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Follow-Up Performance Audit of the

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

September 2, 2026

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Auditor General

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OFFICE OF THE AUDITOR GENERAL
CHRISTOPHER B. MEISTER

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 Department of Children and Family Services Child Safety and Well-Being follow-up audit.

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 Section 3-14 of the Illinois State Auditing Act.

SIGNED ORIGINAL ON FILE

CHRISTOPHER B. MEISTER
Auditor General

Springfield, Illinois
September 2026

OFFICE OF THE AUDITOR GENERAL

September 2, 2026
Performance Audit

Report Highlights

Christopher B. Meister *Auditor General*

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Follow-Up 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 amended 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 was 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 was to conduct a follow-up performance audit 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 approximately 6 months after custody was remanded to her mother. Her death was due to dehydration, malnourishment, physical neglect, and cold exposure. Public Act 101-0237 required Home Safety Checklists, Aftercare Services, and immunization checks to better protect the children exiting foster or substitute care and returning to the custody of his or her parent or guardian.

Key Findings:

- DCFS was unable to provide 329 of the 399 (82%) of the required Home Safety Checklists within our sample of 50 cases. A Home Safety Checklist is to be completed by DCFS whenever it is determined by a court that a child who has been court ordered into foster or substitute care can return to the home of the parent or guardian. Home Safety Checklists are home safety assessments and educational tools that assist in promoting the safety of children.

- In 4 of 30 (13%) cases tested, auditors could not find evidence of at least 6 months of aftercare services provided to the family after reunification compared to 29 of 50 (58%) cases tested during the prior audit period. Aftercare services are to be provided to the child and the child's family by DCFS or a Child Welfare Contributing Agency (Purchase of Service Agency) and should begin on the date upon which the child is returned to the custody or guardianship of the parent or guardian.

- Children in DCFS' care are not receiving well-child visits/check-ups as required. For the 50 cases sampled, auditors could not find supporting documentation for: 31 of the 196 (16%) required physical examinations; 33 of the 114 (29%) required vision screenings; 52 of the 82 (63%) required hearing screenings; and 171 of the 336 (51%) required dental examinations and cleanings. Auditors also found that for 3 of 30 (10%) cases sampled, it took an excessive amount of time for a child to receive mental health services after a need had been identified.

- During the previous audit period, immunization testing could not be completed due to unreliable immunizations data in SACWIS (DCFS' case management system). However, during this audit period, auditors determined that the immunizations data within SACWIS was sufficient and reliable enough for testing. Overall, documentation could not be found for 51 of the 295 (17%) required immunizations for the 30 children sampled.

- In order to determine the number of staffing vacancies for the Divisions of Child Protection, Intact Family Services, and Permanency, auditors reviewed the December 5, 2024 Caseload and Vacancy Reports for each Division. Auditors found that overall, there was a worker vacancy rate of 13 percent (167 of 1,238) for these three operations divisions. The Permanency Division had 113 positions that were vacant out of the 412 (27%) positions needed. Auditors also reviewed the supervisor vacancy rate for these divisions and found that there were 56 vacancies out of 295 (19%)

supervisors that were needed. The Permanency Division had the highest supervisor vacancy rate at 28 percent, or 35 supervisor vacancies out of 123 supervisors needed.

Key Recommendations:

The audit report contains six recommendations directed to DCFS, including:

- The Department of Children and Family Services should complete Home Safety Checklists as required by Public Act 101-0237 and DCFS Administrative Procedure Number 25.
- The Department of Children and Family Services should ensure that:
  - at least 6 months of aftercare services are provided for families after a child is returned home;
  - a Service Plan is completed within 30 days prior to a case closure; and
  - the child's family is informed to contact the Permanency Worker if the family requires services, in accordance with Public Act 101-0237 and DCFS Permanency Planning Procedures Section 315.250(d).
- 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 screenings, hearing screenings, dental examinations and cleanings, and mental health assessments. The Department should also ensure that all well-child visits/check-ups are entered into the system of record (SACWIS) as required, including instances of screenings occurring at schools or other institutions that do not currently upload into the system of record (SACWIS).
- The Department of Children and Family Services should ensure that every child that is in care receives their age-appropriate immunizations as required by DCFS Procedure 302.360(h).
- The Department of Children and Family Services should take steps to ensure that the operations divisions are adequately staffed in order to meet caseload demands. Additionally, the Department should ensure that there are an adequate number of supervisors in order to ensure a thorough review of employee work and to provide adequate guidance to employees when needed.

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 amended both the Children and Family Services Act (20 ILCS 505) and the Abused and Neglected Child Reporting Act (325 ILCS 5). The Public Act also directed the Auditor General to conduct a performance audit one year after the effective date of January 1, 2020. The audit was to determine if the Department of Children and Family Services (DCFS) was meeting the requirements of the Public Act. Within two years of the initial audit's release, the Auditor General was required to conduct a follow-up performance audit in order to determine if DCFS has implemented the recommendations within the initial performance audit. This audit is the follow-up to the initial audit released during May 2022 and covers children who were in DCFS' care during calendar years 2023 and 2024. (page 1)

Digest Exhibit 1 shows the implementation status of the eight recommendations contained in the previous audit, as well as the steps DCFS has taken towards implementing the recommendations. (pages 3-4)

Digest Exhibit 1
STATUS OF RECOMMENDATIONS FROM PRIOR AUDIT PERIOD (Released May 2022)

Rec. #	Subject	Current Status
1	Unfunded Operations Positions	**Recommendation Revised**. Recommendation 1 in the initial audit focused on determining the staffing needs based on the analysis of DCFS' organizational charts. As part of the response to this recommendation, DCFS officials explained that staffing needs are determined using caseload thresholds and supervisor to staff ratios, rather than organizational charts. During this audit, DCFS officials provided Caseload and Vacancy Reports, which show the staffing and supervisory needs based on caseloads and number of employees. The staffing needs are based on caseload thresholds, and the number of needed supervisors is based on a number of staff per supervisor ratio. **Recommendation 1** now addresses the staffing and supervisor shortages within the operations divisions.
2	Chief Internal Auditor Reporting Structure	**Implemented**. The Fiscal Control and Internal Auditing Act requires the Chief Internal Auditor to report directly to the Director of the agency. DCFS' organizational chart structure showed the Chief Internal Auditor reporting to the Chief Fiscal Officer. DCFS provided an updated organizational chart that shows that the Chief Internal Auditor directly reports to the agency Director as of October 1, 2021, which complies with auditing standards.
3	Home Safety Checklists	**Partially Implemented**. Home Safety Checklists were updated to include the required language certifying that there are no environmental barriers or hazards to prevent the child from returning home. However, auditors sampled 50 cases and only 70 of 399 (18%) required Home Safety Checklists were provided. See **Recommendation 2** in this audit.
4	Aftercare Services	**Not Implemented**. Auditors tested 30 cases for the proper administration of aftercare services and found:

Digest Exhibit 1
STATUS OF RECOMMENDATIONS FROM PRIOR AUDIT PERIOD (Released May 2022)

Rec. #	Subject	Current Status
		• 4 (13%) did not contain evidence that at least 6 months of aftercare services were received; • 1 (3%) did not contain documentation that services were being utilized; • 21 (70%) cases did not have a Service Plan completed within 30 days of closure; and • 13 (43%) of the cases did not contain evidence that the Permanency Worker informed the family to contact them if a need for further services arises. See **Recommendation 3** in this audit.
5	Uniform Data Entry into SACWIS	**Partially Implemented**. During the prior audit, DCFS was not entering information into SACWIS accurately and consistently; this made it difficult for auditors to review multiple facets of data, including service dates, review dates, and completion dates. During this audit period, auditors did not encounter the numerous data entry errors while testing the well-child visits/well-child examinations. However, the Actual Completion Date field within the Service Plan is still rarely utilized. This decreases the likelihood that DCFS can determine if families are receiving the recommended services for the correct timeframe. It also decreases the likelihood of a successful family reunification. Additionally, there are no designated areas within the Service Plan to record the actual dates of service. This information is generally entered into narratives or case notes. Each case may contain hundreds of case notes, which makes finding and tracking services difficult. See **Recommendation 4** in this audit.
6	Well-Child Check-Up Timeliness	**Not Implemented**. Of the 50 cases tested within each category, 17 (34%) were missing documentation of at least one physical examination, 24 (48%) were missing documentation of at least one vision screening, 40 (80%) were missing documentation of at least one hearing screening, and 47 (94%) were missing documentation of at least one dental examination. Auditors selected a sample of 30 cases to test if initial mental health assessments were occurring. Auditors found that three cases (10%) took an excessive amount of time for the child to be engaged in therapy from the time therapy was recommended. These three cases took 298 days, 300 days, and 524 days for the child to begin therapy from the time it was first recommended. Auditors also selected a sample of 30 cases to test that age-appropriate immunizations were being administered as required. Documentation could not be found for 51 of the 295 (17%) required immunizations for the 30 children. See **Recommendation 5** in this audit.
7	Immunization Data	**Implemented**. The prior audit found that the immunization data entered into SACWIS was not valid or reliable enough for testing immunization requirements. During this audit period, auditors determined the validity and reliability of the immunization data in SACWIS to be sufficient for testing purposes.

Digest Exhibit 1
STATUS OF RECOMMENDATIONS FROM PRIOR AUDIT PERIOD (Released May 2022)

Rec. #	Subject	Current Status
8	SACWIS Tracking (for a child welfare service referral from a mandated reporter)	**Implemented**. On August 11, 2024, DCFS began using IllinoisConnect as part of its intake system. A subtype of "Prior Indicated or Service History" was created, which allows staff to select the subtype directly and be identified through a query within the database. DCFS staff is able to identify if a child protective services investigation has been opened that correlates to the date of the intake. Refusals for services are to be noted within case narratives.

Source: OAG auditor prepared.

The Public Act contains four areas that DCFS is to be in compliance with:

- Home Safety Checklists (20 ILCS 505/7.8(c));
- Aftercare Services (20 ILCS 505/7.8(d));
- Well-Child Visits and Immunization Checks (20 ILCS 505/7.8(b)); and
- Safety Assessments for Reports Made by Mandated Reporters (325 ILCS 5/7.01(a)).

Appendix A contains Public Act 101-0237 in its entirety. (pages 1-2)

Agency Organization

There are many different divisions and units that may be involved in a case of a youth in care. For the purposes of this audit, the most relevant Divisions are the Division of Child Protection, Intact Family Services, and Placement/Permanency Services.

The Division of **Child Protection** includes a variety of front 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 is a program 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.

When out-of-home options for care need to be considered, DCFS provides **Placement and Permanency Services (Permanency)** 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 a licensed foster care home, 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. (pages 5-6)

DCFS Operations Vacancies Analysis

In order to determine the number of staffing vacancies for the Divisions of Child Protection, Intact Family Services, and Permanency, auditors reviewed the December 5, 2024 Caseload and Vacancy Reports for each division. DCFS determines operations staffing needs by the caseload threshold for workers by each division, and the number of supervisors needed is determined by the number of workers within each site of the respective divisions. **Appendix C** contains a summary of the worker and supervisor vacancies by division and site as of December 5, 2024.

