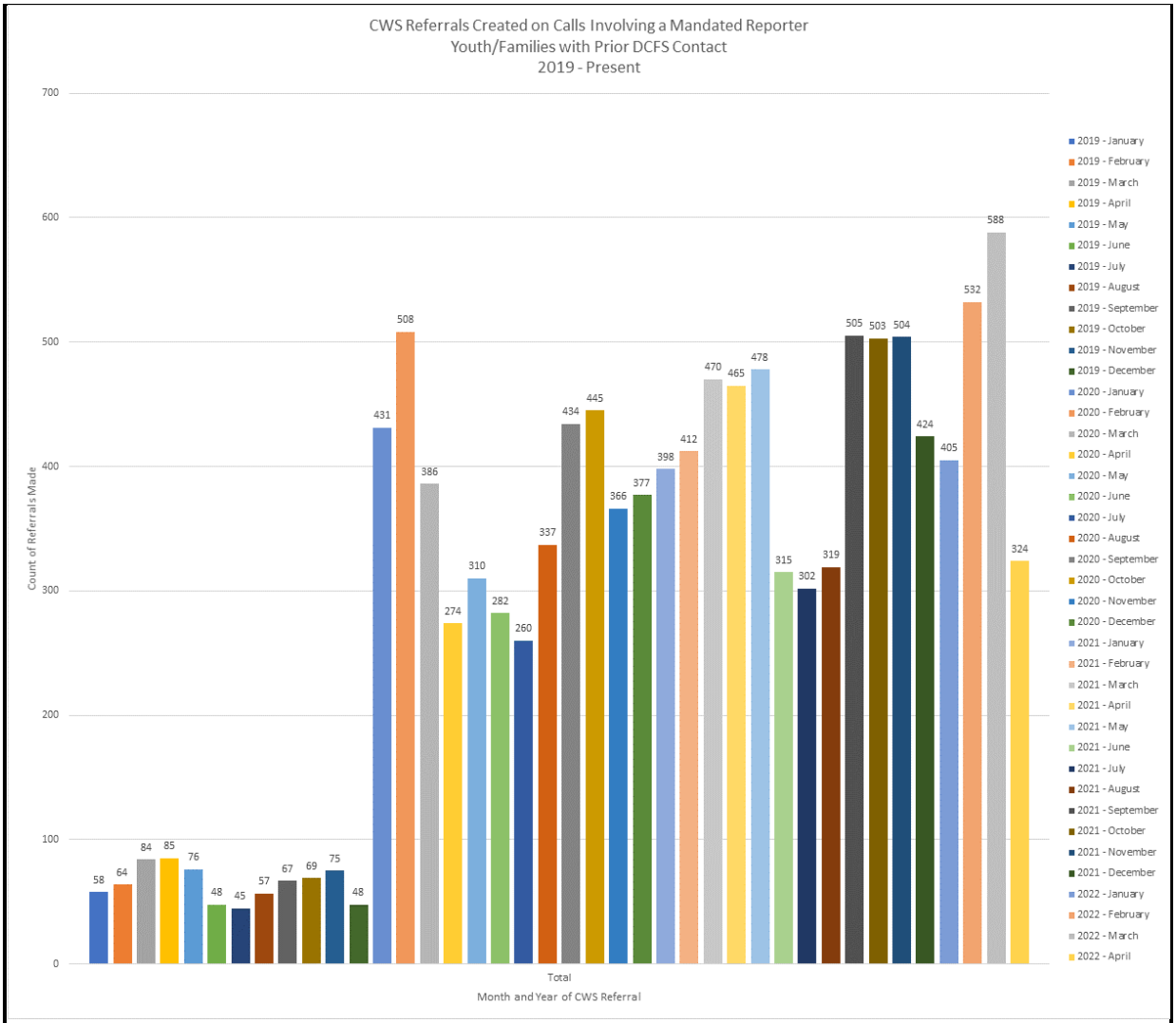
Well-Child Check-Up Timeliness	
RECOMMENDATION 6	***The Department of Children and Family Services should ensure that all children in care receive their well-child visits/check-ups, including physical examinations, vision and hearing screenings, and dental exams, as required by:*** • ***DCFS Procedures 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.***
DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE	The Department of Children and Family Services agrees. In 2020, during the time period reviewed by the audit, the majority of youth in the care of the Illinois Department of Children and Family Services were transitioned to YouthCare, a managed care organization for the provision of their healthcare. Youth in care– and their caregivers – now receive coordinated whole-person healthcare for their physical and mental health needs. YouthCare also provides Specially trained care coordinators working closely with DCFS caseworkers and foster and adoptive families to create and carry out an effective Individual Plan of Care (IPOC) for all youth. These additional resources have been instrumental in ensuring all youth in care receive their well-child visits/check-ups, including physical examinations, vision and hearing screenings, and dental exams.

Immunization Data	
RECOMMENDATION 7	***The Department of Children and Family Services should ensure that immunization data entered into the system of record (SACWIS) is both valid and reliable.***
DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE	As of September 2020, immunization records are maintained and accessible to case workers in the online YouthCare portal. ***Auditor Comment:*** Auditors were not informed that the YouthCare portal had been implemented or contained healthcare information. Because of this, the auditors did **not** review this information. Furthermore, the Department stated SACWIS is the **system of record**, which means it maintains the official case and healthcare information. As noted in the report, the information from SACWIS was both invalid and unreliable.

SACWIS Tracking	
RECOMMENDATION 8	***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.***
DEPARTMENT OF CHILDREN AND FAMILY SERVICES RESPONSE	The Department agrees and does have the ability to track child welfare services referrals and reflect compliance with Public Act 101-0237. The Department was unable to produce the data in time for it to be evaluated for this report, but compliance is being tracked in SACWIS and a summary of that data is provided below to reflect the dramatic increase in PA 101-0237 compliant child welfare services referrals that coincide with the effective date of the act.

Auditor Comment:

It is a mischaracterization to state that: "The Department was unable to produce the data in time for it to be evaluated for this report…" **In responses provided by the Department on May 17, 2021, and May 20, 2021, DCFS officials stated: "…we have not yet developed a mechanism in SACWIS to quantify this work", and they "do not believe that level of data is available..." Included in these correspondences were the Executive Deputy Director, the Deputy Director of Child Protection, the Deputy Director of Intact Services, the Deputy Director of Permanency, the Deputy Director of the State Central Registry, and the Deputy Director of Legislative Affairs.** Because auditors were told that SACWIS did not have a mechanism in place to track these cases and a population could not be provided, it was never requested, and testing was not performed. During a July 20, 2021, audit status meeting, DCFS officials were told that their inability to track this population would likely be a recommendation in the final report. Again, on August 31, 2021, DCFS officials were reminded that because a population could not be provided, auditors would not be able to test this area of Public Act 101-0237 for compliance. At no time throughout the audit process were auditors made aware that this data was being tracked, or available for review. **It was not until April 19, 2022,** during a meeting that occurred after the audit exit conference, **that auditors were told that the Department could, in fact, provide this population,** and had been tracking child welfare service referrals and child protection investigations that had occurred as a result of the language within Public Act 101-0237. We will follow up on the Department's assertion and ability to track this information during the next audit.



Auditor Note: This data is unaudited by the Office of the Auditor General.

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