Some sites within each division show that there are more workers than needed; however, it may be difficult to use the extra workers from one site to cover the shortage in a different site because of distance or time to travel. Because of these potential difficulties, the overages reported in the Caseload and Vacancy Reports were not included in the analysis in order to present a more accurate representation of the vacancies.

As shown in **Digest Exhibit 2**, auditors found that overall, there was a worker vacancy rate of 13 percent (167 of 1,238) for these three operations divisions. The Permanency Division had 113 positions that were vacant, out of a needed 412 positions (27%).

Digest Exhibit 2
DCFS OPERATIONS WORKER VACANCIES BY DIVISION[1, 2]
As of December 5, 2024

Division	Sites with Vacancies	Average Caseload/ Month	Total Workers Needed	Total Workers	Total Vacancies	% Vacant
Child Protection	19 of 49	7,681	769	716	53	7%
Intact Family Services	1 of 48	561	57	56	1	2%
Permanency	32 of 48	5,818	412	299	113	27%
Totals	**52 of 145**	**14,060**	**1,238**	**1,071**	**167**	**13%**

[1] There are sites within some divisions that have more workers than needed; however, the overages were excluded from the **Total Workers** column in order to present a more accurate percentage of vacancies.

[2] The worker totals **do not** include floater positions, interns, and developmentally appropriate practice positions.

Source: DCFS December 5, 2024 Caseload and Vacancy Reports.

Digest Exhibit 3 presents supervisor vacancies and shows that, overall, the operations divisions had a supervisor vacancy rate of 19 percent. Auditors found that the Permanency Division had a supervisor vacancy rate of 28 percent (35 of 123 supervisors needed). Child Protection had a supervisor vacancy rate of 12 percent (21 of 172 supervisors needed). (pages 6-10)

Digest Exhibit 3
DCFS OPERATIONS SUPERVISOR VACANCIES BY DIVISION[1, 2]
As of December 5, 2024

Division	Sites with Vacancies	Total Workers	Total Supervisors Needed	Total Supervisors	Total Vacancies	% Vacant
Child Protection	18 of 49	779	172	151	21	12%
Intact Family Services[3]	-	-	-	-	-	-
Permanency	21 of 48	519	123	88	35	28%
Totals	**39 of 97**	**1,298**	**295**	**239**	**56**	**19%**

[1] There are sites within some divisions that have more supervisors than needed; however, the overages were excluded from the **Total Supervisors** column in order to present a more accurate percentage of vacancies.

[2] The **Total Workers** column **includes** floater positions, interns, and developmentally appropriate practice positions.

[3] The threshold for Intact Supervisors is on an "as needed" basis.

Source: DCFS December 5, 2024 Caseload and Vacancy Reports.

Home Safety Checklists

DCFS is not completing Home Safety Checklists as required by Public Act 101-0237 and DCFS Administrative Procedure Number 25. Home Safety Checklists are home safety assessments and educational tools that assist in promoting the safety of children. DCFS was only able to provide **70** of the **399 (18%)** required checklists for the 50 cases sampled. DCFS Permanency Workers complete a Home Safety Checklist for times including, but not limited to, when a child is placed in an unlicensed home in which there is a child abuse or neglect investigation, within 24 hours prior to returning a child home, or when a child is placed with an unlicensed relative. (pages 22-24)

Aftercare Services

Auditors found significant improvement compared to the prior audit period when reviewing cases for at least 6 months of aftercare services. Aftercare services are to be provided to the child and child's family by DCFS or a Purchase of Service agency and should begin on the date upon which the child is returned to the custody or guardianship of their parent or guardian.

In 4 of 30 (13%) cases tested, auditors could not find evidence of at least 6 months of aftercare services provided to the family after reunification compared to 29 of 50 (58%) cases tested during the prior audit period. Additionally, auditors found significant improvement when testing for confirmation of these services being utilized. During this audit period, auditors could not find evidence of services being utilized by the family for 1 of 30 (3%) cases tested; during the prior audit period, evidence could not be found for 9 of 50 (18%) cases tested.

A Service Plan was not completed within 30 days prior to case closure in 21 of 30 (70%) cases tested for this audit period. Additionally, in 13 of 30 (43%) cases

tested, auditors could not find evidence that the Permanency Worker informed the family to contact them if there was an additional need for services. (pages 25-28)

Well-Child Visits/Check-Ups

Children in DCFS' care are not receiving their well-child visits/check-ups as required. For the 50 cases sampled, auditors could not find supporting documentation for: 31 of the 196 (16%) required physical examinations; 33 of the 114 (29%) required vision screenings; 52 of the 82 (63%) required hearing screenings; and 171 of the 336 (51%) required dental examinations and cleanings. Auditors also found that for 3 of 30 (10%) cases sampled, it took an excessive amount of time for a child to receive mental health services after a need had been identified. For these three cases it took 298 days, 300 days, and 524 days for the child to receive mental health services after a need was identified.

Based on the guidance within both DCFS Procedures 302.360(e-h) and the Early and Periodic Screening Diagnosis and Treatment (EPSDT) standards, auditors chose to test annual physical examinations, vision and hearing screenings, dental examinations/cleanings, mental health assessments, and immunizations, as the well-child visit and age-appropriate immunizations components of Public Act 101-0237. Auditors did a comparative analysis of respective examinations/screenings for 2021 and 2022 compared to 2023 and 2024.

Physical Examination Requirements Testing

Documentation could not be found within SACWIS for 18 of the 114 (16%) required physical examinations during 2021 and 2022. During 2023 and 2024, documentation could not be found within SACWIS for 13 of the 82 (16%) required physical examinations. The 31 examinations for which there was no documentation represented 17 of the 50 cases sampled (34%). Overall, supporting documentation was found for 165 of the 196 (84%) required examinations for calendar years 2021 through 2024 (33 of the 50 cases sampled).

Vision Screening Requirements Testing

Documentation could not be found for 16 of the 47 (34%) required vision screenings during calendar years 2021 and 2022. During calendar years 2023 and 2024, documentation could not be found for 17 of the 67 (25%) required screenings. The 33 screenings for which there was no documentation represented 24 of the 50 (48%) cases sampled. These 24 cases did not contain supporting documentation for 33 of the 114 (29%) required vision screenings. When comparing 2021 and 2022 (66% completion rate) to 2023 and 2024 (75% completion rate), there is a 9 percent improvement in completing vision screenings for this audit period according to documentation found in SACWIS.

Hearing Screening Requirements Testing

During calendar years 2021 and 2022, 33 screenings were required; of these, 20 (61%) did not have supporting documentation in SACWIS. During calendar years 2023 and 2024, 49 screenings were required; of these, 32 (65%) did not have supporting documentation in SACWIS. When comparing 2021 and 2022 (39% completion rate) to 2023 and 2024 (35% completion rate), there is no

improvement in completing hearing screenings for this audit period compared to the prior two-year period. Overall, supporting documentation could not be found for 40 of the 50 (80%) cases within the sample.

Dental Care Requirements Testing

During calendar years 2021 and 2022, supporting documentation could not be found for 92 of the 164 (56%) required examinations/cleanings. During calendar years 2023 and 2024, supporting documentation could not be found for 79 of the 172 (46%) required examinations/cleanings. There is a 10 percent improvement when comparing 2021 and 2022 (44% completion rate) to 2023 and 2024 (54% completion rate) according to documentation found in SACWIS.

Overall, 47 of the 50 cases tested were missing at least one dental cleaning. Of the **336** required examinations and cleanings, **171** (**51%**) did not have supporting documentation in SACWIS.

Mental Health Screening Testing

For the 30 cases reviewed, auditors determined that children were generally receiving a mental health assessment and treatment, when required, in a timely manner. However, auditors identified three cases (10%) that took an excessive amount of time for the child to be engaged in therapy. These three cases took **298 days**, **300 days**, and **524 days** for the child to be engaged in therapy from the time therapy was recommended, according to documentation in SACWIS. If children do not receive needed mental health services in a timely manner, their mental health may further deteriorate, increasing the risk of additional negative outcomes. (pages 30-36)

Age-Appropriate Immunizations Testing

DCFS Procedure 302.360(h) requires children in care to be immunized according to the recommendations of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois issued by the Illinois Department of Public Health (IDPH), unless the child's healthcare provider considers one or more specific immunizations to be contrary to the child's health. During the previous audit period, immunization testing could not be completed due to unreliable immunizations data in SACWIS; however, during this audit period, auditors determined that the immunizations data within SACWIS was sufficient and reliable enough for testing.

Auditors selected a random sample of 30 cases from the population of children who were in care during calendar years 2021 through 2024 and were between the ages of 0 and 18. Overall, documentation could not be found for 51 of the 295 (17%) required immunizations for the 30 children sampled. The results of the age-appropriate immunizations testing are contained in **Digest Exhibit 4**. (pages 36-40)

Digest Exhibit 4
IMMUNIZATIONS TESTING RESULTS
Calendar Years 2021 through 2024

Age	Sample Size	Required	Received	Missing	% Missing
0-2 years	10	250	206	44	18%
3-6 years	5	20	18	2	10%
7-8 years	5	N/A	N/A	N/A	N/A
9-12 years	5	20	17	3	15%
13-18 years	5	5	3	2	40%
Totals	**30**	**295**	**244**	**51**	**17%**

Source: OAG testing of immunizations in SACWIS.

DCFS' Tracking of Child Welfare Service Referrals

Beginning in 2021, the child welfare service referral intakes were searched each day in SACWIS, and each narrative had to be read in order to identify intakes that were taken because of prior involvement with DCFS. These intakes were tracked by spreadsheet. DCFS provided auditors with a list of intakes for January 1, 2021, through August 10, 2024, by date, for each intake identified by this process. The yearly intakes ranged from 9,792 in 2021 to 12,299 in 2023.

On August 11, 2024, DCFS began using IllinoisConnect as part of its intake system. These cases can now be identified through a query within the database. With the current process, each intake also indicates if the call was made by a mandated reporter, if there was a prior indicated abuse or neglect investigation, if there was a prior case, and also if the household was receiving Intact Family Services. DCFS provided auditors with the referrals by date, for the time period August 11, 2024, through December 31, 2024. During this time period DCFS received 3,406 reports that resulted in a child welfare services referral.

Within the intake data provided to auditors for the August 11, 2024, through December 31, 2024, time period, there are fields that allow DCFS staff to identify whether or not a Child Protective Services investigation has been opened that correlates to the date of the intake. Whether the family accepts or refuses services is entered into the case narrative. DCFS officials explained that any information gathered by intake that is sufficient to open an investigation would result in an investigation being opened, regardless of a family's refusal to services or access to the home or children.

Because of the new processes in place, it appears that DCFS is in compliance with the safety assessments for reports made by mandated reporters component of Public Act 101-0237. (pages 41-43)

Audit Recommendations

The audit report contains six 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 E.

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

SIGNED ORIGINAL ON FILE

TRICIA WAGNER
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

CHRISTOPHER B. MEISTER
Auditor General

CBM:PMR

Contents

Recommendations

Introduction

Public Act 101-0237 was enacted on August 9, 2019, and it amended both the Children and Family Services Act (20 ILCS 505) and the Abused and Neglected Child Reporting Act (325 ILCS 5). The Public Act also directed the Auditor General to conduct a performance audit one year after the effective date of January 1, 2020. The audit was to determine if the Department of Children and Family Services (DCFS) was meeting the requirements of the Public Act. Within two years of the initial 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. This audit is the follow-up to the initial audit released during May 2022 and covers children that were in DCFS' care during calendar years 2023 and 2024. Appendix A contains Public Act 101-0237 in its entirety.

The Public Act contains four areas that DCFS is to be in compliance with, 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 placed 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 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 their parent or guardian.
- Aftercare services are to be provided for a minimum of 6 months for each child, beginning on the date they return home.

Well-Child Visits and 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.

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.

Status of Recommendations from the Previous Audit

The prior DCFS Child Safety and Well-Being audit was released in May 2022 and contained eight recommendations to DCFS. **Exhibit 1** summarizes the status of each recommendation contained in the previous audit, as well as steps that DCFS has taken to implement them. The recommendations noted as partially implemented or repeated are discussed in more detail later in this report.

Exhibit 1
STATUS OF RECOMMENDATIONS FROM PRIOR AUDIT PERIOD (Released May 2022)

Rec. #	Subject	Current Status
1	Unfunded Operations Positions	**Recommendation Revised**. Recommendation 1 in the prior audit focused on determining the staffing needs based on the analysis of DCFS' operation organizational charts. As part of the response to this recommendation, DCFS officials explained that staffing needs are determined using caseload thresholds and supervisor to staff ratios, rather than organizational charts. During this audit, DCFS officials provided Caseload and Vacancy Reports, which show the staffing and supervisory needs based on caseloads and number of employees. The staffing needs are based on caseload thresholds, and the number of needed supervisors is based on a number of staff per supervisor ratio. **Recommendation 1** now addresses the staffing and supervisor shortages within the operations divisions.
2	Chief Internal Auditor Reporting Structure	**Implemented**. The Fiscal Control and Internal Auditing Act requires the Chief Internal Auditor to report directly to the Director of the agency. DCFS' organizational chart structure showed the Chief Internal Auditor reporting to the Chief Fiscal Officer. DCFS 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.
3	Home Safety Checklists	**Partially Implemented**. In a sample of 50 cases, a total of 399 Home Safety Checklists were required, but only 70 (18%) were provided. The prior audit included a recommendation that the required language be included in the Home Safety Checklists certifying that there are no environmental barriers or hazards to prevent the child from returning home. The Home Safety Checklists have been updated to include this language. See **Recommendation 2** in this audit.
4	Aftercare Services	**Not Implemented**. Auditors tested 30 cases for the proper administration of aftercare services and found: no evidence for 4 (13%) of the cases that at least 6 months of aftercare services were received; no documentation for 1 case (3%) that services were being utilized; for 21 (70%) cases, a Service Plan was not completed within 30 days of closure; and for 13 (43%) of the cases, auditors could not find evidence that the Permanency Worker informed the family to contact them if a need for further services arises. See **Recommendation 3** in this audit.

Exhibit 1
STATUS OF RECOMMENDATIONS FROM PRIOR AUDIT PERIOD (Released May 2022)

Rec. #	Subject	Current Status
5	Uniform Data Entry into SACWIS (DCFS' case management system)	**Partially Implemented**. During the prior audit, DCFS was not entering information into SACWIS accurately and consistently; this made it difficult for auditors to review multiple facets of data, including service dates, review dates, and completion dates. During this audit period, auditors did not encounter the numerous data entry errors while testing the well-child visits/well-child examinations. However, the Actual Completion Date field within the Service Plan is still rarely utilized. This decreases the likelihood that DCFS can determine if families are receiving the recommended services for the correct timeframe. It also decreases the likelihood of a successful family reunification. Additionally, there are no designated areas within the Service Plan to record the actual dates of service. This information is generally entered into narratives or case notes. Each case may contain hundreds of case notes, which makes finding and tracking services difficult. See **Recommendation 4** in this audit.
6	Well-Child Check-Up Timeliness	**Not Implemented**. Of the 50 cases tested within each category, 17 (34%) were missing documentation of at least one physical examination, 24 (50%) were missing documentation of at least one vision screening, 40 (80%) were missing documentation of at least one hearing screening, and 47 (94%) were missing documentation of at least one dental examination. Auditors selected a sample of 30 cases in order to ensure that initial mental health assessments were occurring. Auditors found that three cases (10%) took an excessive amount of time for the child to be engaged in therapy from the time therapy was recommended. These three cases took 298 days, 300 days, and 524 days for the child to begin therapy from the time it was first recommended. Auditors also selected a sample of 30 cases in order to test that age-appropriate immunizations were being administered as required. Documentation could not be found for 51 of the 295 (17%) required immunizations for the 30 children. See **Recommendation 5** in this audit.
7	Immunization Data	**Implemented**. The prior audit found that the immunization data entered into SACWIS was not valid or reliable enough for testing immunization requirements. During this audit period, auditors determined the validity and reliability of the immunization data in SACWIS to be sufficient for testing purposes.
8	SACWIS Tracking (for a child welfare service referral from a mandated reporter)	**Implemented**. On August 11, 2024, DCFS began using IllinoisConnect as part of its intake system. A subtype of "Prior Indicated or Service History" was created, which allows staff to select the subtype directly and be identified through a query within the database. DCFS staff is able to identify if a child protective services investigation has been opened that correlates to the date of the intake. Refusals for services are to be noted within case narratives.

Source: OAG auditor prepared.

Background

Department of Children and Family Services

The Department of Children and Family Services (DCFS) is responsible for the supervision and 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.

Agency Organization

DCFS contracts with Purchase of Service 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 Placement/Permanency Services. The responsibilities of each division are briefly described below.

State Central Register (SCR) – The process of investigating suspected child abuse and neglect begins at the State Central Register. Call floor workers at the SCR receive calls through the Child Abuse Hotline. When a report of abuse or neglect is received, the call floor worker enters the information into the case management system. DCFS is required by the Abused and Neglected Child Reporting Act (325 ILCS 5/7.4) to be capable of receiving reports of suspected abuse or neglect 24 hours a day, 7 days a week.

Child Protection (Investigations) – The Division of Child Protection includes a variety of front 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).

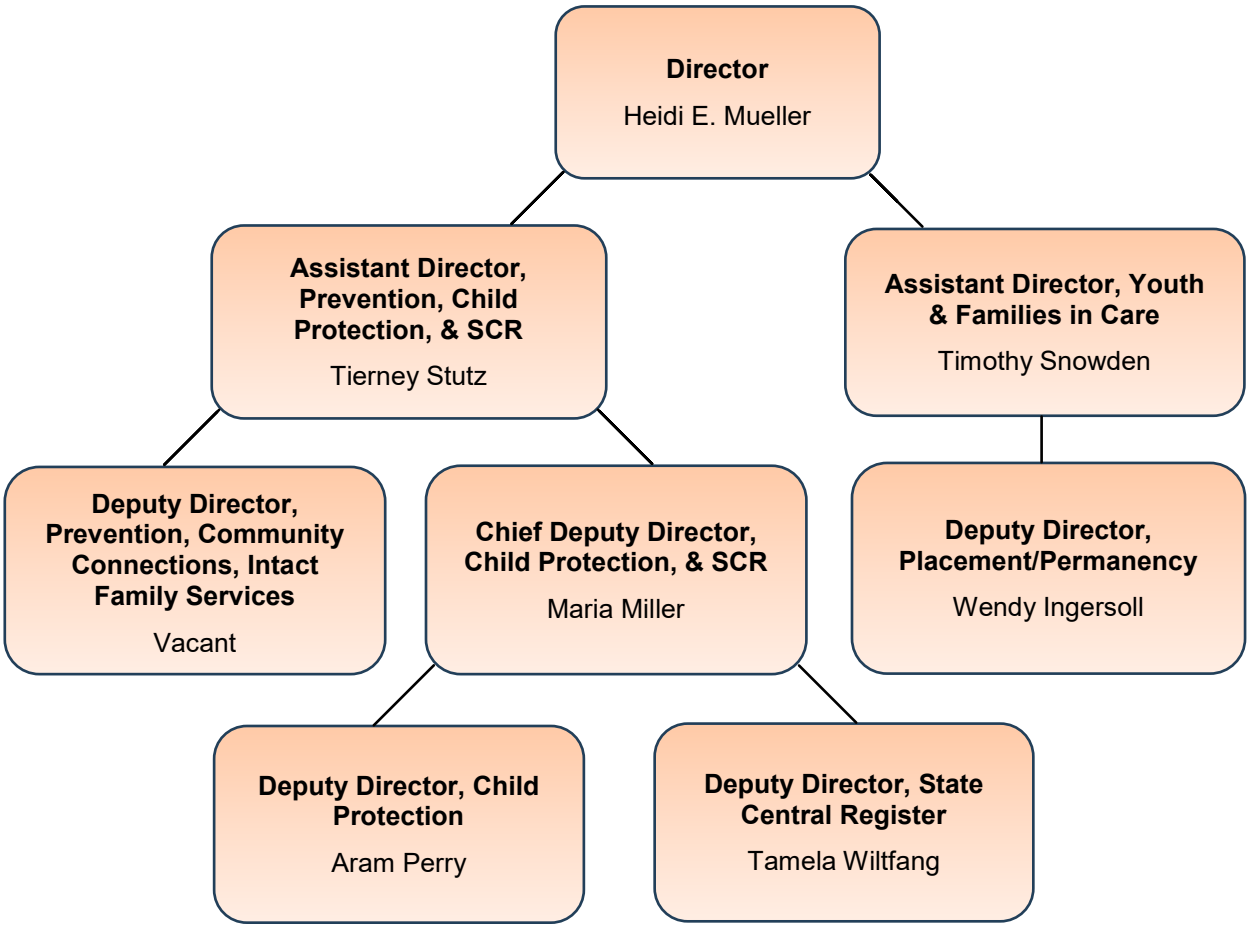
Intact Family Services – A program designed to provide short-term voluntary services intended to make reasonable efforts to stabilize, strengthen, enhance, and preserve family life by providing services that enable children to remain safely at home.

Placement/Permanency Services (Permanency) – 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 a licensed foster care home, 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 2**).

Exhibit 2
DCFS OPERATIONS ORGANIZATIONAL CHART
As of January 3, 2025



Source: DCFS organizational chart.

DCFS Operations Vacancies Analysis

During the prior audit, we recommended that DCFS conduct an analysis of the organizational charts of the operations divisions in order to more accurately reflect staffing needs. Our analysis found that 21 percent of the funded positions were vacant and that 55 percent of all of the positions within the operations organizational charts were unfunded. DCFS' updated response to this recommendation stated:

> *"The number of direct service positions is driven by caseload ratios that are monitored by Budget. The **Caseload Threshold Report** reflects a more accurate account of staffing needs. The current organizational charts account for each individual pin for each individual position. Therefore, a position remains funded until a person is hired and placed in the position. The current organizational chart is used to monitor a structural entity not to monitor and determine staffing needs. We have **vacancy reports** and **caseload reports** for that purpose. The new hiring system being implemented by Central Management Services, Success Factors, will have a more accurate account. It will be able to capture one position for one team and each location. Therefore, we will not show as many unfunded positions."* [Emphasis added.]

In order to determine the number of staffing vacancies for the Divisions of Child Protection, Intact Family Services, and Permanency, auditors reviewed the December 5, 2024 Caseload and Vacancy Reports for each Division. The State Central Registry was not part of the review because this Division is not involved with the determination and delivery of services or actions that need to be taken. Unfunded operations positions were not reviewed during this audit period because DCFS determines operations staffing needs by the caseload threshold for workers by each division, and the number of supervisors needed is determined by the number of workers within each site of the respective divisions. **Appendix C** contains a summary of the worker and supervisor vacancies by division and site as of December 5, 2024.

Some sites within each division show that there are more workers than needed; however, it may be difficult to use the extra workers from one site to cover the shortage in a different site because of distance or time to travel. Because of these potential difficulties, the overages reported in the Caseload and Vacancy Reports were not included in the analysis in order to present a more accurate representation of the vacancies.

Exhibit 3
DCFS OPERATIONS WORKER VACANCIES BY DIVISION[1, 2]
As of December 5, 2024

Division	Sites with Vacancies	Average Caseload/ Month	Total Workers Needed	Total Workers	Total Vacancies	% Vacant
Child Protection	19 of 49	7,681	769	716	53	7%
Intact Family Services	1 of 48	561	57	56	1	2%
Permanency	32 of 48	5,818	412	299	113	27%
Totals	**52 of 145**	**14,060**	**1,238**	**1,071**	**167**	**13%**

[1] There are sites within some divisions that have more workers than needed; however, the overages were excluded from the **Total Workers** column in order to present a more accurate percentage of vacancies.

[2] The worker totals **do not** include floater positions, interns, and developmentally appropriate practice positions.

Source: DCFS December 5, 2024 Caseload and Vacancy Reports.

As shown in **Exhibit 3**, auditors found that overall, there was a vacancy rate of 13 percent (167 of 1,238) for these three operations divisions. **The Permanency Division had 113 positions that were vacant out of a needed 412 positions (27%)**. Child Protection was the Division with the second highest number of vacancies with 53 vacancies out of 769 workers needed (7%).

The Regions within the Permanency Division with the highest worker vacancy rates were Cook (48% vacancy rate) and Southern (41% vacancy rate), as shown in **Exhibit 4**. The Cook Region had 46 vacancies, which was the highest number of vacancies within the six regions.

Exhibit 4
PERMANENCY WORKER VACANCIES BY REGION[1, 2]
As of December 5, 2024

Region	Sites with Vacancies	Caseload as of 12/5/2024	Permanency Workers Needed	Total Permanency Workers	Total Vacancies	% Vacant
Central	5 of 16	2,180	154	144	10	6%
Cook	6 of 7	1,393	96	50	46	48%
Northern	8 of 11	915	67	49	18	27%
Southern	13 of 14	1,330	95	56	39	41%
Totals	**32 of 48**	**5,818**	**412**	**299**	**113**	**27%**

[1] There are sites within some regions that have more workers than needed; however, the overages were excluded from the **Total Permanency Workers** column in order to present a more accurate percentage of vacancies.

[2] The worker totals **do not** include floater positions, interns, and developmentally appropriate practice positions.

Source: DCFS December 5, 2024 Caseload and Vacancy Reports.

As shown in **Exhibit 5**, when looking at supervisor vacancies, auditors found that the Permanency Division had the highest percentage (**28%**) and number (**35**) of vacant supervisor positions. Child Protection had a supervisor vacancy rate of 12 percent, or 21 vacancies of the 172 supervisors needed. Intact Family Services did not have any supervisor vacancies shown in the December 5, 2024 report. Overall, the operations divisions had a supervisor vacancy rate of 19 percent.

Exhibit 5
DCFS OPERATIONS SUPERVISOR VACANCIES BY DIVISION[1, 2]
As of December 5, 2024

Division	Sites with Vacancies	Total Workers	Total Supervisors Needed	Total Supervisors	Total Vacancies	% Vacant
Child Protection	18 of 49	779	172	151	21	12%
Intact Family Services[3]	-	-	-	-	-	-
Permanency	21 of 48	519	123	88	35	28%
Totals	**39 of 97**	**1,298**	**295**	**239**	**56**	**19%**

[1] There are sites within some divisions that have more supervisors than needed; however, the overages were excluded from the **Total Supervisors** column in order to present a more accurate percentage of vacancies.

[2] The **Total Workers** column **includes** floater positions, interns, and developmentally appropriate practice positions.

[3] The threshold for Intact Supervisors is on an "as needed" basis.

Source: DCFS December 5, 2024 Caseload and Vacancy Reports.

For the six regions within the Permanency Division the Southern Region had the highest percentage (49%) and number (18) of vacant supervisor positions. The Northern Region had the second highest percentage of vacant supervisor positions at 24 percent (5 of 21 positions vacant), and the Central Region had the second highest number of vacant supervisor positions with 8 of the 42 needed positions vacant (19%), as shown in **Exhibit 6**.

Exhibit 6
PERMANENCY SUPERVISOR VACANCIES BY REGION[1, 2]
As of December 5, 2024

Region	Sites with Vacancies	Total Workers	Total Supervisors Needed	Total Supervisors	Total Vacancies	% Vacant
Central	8 of 16	176	42	34	8	19%
Cook	3 of 7	109	23	19	4	17%
Northern	4 of 11	84	21	16	5	24%
Southern	6 of 14	150	37	19	18	49%
Totals	**21 of 48**	**519**	**123**	**88**	**35**	**28%**

[1] There are sites within some regions that have more supervisors than needed; however, the overages were excluded from the **Total Supervisors** column in order to present a more accurate percentage of vacancies.

[2] The **Total Workers** column **includes** floater positions, interns, and developmentally appropriate practice positions.

Source: DCFS December 5, 2024 Caseload and Vacancy Reports.

Employee vacancies increase the workload of the current caseworkers and investigators. This increase in workload heightens the chance of mistakes being made and puts children at greater risk. It also increases the risk for employee burnout and higher turnover. Ensuring adequate caseworker and supervisor

staffing levels can help DCFS achieve better outcomes for children and their families and increase employee retention and morale. Additionally, not having an adequate number of supervisors increases the risk of cases not being reviewed as thoroughly as they should be and may also leave caseworkers and investigators without adequate guidance.

DCFS Employee Vacancies

RECOMMENDATION NUMBER 1	***The Department of Children and Family Services should take steps to ensure that the operations divisions are adequately staffed in order to meet caseload demands. Additionally, the Department should ensure that there are an adequate number of supervisors in order to ensure a thorough review of employee work and to provide adequate guidance to employees when needed.***

DCFS Response:

The Department of Children and Family Services agrees it is important to ensure that operations divisions are adequately staffed in order to meet caseload demands. The Department utilizes its ***Caseload Threshold Reports*** to closely monitor staffing needs at the Regional and Site levels. When vacancies arise, Department Administrators and the Office of Employee Services work collaboratively to fill vacancies to meet caseload demands. Since the period under review, the Department has improved vacancy rates to address caseload demands.

Home Safety Checklist

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

> *"…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."*

The CFS 2025 is the Home Safety Cheklist used by Intact Family Workers and Permanency Workers, and the CFS 2027 is the Home Safety Checklist used by Child Protection Specialists. 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 placement with a non-relative or unlicensed relative.

Although multiple people are responsible for completing these forms, Permanency Workers are the most likely to complete a Home Safety Checklist under the requirements of 20 ILCS 505/7.8(c) using the CFS 2025. **Exhibit 7** shows a general overview of all three forms.

Exhibit 7
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	15	17	9
Questions	39	47	23
Literature Provided	7	6	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 6 months of the subsequent oral report and the worker has done a walk-through of the home. **Exhibit 8** shows a sample page from the CFS 2025 form. The complete CFS 2025 Home Safety Checklist can be found in **Appendix D**.

Exhibit 8
CFS 2025 SAMPLE PAGE

CFS 2025
Revised 7/2022

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 they can react quickly in case of 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. These standards correspond to numbers 1 - 5 on the **CFS 2026/2026-S**.

(5)

Source: DCFS CFS 2025.

Environmental Barriers or Hazards

The Children and Family Services Act also requires the Home Safety Checklist to include a certification that there are no environmental barriers or hazards to prevent returning the child home. During the prior audit, none of the Home Safety Checklist forms reviewed contained the required language. However, we received updated versions of the Home Safety Checklists as part of our initial document request and found that all three forms now contain the required language. The forms were last updated during July 2022.

Aftercare Services

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

> *"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:
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.

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 Purchase of Service 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 must 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 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; the Reunification Plan contains health, safety, 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 a list of all Child and Family Team members along with consents for release of information.

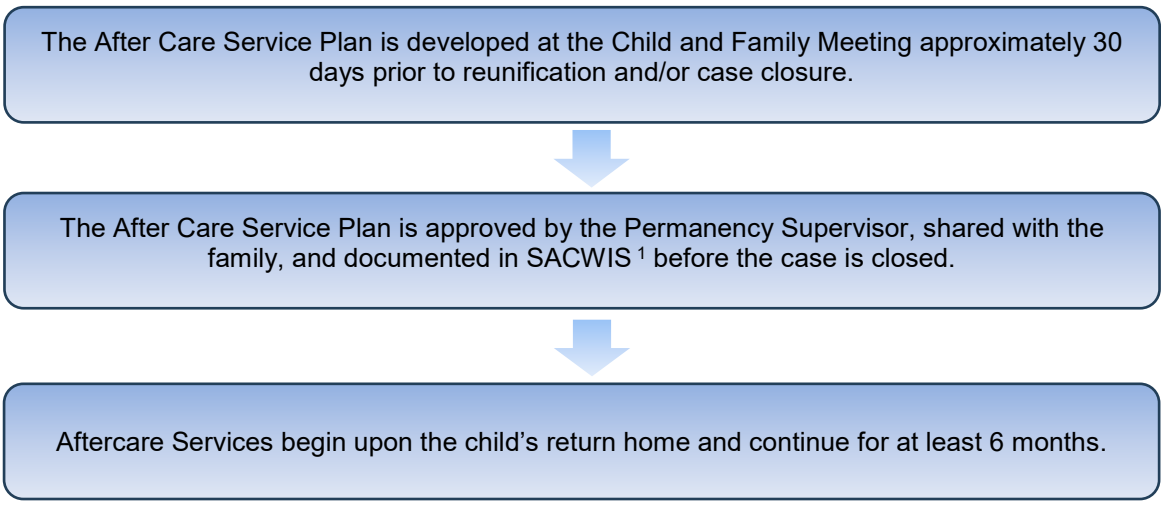
The Permanency Worker is to provide services to the family for at least 6 months following the return home of each child. The six-month time period is to begin on the day the child is returned home. If more than one child is returned home on different days, the six-month period begins again upon the 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 goal of returning the child and 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 coordinated and effective;
- sex offender registry searches have been performed on all persons who frequent the home;
- the financial status of the family; and
- if there is a need for additional services.

Exhibit 9 shows the general process for aftercare services.

Exhibit 9
AFTERCARE SERVICES



[1] The Statewide Automated Child Welfare Information System (SACWIS) is DCFS' case management system of record. It is being phased out and replaced by IllinoisConnect.

Source: DCFS permanency planning procedures.

Well-Child Visits 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."

Exhibit 10
WELL-CHILD PHYSICAL EXAMINATION SCHEDULE

Age	Examination Schedule
Under Age 1	Birth Two 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).

Physical Examinations

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 custody or guardianship. Whenever appropriate, based on age and the overall development of the child, adolescents may choose their own healthcare 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, well-child physical examinations are to occur based on the timeline in **Exhibit 10**.

Vision and Hearing Screenings

Other required components of the well-child visits are vision and hearing screenings. DCFS utilizes the Department of Healthcare and Family Services (DHFS) Handbook for Providers of Healthy Kids Services for the specific requirements for vision screenings. Children are to receive vision screenings at ages 3, 4, 5, 6, 8, 10, 12, 15, and 18. DCFS also uses the DHFS Handbook for Providers of Healthy Kids Services for the criteria to be used at hearing screenings. Children are required to undergo a hearing screening at ages 4, 5, 6, 8, and 10.

Dental Examinations

Additionally, beginning at age two, annual dental examinations are required, and routine teeth cleanings are required every 6 months. Although not specifically required, DCFS encourages caregivers to obtain a fluoride treatment for children once a year.

Initial Mental Health Assessment

The Children and Family Services Act requires that every child in the care of DCFS shall receive necessary behavioral health services, which includes mental health services. As part of the initial screening process for children who are remanded to the custody of the State, an assessment tool titled "Child and Adolescent Needs and Strengths," or CANS, is utilized. This tool contains over

100 different areas that are to be assessed for each child. Assessing the mental health of the child coming into care is included in several different areas within the CANS tool. The Integrated Assessment also includes a section that addresses the need for mental health services. The Integrated Assessment is a comprehensive interview and standardized screening process with children and their parents/guardians conducted immediately following the child's removal from the home.

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. The DCFS Act states that there must be a documented medical or religious reason that the child did not receive immunizations. The 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 October 15, or the date set by the school district, for a child 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 healthcare 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 healthcare 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 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/Child Protective Services Investigations

Public Act 101-0237 changed the Abused and Neglected Child Reporting Act (325 ILCS 5/7.01 (a)) 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 referral** 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, referrals for substance abuse treatment or financial assistance, relative home care, and daycare. These services are provided directly through DCFS or through Purchase of Service providers. Different types of services are explained in further detail in 89 Ill. Adm. Code 302 and DCFS Procedure 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 for whom the court has determined committed an offense 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 who DCFS deems in need of services.

When services are deemed to be appropriate, community-based services are recommended for low to medium-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 CFS 2040, the Intact Family Services Case Referral and Assignment Form. The process for Intact Family Services is further explained in DCFS Procedure 302.388.

Processing Child Welfare Services

When DCFS has made the determination to provide 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. 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.

Preliminary information gathering happens during a child welfare intake, which includes determining eligibility for services and whether they are necessary, and assessment activities are documented in the Statewide Automated Child Welfare Information System (SACWIS) Risk Assessment, CFS 1440a (Worker Activity Summary), CFS 1440b (Client Contact Summary), and CFS 1441 (Safety Determination Form or CERAP). The CFS 1441 (Safety Determination 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 provide 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 CFS 1410 (Registration/Case Opening) within 24 hours, unless an open case is received from Child Protection. Another required form, CFS 1440-1 (Family Assessment Factor Worksheet Summary), is a guide for evaluating objectives and tasks, and then recording the new or ongoing risks.

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 SACWIS.

Service implementation and monitoring is documented in CFS 492 (Case Entry), the Service Plan, and CFS 1421 (Activity/Travel Report). Case closure is documented in the 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 6 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 (DCFS Procedure 305.80(a)).

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 11 shows the process for providing child welfare services.

Exhibit 11
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) - Family Assessment Summary
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 6 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

Note: The SACWIS Service Plan is completed multiple times throughout the child welfare services process.

Source: OAG developed from 89 Ill. Adm. Code 304-306 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 services 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 Rule (89 Ill. Adm. Code 300) and DCFS Procedure 300.

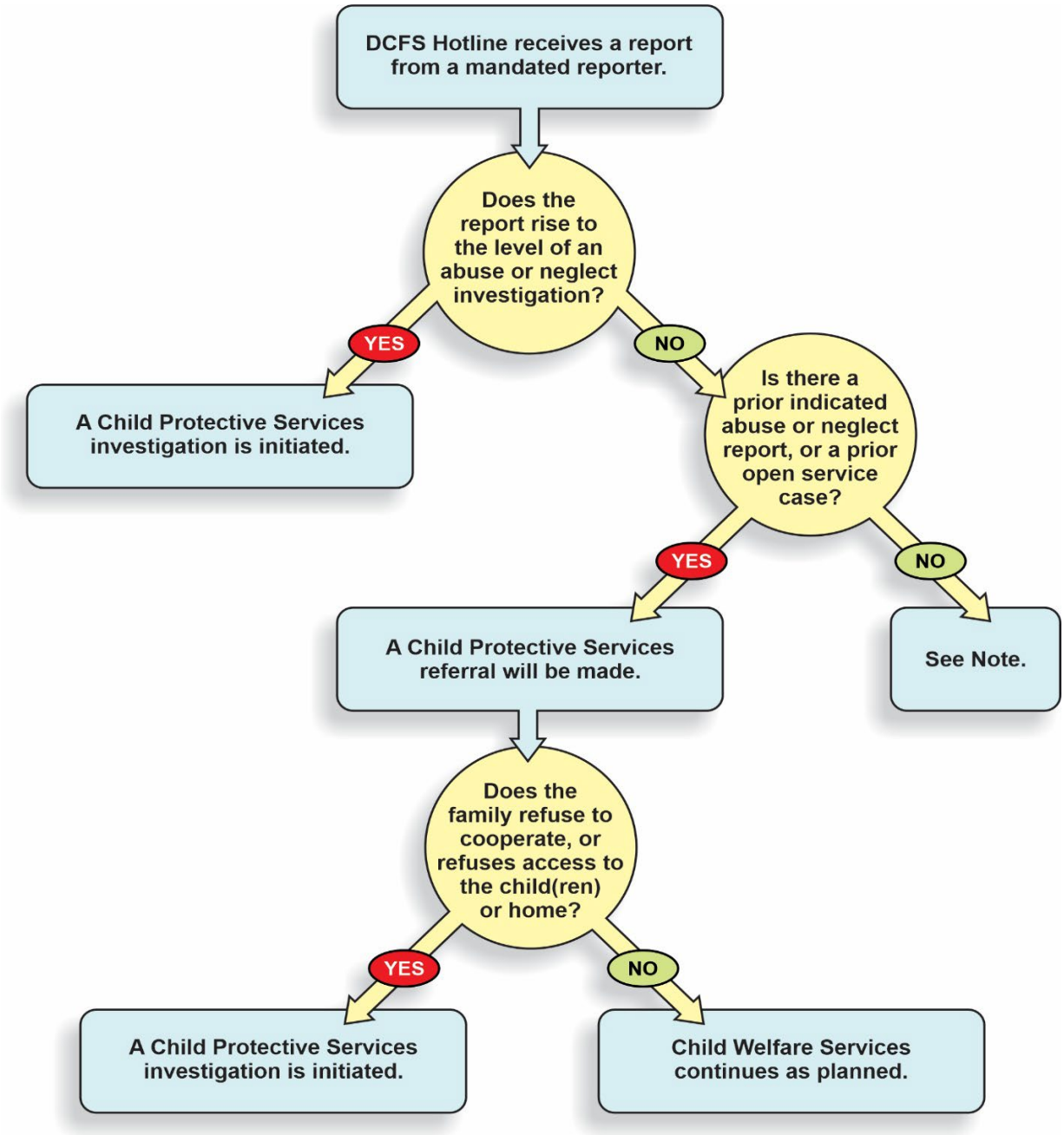
Child Welfare Services Referral/Protective Services Investigation Process Narrative

When fielding reports, Intake workers conduct a complete history search of all participants within IllinoisConnect (the case management system that is replacing SACWIS). According to DCFS officials, the Intake Worker documents in IllinoisConnect 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 IllinoisConnect 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 retained investigation of abuse/neglect or an open services case, the staff processes the intake as a child welfare service referral and sends it to the appropriate field office for assignment. 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 resources, mental health services, and drug treatment programs.

Refusal to Cooperate

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 12** contains a flowchart, which displays this process.

Exhibit 12
CHILD WELFARE SERVICE REFERRAL FLOWCHART AS REQUIRED BY PUBLIC ACT 101-0237



Note: 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).

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

Home Safety Checklists

DCFS was only able to provide 70 of the 399 (18%) required checklists for the 50 cases sampled. During the prior audit DCFS could only provide 3 of 195 (2%) required Home Safety Checklists for the 50 cases sampled. Because of the lack of Home Safety Checklists provided during this audit period and the prior audit period, auditors have concluded that DCFS is still not completing Home Safety Checklists as required by the Act and DCFS Administrative Procedure Number 25.

Home Safety Checklist Requirements

Home Safety Checklists are home safety assessments and educational tools that assist in promoting the safety of children. DCFS Administrative Procedure Number 25 contains the requirements for when Permanency, Intact Family Services, and Child Protection Divisions are to complete a Home Safety Checklist. The primary users of the Home Safety Checklist are Child Protection Specialists, Intact Family Workers, and Permanency Workers through the Department of Children and Family Services' (DCFS) CFS 2025 and CFS 2027 forms. There is also a CFS (Children and Family Services) 2026 form given to parents and caregivers. **Appendix D** contains the Home Safety Checklist that Permanency and Intact Family Workers are to use (CFS 2025). Home Safety Checklists are to be completed at specific intervals and during significant changes in the child's circumstances.

Examples of when **Intact Family Workers** are to complete a Home Safety Checklist (CFS 2025) include:

- 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 circumstances (for example, moving to a new home, childbirth); and
- every 90 days during the life of the case.

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 at 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 to the home of the parents;
- prior to a major change of life circumstances (for example, moving to a new home, childbirth);
- 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 on 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; and
- prior to the completion of any formal child abuse or neglect investigation unless there is an open services case.

Home Safety Checklist Process Narrative for Children Returning Home

Once the decision has been made that a child can be returned home, a Home Safety Checklist is to be completed by a Permanency Worker:

- within 24 hours prior to the return home;
- within 5 working days after the return home; and
- every month until the child's case is closed.

Additionally, the Permanency Worker is required to document in SACWIS each time a Home Safety Checklist has been completed.

If insignificant issues are identified that would not prevent the child 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 environmental barriers or hazards are identified through the Home Safety Checklist 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 there are new or additional safety concerns, a new hotline report may be created or the family may be referred back to court. The completed Home Safety Checklist must be signed by the parents, the Permanency Worker who completed the checklist, and the Permanency Worker's supervisor.

Home Safety Checklist Testing

From the population of children who were returned home during calendar years 2023 and 2024, auditors selected a random sample of 50 cases in order to test compliance with the Home Safety Checklist requirements in Public Act 101-0237. The sample was taken from children in care for at least 30 days and who were under 18 years old as of January 1, 2023.

Auditors determined that a total of 399 Home Safety Checklists were required for the sample of 50 cases. As shown in **Exhibit 13**, DCFS was only able to provide

70 out of the 399 (18%) required checklists. During the prior audit, DCFS could only provide 3 of 195 (2%) required Home Safety Checklists. *(During the prior audit a total of 300 Home Safety Checklists were required for the sample; however, because of COVID-19 restrictions, 105 of them could not be performed.)* Because of the lack of Home Safety Checklists provided during this audit period and the prior audit period, auditors have concluded that DCFS is still not completing Home Safety Checklists as required by Public Act 101-0237 and DCFS Administrative Procedure Number 25.

Exhibit 13
HOME SAFETY CHECKLIST TESTING RESULTS
Calendar years 2023 and 2024

Home Safety Checklists	Total	Percentage
Required	399	N/A
Provided	70	18%
Missing	**329**	**82%**

Source: OAG testing of Home Safety Checklists.

The overall purpose of the Home Safety Checklist is to ensure that the environment the child is living in is safe and that the child's parent or guardian is informed on proper child care. **When Home Safety Checklists are not performed as required, there is an increased risk of not identifying when a child is living in an unsafe environment.**

Home Safety Checklists

RECOMMENDATION NUMBER

2

(Recommendation 3 in prior audit)

The Department of Children and Family Services should complete Home Safety Checklists as required by Public Act 101-0237 and DCFS Administrative Procedure Number 25.

DCFS Response:

The Department of Children & Family Services agrees. Field education will be provided to all Child Welfare Contributing Agencies (CWCA) and DCFS leadership regarding policies and procedures for Home Safety Checklists, including the timeline when the checklist should be completed. The education materials will also be distributed to all Permanency staff and CWCA providers.

The Department will also continue performing monthly reviews of a sample of cases using a quality indicator tool to monitor compliance. Feedback will be provided to the casework team after each review.

Aftercare Services

Auditors found significant improvement compared to the prior audit period when reviewing cases for at least 6 months of aftercare services. In 4 of 30 (13%) cases tested, auditors could not find evidence of at least 6 months of aftercare services provided to the family after reunification compared to 29 of 50 (58%) cases tested during the prior audit period. Additionally, auditors found significant improvement when testing for confirmation of these services being utilized. During this audit period, auditors could not find evidence of services being utilized by the family for 1 of 30 (3%) cases tested; during the prior audit period, evidence could not be found for 9 of 50 (18%) cases tested.

A Service Plan was not completed within 30 days prior to case closure in 21 of 30 (70%) cases tested for this audit period. Additionally, in 13 of 30 (43%) cases tested, auditors could not find evidence that the Permanency Worker informed the family to contact them if there was an additional need for services.

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

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 an After Care Service Plan depends on each case's unique components, but it 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 the family. 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 deemed to be at risk; and/or
- there is an applicable court-ordered decision to end aftercare services.

The Service Plan includes basic information about the family, as well the case history, such as:

- family case name;
- family composition;
- primary language of the family;
- why the case was opened;
- various safety threats and other risk factors; and
- medical and mental health history of the family members.

The Service Plan does not include specific dates of services received or dates of attendance. There is a place for the starting date and completion date within the plan; however, it is up to the caseworker to enter the name of the service provider and any other pertinent details in the case notes. Typically, the case notes are generalized and do not include attendance dates.

Aftercare Services Testing

Auditors determined that there was a total population of 510 cases within SACWIS with a calendar year 2023 or 2024 return home date that were required to receive aftercare services within the requirements of Public Act 101-0237. From this population, a random sample of 30 cases were selected to test for compliance using the requirements in Public Act 101-0237 and DCFS Permanency Planning Procedures, Section 315.250(d) as criteria.

Public Act 101-0237 requires that at least 6 months of aftercare services are provided when a child is returned home. Auditors reviewed the Service Plans within the sample for evidence of **at least 6 months of aftercare services** by reviewing completion dates and also taking into consideration the totality of evidence of services being rendered during that timeframe such as timeframes of service, caseworker notes, details about the service such as the name of the therapist or clinic being utilized, and descriptions about the types of services being received. One case in the sample did not contain a Service Plan that correlated with the case closure date and is included within the following exceptions. **Of the 30 cases tested, auditors found:**

- 4 of the 30 (13%) cases tested did not contain evidence of at least 6 months of aftercare services received. However, this was a significant improvement compared to 29 of 50 (58%) during the prior audit.
- For 1 of the 30 (3%) cases tested, there was no documented confirmation of services being utilized. This was also a significant improvement when compared to the prior audit testing results where 9 of 50 (18%) cases tested had no documented confirmation of aftercare services being utilized.

By not ensuring that all families receive the minimum 6 months of aftercare services when a child is returned home, DCFS is not in compliance with Public Act 101-0237, and the goal of a successful family reunification is less likely.

DCFS Permanency Planning Procedures Section 315.250(d) contains five elements that a Service Plan is to contain. These elements are:

- completion of an After Care Service Plan with the family within 30 days prior to case closure that outlines how the health, safety, and well-being of each child will be ensured and what aftercare services are needed;
- 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; and
- a revised Visitation and Contact Plan, if applicable.

One case in the sample did not contain a Service Plan that correlated with the case closure date and is included within the following exceptions. **Of the 30 cases tested, auditors found:**

- 21 of the 30 (70%) cases tested did not meet the requirement to have a completed Service Plan within 30 days prior to case closure; and
- 13 of the 30 (43%) cases tested did not have instructions directing the family to contact the Permanency Worker if the family requires services.

Because DCFS is not ensuring that Service Plans are being completed within 30 days of a case being closed, there is an increased risk that the current needs of the family are not being adequately addressed. This decreases the likelihood for a successful reunification. Additionally, because DCFS is not ensuring that the Permanency Worker is informing the family to contact them if a need for services arises, the family may not be aware of the available assistance that DCFS is able to provide to help ensure a successful reunification.

Aftercare Services	
RECOMMENDATION NUMBER 3 (Recommendation 4 in prior audit)	***The Department of Children and Family Services should ensure that:*** • ***at least 6 months of aftercare services are provided for families after a child is returned home;*** • ***a Service Plan is completed within 30 days prior to a case closure; and*** • ***the child's family is informed to contact the Permanency Worker if the family requires services, in accordance with Public Act 101-0237 and DCFS Permanency Planning Procedures Section 315.250(d).***

DCFS Response:

The Department of Children & Family Services agrees. Field education will be provided to all Child Welfare Contributing Agencies (CWCA) and DCFS leadership regarding policies and procedures for aftercare services. The education materials will also be distributed to all Permanency staff and CWCA providers.

Data Entry Issues

The Service Plan is a tool utilized in SACWIS, which contains information such as the family background, the reason for DCFS' involvement, as well as the allegation(s) and ongoing risk factors. During the prior audit, data issues were identified during aftercare services testing that made it difficult for auditors to determine if certain criteria were being met. DCFS officials explained that many of the issues auditors found with After Care Service Plans were most likely issues with data entry in SACWIS. During this audit period, auditors encountered two of the four issues identified during the last audit, which are discussed below.

The Actual Completion Date field within the Service Plan is rarely utilized, which makes it difficult to determine if the needed services or interventions are being completed by the Target Completion Date. Not tracking when the needed services or interventions are actually completed increases the difficulty of monitoring the family's successful completion of services or interventions and may cause difficulty in determining when a successful reunification should take place. Auditors had to rely on the notes within this section to determine if the action step was successfully completed, but the notes did not contain a completion date.

The Service Plan also contains a section for the Desired Outcomes and Action Steps determined necessary for a successful family reunification. Within the Desired Outcomes and Action Steps section of the Service Plan, there is a designated space for each action step identified, as well as fields for the Start Date, Target Completion Date, Actual Completion Date, and Evaluation Date. However, there are no designated areas to record the actual dates of services. As stated previously, the case notes are typically generalized and do not include attendance dates. Additionally, each case may contain hundreds of case notes,

which makes finding and tracking records of service difficult. Not tracking the dates that services were received increases the risk that the family's progress toward achieving the goals in the Service Plan is not being adequately monitored.

Actual Completion Date	
RECOMMENDATION NUMBER 4 (Recommendation 5 in prior audit)	***The Department of Children and Family Services should ensure that the Actual Completion Date field is accurately filled out within the Service Plan. Additionally, the Department should determine the feasibility of entering the dates that the needed services or interventions are received into the Service Plan.***

DCFS Response:

The Department of Children & Family Services agrees. Field education will be provided to all Child Welfare Contributing Agencies (CWCA) and DCFS leadership to address the deficit of data being entered consistently and accurately. The education materials will also be distributed to all Permanency staff and CWCA providers.

Well-Child Visits/Check-Ups

Children in DCFS' care are not receiving their well-child visits/check-ups as required. For the 50 cases sampled, auditors could not find supporting documentation for: 31 of the 196 (16%) required physical examinations; 33 of the 114 (29%) required vision screenings; 52 of the 82 (63%) required hearing screenings; and 171 of the 336 (51%) required dental examinations and cleanings. Auditors also found that for 3 of 30 (10%) cases sampled, it took an excessive amount of time for a child to receive mental health services after a need had been identified. For these three cases it took 298 days, 300 days, and 524 days for the child to receive mental health services after a need was identified.

Population of Children in Care

DCFS provided auditors with the population of children in care during calendar years 2023 and 2024; however, it is important to note that the initial date that many children entered care was prior to calendar year 2023. This allowed testing to be conducted prior to calendar year 2023 in order to conduct comparative analyses or more thorough testing when appropriate.

Public Act 101-0237 (the Act) requires the Office of the Auditor General to review whether or not the Department of Children and Family Services (DCFS) ensures that children in its care are up-to-date on their well-child visits and immunizations. The Act states: "*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 over 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.*"

DCFS has procedures in place that outline the guidance that should be used for determining when a child should receive physical examinations, vision and hearing screenings, dental care, mental health assessments, 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 (CMS). The EPSDT standards list several screenings that should be part of a well-child check-up, including:

- physical examinations;
- vision screenings;
- hearing screenings;
- dental examinations;
- mental health assessments; 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 examinations, vision and hearing screenings, dental examinations/cleanings, mental health assessments, and

immunizations, as the well-child visit and age-appropriate immunizations components of the Act.

Physical Examination Requirements Testing

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. Physical examinations are to occur at the ages shown in **Exhibit 14**. Subjective vision and hearing screenings are also to occur during the physical examination.

Exhibit 14
WELL-CHILD PHYSICAL EXAMINATION SCHEDULE

Age	Examination Schedule
Under Age 1	Birth Two 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).

From the population of children in DCFS' care during calendar years 2023 and 2024, auditors selected a sample of 50 cases in order to test compliance with required physical examinations. The sample was taken from children in care for at least two years who were no older than 18 as of December 31, 2024. Additionally, the Centers for Disease Control (CDC), EPSDT standards, and DCFS Procedures 302.360 generally do not address healthcare guidance for children past 18 years old, except for annual physical exams.

Auditors reviewed well-child visits that occurred during calendar years 2021 through 2024 for children within the sample in order to do a comparative analysis between 2021 and 2022 against 2023 and 2024.

Exhibit 15
PHYSICAL EXAMINATION TESTING RESULTS
Calendar Years 2021 through 2024

CY	Required	Received	Missing	% Missing
21-22	114	96	18	16%
23-24	82	69	13	16%
Totals	**196**	**165**	**31**	**16%**

Note: Auditors determined that 196 physical examinations were required for the sample of 50 cases tested.

Source: OAG testing of physical examinations recorded in SACWIS.

Physical Examinations Testing Results Comparative Analysis for CY21-22 and CY23-24

Exhibit 15 is a comparative analysis of the required physical examinations for calendar years 2021 and 2022 against calendar years 2023 and 2024. Documentation could not be found within SACWIS for 18 of the 114 (16%) required physical examinations during 2021 and 2022. During 2023 and 2024, documentation could not be found within SACWIS for 13 of the 82 (16%) required physical examinations. There was no change in the completion rate for the two time periods according to documentation in SACWIS. Of the 50 cases sampled, 17 (34%) did not contain supporting documentation in SACWIS that the child received all of their required physical examinations. These 17 cases were missing

supporting documentation for 31 physical examinations. Overall, documentation could not be found for 31 of the 196 (16%) required physical examinations. For the 50 cases tested during the prior audit, 16 of the 234 (7%) required physical examinations did not contain supporting documentation in SACWIS.

Vision Screening Requirements Testing

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, 77 Ill. Adm. Code 685.110 states that vision screening services shall be provided annually for: all preschool children 3 years of age (or older) in any public or private educational program or licensed childcare facility; all school age children who are in kindergarten, second, and eighth grades; in all special education classes; students referred by teachers; and transfer students. A vision screening is also recommended in grades 4, 6, 10, and 12. Such screening services shall be provided in all public, independent, private, and parochial schools. EPSDT guidance requires that vision screenings must at a minimum include diagnosis and treatment for defects in vision, including eyeglasses.

Auditors randomly selected 50 cases to test compliance with required objective vision screenings from the population of children in care during calendar years 2023 and 2024, in care for at least one and a half years, and at the ages most likely to be enrolled when a vision screening is required according to 77 Ill. Adm. Code 685.110. Auditors reviewed vision screenings that occurred during calendar years 2021 through 2024 for children within the sample in order to do a comparative analysis between 2021 and 2022 against 2023 and 2024.

Exhibit 16
VISION SCREENINGS TESTING RESULTS
Calendar Years 2021 through 2024

CY	Required	Received	Missing	% Missing
21-22	47	31	16	34%
23-24	67	50	17	25%
Totals	**114**	**81**	**33**	**29%**

Note: Auditors determined that there were 114 vision screenings required for the 50 cases in the sample.

Source: OAG testing of vision screenings recorded in SACWIS.

Vision Screenings Testing Results Comparative Analysis for CY21-22 and CY23-24

Exhibit 16 is a comparative analysis of the required vision screenings for calendar years 2021 and 2022 against calendar years 2023 and 2024. Documentation could not be found for 16 of the 47 (34%) required screenings during calendar years 2021 and 2022. During calendar years 2023 and 2024, documentation could not be found for 17 of the 67 (25%) required screenings. When comparing 2021 and 2022 (66% completion rate) to 2023 and 2024 (75% completion rate), there is a 9 percent improvement in completing vision screenings for this audit period according to documentation found in SACWIS.

Overall, 24 of the 50 (48%) cases sampled did not contain supporting documentation in SACWIS that the child received their required vision screenings. These 24 cases did not contain supporting documentation for 33 of the 114 (29%) required vision screenings. During the prior audit, supporting documentation could not be found in SACWIS for 10 of the 69 (14%) required vision screenings for the 50 cases sampled.

Hearing Screenings Testing Requirements

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, 77 Ill. Adm. Code 675.110 states that hearing screening services shall be provided annually for all preschool children 3 years of age (or older) in any public or private educational program or licensed childcare facility. Hearing screening services shall also be provided annually for all school age children who are in kindergarten, first, second, and third grade; are in any special education class; have been referred to by a teacher; or are transfer students. These screening services shall be provided in all public, private, and parochial schools. Hearing screenings are also recommended in grades 4, 6, 8, 10, and 12. EPSDT guidance also requires that, at a minimum, hearing services must include diagnosis and treatment for defects in hearing, including hearing aids.

Auditors selected a random sample of 50 cases to test compliance with the required objective hearing screenings from the population of children in care during calendar years 2023 and 2024. The population was stratified for children between the ages of three and nine as of January 1, 2023, and in care for at least one and a half years. Screening dates were reviewed for calendar years 2021 through 2024 for children within the sample in order to do a comparative analysis between 2021 and 2022 against 2023 and 2024.

Hearing Screenings Testing Results Comparative Analysis for CY21-22 and CY23-24

Exhibit 17
HEARING SCREENINGS TESTING RESULTS
Calendar Years 2021 through 2024

CY	Required	Received	Missing	% Missing
21-22	33	13	20	61%
23-24	49	17	32	65%
Totals	**82**	**30**	**52**	**63%**

Note: Auditors determined that there were 82 hearing screenings required for the 50 cases in the sample.

Source: OAG testing of hearing screenings in SACWIS.

Exhibit 17 is a comparative analysis of the required hearing screenings for calendar years 2021 and 2022 against calendar years 2023 and 2024. During calendar years 2021 and 2022, 33 screenings were required; of these, 20 (61%) did not have supporting documentation in SACWIS. During calendar years 2023 and 2024, 49 screenings were required; of these, 32 (65%) did not have supporting documentation in SACWIS. When comparing 2021 and 2022 (39% completion rate) to 2023 and 2024 (35% completion rate), there is no improvement in completing hearing screenings for this audit period compared to the prior two-year period.

Overall, supporting documentation could not be found for 40 of the 50 (80%) cases within the sample. Of the 82 required hearing screenings within the sample, 52 (63%) did not have supporting documentation in SACWIS. During the prior audit, SACWIS did not contain documentation for 43 of the 101 (43%) required hearing screenings for the 50 cases sampled.

School Requirements for Vision and Hearing Screening

As discussed in the previous sections on vision and hearing screenings, the Illinois Administrative Code requires that school-age children have periodic vision and hearing screenings. The Illinois Administrative Code also requires that vision and hearing screenings be provided within the child's school. Because these screenings are required to be provided within the school, auditors acknowledge that it is possible that vision and hearing screenings were performed, but the documentation of these screenings was not uploaded into SACWIS, which is the system of record for all children in DCFS' care. Because no documentation for these vision and hearing screenings could be provided, auditors classified them as exceptions.

DCFS officials explained that the only way that a vision or hearing screening conducted in a school would be uploaded into SACWIS is if there was a medical claim filed. Additionally, DCFS officials stated that they contacted the Illinois State Board of Education and were informed that there is not a statewide tracking system or repository of school-based examinations. In order to retrieve the examination results, DCFS officials explained that they would have to contact each of the approximately 800 school districts and request this information. However, DCFS procedures, as well as EPSDT standards require DCFS to ensure that children receive periodic vision and hearing screenings. **DCFS cannot ensure that these screenings are occurring under the current process in place.**

Dental Care Requirements Testing

DCFS Procedure 302.360(f) requires yearly dental examinations as well as teeth cleanings every 6 months beginning at age two. Based on industry guidance, dental cleanings are accompanied by examinations; therefore, if a child received a cleaning, it was also counted towards a dental examination.

Auditors selected a random sample of 50 cases to test compliance with the required dental examinations and cleanings contained within DCFS Procedure 302.360(f). The population was stratified for children in care during calendar years 2023 and 2024 between the ages of 3 and 16 (on January 1, 2023), who were in care for at least one and a half years. Dental examination and cleaning dates were reviewed for calendar years 2021 through 2024 in order to do a comparative analysis between 2021 and 2022 against 2023 and 2024.

Dental Testing Results Comparative Analysis for CY21-22 and CY23-24

Exhibit 18 is a comparative analysis of the required dental examinations and cleanings for calendar years 2021 and 2022 against calendar years 2023 and 2024. During calendar years 2021 and 2022, supporting documentation could not be found for 92 of the 164 (56%) required examinations/cleanings. During calendar years 2023 and 2024, supporting documentation could not be found for 79 of the 172 (46%) required examinations/cleanings. There is a 10 percent improvement when comparing 2021 and 2022 (44% completion rate) to 2023 and 2024 (54% completion rate) according to documentation found in SACWIS.

Exhibit 18
DENTAL EXAMINATIONS/CLEANINGS TESTING RESULTS
Calendar Years 2021 through 2024

CY	Required	Received	Missing	% Missing
21-22	164	72	92	56%
23-24	172	93	79	46%
Totals	**336**	**165**	**171**	**51%**

Note: Auditors determined that there were 336 dental cleanings/examinations required for the 50 cases in the sample.

Source: OAG testing of dental examinations and cleanings in SACWIS.

Overall, 47 of the 50 cases tested were missing at least one dental cleaning. Of the **336** required examinations and cleanings, **171** (**51%**) did not have supporting documentation in SACWIS. During the prior audit, SACWIS did not contain documentation for 141 of the 276 (51%) required dental examinations and cleanings for the 50 cases sampled.

Fluoride Treatments

Additionally, DCFS encourages children to receive fluoride treatments yearly, although it is not required; therefore, auditors reviewed fluoride treatments as well. Of the 169 possible fluoride treatments within our sample, 111 fluoride treatments were completed 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-ray or filling/cavity work, and found that, in general, children were routinely receiving these services.

Mental Health Screenings

The Illinois Administrative Code and EPSDT standards both require that children are assessed for behavioral health/mental health needs. Illinois Administrative Code (89 Ill. Admin. Code 302.390(b)) states:

> *"The child's behavioral health shall be assessed as the child enters care as part of the integrated assessment and on an ongoing basis through the Administrative Case Review or through the completion of the Child and Adolescent Needs and Strengths (CANS) assessment tool any time a change in the level of service is considered."*

In addition, the EPSDT standards also require regular well-child check-ups that include an assessment of the child's mental health. This area was not reviewed during the prior audit because of time constraints; however, auditors were able to review a sample of children in the care of DCFS during this audit period in order to determine if their mental health was assessed and if treatment was received.

Auditors selected a random sample of 30 cases to test for initial mental health assessments for children in care during calendar years 2023 and 2024. The population was stratified to only include children that were between 10 and 17 years old as of January 1, 2023, because this age group in DCFS' care is most at risk of experiencing mental health issues according to a paper released by the World Health Organization on October 10, 2024. The sample was also stratified to only include children who entered care on or after January 1, 2023, and were in care for at least one year as of December 31, 2024, in order to increase the probability of an initial mental health assessment occurring. By selecting a sample of children in care for at least one year, it allowed auditors to account for

potential scheduling difficulties or other circumstances that may have reasonably impacted a timely mental health assessment.

Mental Health Screening Testing Results

Auditors reviewed the Integrated Assessments, Service Plans, and CANS assessments within SACWIS for evidence of an initial mental health assessment. Auditors also reviewed SACWIS for evidence of mental health services being received when there was documentation for a mental health referral. Auditors also assessed the length of time for an initial mental health assessment and the length of time between receiving a mental health referral and receiving treatment.

For the 30 cases reviewed, auditors determined that children were generally receiving a mental health assessment and treatment, when required, in a timely manner. However, auditors identified three cases (10%) that took an excessive amount of time for the child to be engaged in therapy. These three cases took **298 days**, **300 days**, and **524 days** for the child to be engaged in therapy from the time therapy was recommended, according to documentation in SACWIS. If children do not receive needed mental health services in a timely manner, their mental health may further deteriorate, increasing the risk of additional negative outcomes.

Well-Child Check-Up Timeliness

RECOMMENDATION NUMBER

5

(Recommendation 6 in prior audit)

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 screenings, hearing screenings, dental examinations and cleanings, and mental health assessments. The Department should also ensure that all well-child visits/check-ups are entered into the system of record (SACWIS) as required, including instances of screenings occurring at schools or other institutions that do not currently upload into the system of record (SACWIS).

DCFS Response:

The Department of Children & Family Services agrees. The Department will work to revise existing procedures to appropriately align existing administrative codes and DCFS policies and procedures with practice. The Department will also work to ensure that records are maintained in the child's electronic or hard file. In addition, the Department will ensure accountability for health visits in the reprocurement of its managed care organization provider contract.

Age-Appropriate Immunizations Testing

DCFS Procedure 302.360(h) requires children in care to be immunized according to the recommendations of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois issued by the Illinois Department of Public Health (IDPH), unless the child's healthcare provider considers one or more specific immunizations to be contrary to the child's health. **Exhibit 19** contains the recommended timeframes for children to receive the various immunizations based on CDC recommended guidance and DCFS Home Safety Checklists.

It is important to note that during the previous audit period, immunization testing could not be completed due to unreliable immunizations data in SACWIS. After reviewing the first 10 cases, auditors identified numerous issues and discontinued testing. There were instances where it appeared that children received inappropriate immunizations based on their age or too many immunizations. During this audit period, auditors determined that the immunizations data within SACWIS was sufficient and reliable enough for testing. Because the number of required immunizations differs by the age of the child, the time period for testing immunizations was expanded to include the children who were in care during calendar years 2021 through 2024 in order to provide a more thorough analysis.

In order to test this requirement, auditors selected a random sample of 30 cases from the population of children who were in care during calendar years 2021 through 2024 and were between the ages of 0 and 18. The sample was stratified by age group in order to give greater coverage for the ages when more immunizations are required. The distribution of samples was as follows:

- **ages 0-2**: 10 children
- **ages 3-6**: 5 children
- **ages 7-8**: 5 children
- **ages 9-12**: 5 children
- **ages 13-18**: 5 children

There are no required immunizations for 7 and 8 year olds according to the guidelines followed by DCFS; only the influenza vaccine is recommended. This age group was included in the testing population in order to capture any catch-up immunizations that may have been administered.

Exhibit 19
RECOMMENDED IMMUNIZATION SCHEDULE

Age	Immunizations	Number of Doses	Total Doses
Birth-1 year	1. Hepatitis B (HepB) 2. Diphtheria, Tetanus, and Pertussis (DTaP) 3. Haemophilus influenza type b (Hib) 4. Inactivated Polio (IPV) 5. Pneumococcal (PCV) 6. Rotavirus (RV1) 7. Rotavirus (RV5) 8. Influenza (IIV3 or LAIV3)	3 3 3 3 3 2 3 1-2	**21-22**
1-2 years	1. Diphtheria, Tetanus, and Pertussis (DTaP) 2. Haemophilus influenza type b (Hib) 3. Measles, Mumps, and Rubella (MMR) 4. Varicella (chicken pox) 5. Pneumococcal (PCV) 6. Influenza (IIV3 or LAIV3) 7. Hepatitis A	1 1 1 1 1 2-4 2	**9-11**
3-6 years	1. Diphtheria, Tetanus, and Pertussis (DTaP) 2. Inactivated Polio (IPV) 3. Measles, Mumps, and Rubella (MMR) 4. Influenza (IIV or LAIV4) 5. Varicella (chicken pox)	1 1 1 4-8 1	**8-12**
7-8 Years	1. Influenza (IIV3 or LAIV3)	2-4	**2-4**
9-12 years	1. Tetanus and Diphtheria (Td) 2. Influenza (IIV3 or LAIV3) 3. Human papillomavirus 4. Meningococcal (ACWY)	1 4 2-3 1	**8-9**
13-18 years	1. Influenza (IIV3 or LAIV3) 2. Meningococcal (ACWY) 3. Meningococcal (B)	6 1 2-3	**9-10**

Source: OAG developed from Home Safety Checklists and CDC immunization schedules.

Age-Appropriate Immunizations Testing Results

The results of the age-appropriate immunizations are contained in **Exhibit 20** and also below.

- For the 0-2 age group, documentation could not be found for 44 of the 250 (18%) required immunizations (10 children in sample).
- For the 3-6 age group, documentation could not be found for 2 of the 20 (10%) required immunizations (5 children in sample).
- For the 7-8 age group, 5 children were sampled, but data was marked as Not Applicable (N/A) because there are no required immunizations for this age group (the influenza vaccine is recommended), and there were no catch-up vaccinations within the sample.

- For the 9-12 age group, documentation could not be found for 3 of the 20 (15%) required immunizations (5 children in sample).
- For the 13-18 age group, documentation could not be found for 2 of the 5 (40%) required immunizations (5 children in sample).

Exhibit 20
IMMUNIZATIONS TESTING RESULTS
Calendar Years 2021 through 2024

Age	Sample Size	Required	Received	Missing	% Missing
0-2 years	10	250	206	44	18%
3-6 years	5	20	18	2	10%
7-8 years	5	N/A	N/A	N/A	N/A
9-12 years	5	20	17	3	15%
13-18 years	5	5	3	2	40%
Totals	**30**	**295**	**244**	**51**	**17%**

Source: OAG testing of immunizations in SACWIS.

Overall, documentation could not be found for **51** of the **295 (17%)** required immunizations for the 30 children sampled. Not ensuring that children are receiving their required age-appropriate immunizations results in noncompliance with DCFS Procedure and increases the risk that children may contract serious illnesses that have the potential to greatly diminish their quality of life.

Age-Appropriate Immunizations

RECOMMENDATION NUMBER 6

The Department of Children and Family Services should ensure that every child that is in care receives their age-appropriate immunizations as required by DCFS Procedure 302.360(h).

DCFS Response:

The Department of Children & Family Services agrees. The Department acknowledges the importance of maintaining accurate immunization tracking and ensuring youth in care receive timely preventative healthcare services. The Department will continue to enhance and refine its immunization tracking processes through ongoing evaluation of available data sources, reporting mechanisms, and system capabilities in collaboration with internal and external partners. Efforts will remain focused on improving the reliability of documentation, identifying gaps in immunization records, and strengthening oversight practices to support compliance with healthcare standards. The Department will also ensure accountability for immunization tracking in the reprocurement of its managed care organization provider contract.

In addition, DCFS will continue to uplift communication and education efforts with foster parents, permanency staff, and other caregiving partners to reinforce the importance of immunization monitoring and documentation. This includes providing ongoing guidance regarding healthcare responsibilities, available resources, and expectations related to preventative care. Field education will be provided to all Child Welfare Contributing Agency (CWCA) and DCFS leadership. The education materials will

also be distributed to all Permanency staff and CWCA providers. The Department remains committed to continuous quality improvement activities that support improved coordination, awareness, and healthcare outcomes for youth in care.

Safety Assessments for Reports Made by Mandated Reporters

On August 11, 2024, DCFS began using IllinoisConnect as part of its intake system. IllinoisConnect is the new case management system that is replacing SACWIS. These cases can now be identified through a query within the database. The query also contains more detail than the previous process, and there are fields that allow DCFS staff to identify whether or not a Child Protective Services investigation has been opened that correlates to the date of the intake. Whether the family accepts or refuses services is entered into the case narrative. However, DCFS officials explained that any information gathered by intake that is sufficient to open an investigation would result in an investigation being opened, regardless of a family's refusal of services or access to the home or children because of the requirements within the Abused and Neglected Child Reporting Act (325 ILCS 5/4). Because of the new processes in place, it appears that DCFS is in compliance with the safety assessments for reports made by mandated reporters component of Public Act 101-0237.

Child Welfare Service Referrals/Child Protective Services Requirements

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 Service Referrals/Protective Services Investigation Process Narrative

When fielding reports, Intake Workers conduct a complete history search of all participants within IllinoisConnect. According to DCFS officials, the Intake Worker documents in IllinoisConnect 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 IllinoisConnect 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 retained investigation of abuse/neglect or an open services case, the staff processes the intake as a child welfare services referral and sends it to the appropriate field office for assignment. 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 if it would meet the criteria for the initiation of an investigation into child abuse or neglect.

DCFS' Tracking of Child Welfare Service Referrals

During the prior audit period, DCFS officials informed auditors that there was not a mechanism in SACWIS that would allow tracking of reports made by mandated reporters that met the criteria for opening a child welfare service referral. Auditors informed DCFS that there would be a recommendation addressing this issue multiple times during the course of the audit. Because auditors were told that it was not possible to track these reports, a population was not requested, and there was not a review. It was not until audit fieldwork had concluded, the audit had been drafted, and an exit conference was held that DCFS officials stated that they were tracking these reports. A bar graph was provided to auditors after the exit conference and was included as part of the DCFS' responses; however, it was not audited because of the time frame in which it was received. During the current audit period, DCFS officials were able to provide a population of reports made by mandated reporters that met the criteria for opening a child welfare services referral.

According to DCFS officials, from January 2020 through August 10, 2024, child welfare service referrals were tracked by selecting "preventative services" as the reason for intake, and each staff member was required to put a statement in the narrative identifying the referral being taken due to prior history. Beginning in 2021, the child welfare service referral intakes were searched each day in SACWIS, and each narrative had to be read in order to identify intakes that were taken because of prior involvement with DCFS. These intakes were tracked by spreadsheet. DCFS provided auditors with a list of intakes for January 1, 2021, through August 10, 2024, by date, for each intake identified by this process. Below are the number of these reports by year:

- 9,792 during 2021;
- 11,273 during 2022;
- 12,299 during 2023; and
- 6,962 through August 10, 2024.

On August 11, 2024, DCFS began using IllinoisConnect as part of its intake system. A subtype of "Prior Indicated or Service History" was created, which allows staff to select the subtype directly and eliminated the need to create a statement in the case narrative. This process also eliminated the need to read each child service welfare referral and track them separately in a spreadsheet. These cases can now be identified through a query within the database. The query also contains more detail than the previous process. With the current process, each intake also indicates if the call was made by a mandated reporter, if there was a prior indicated abuse or neglect investigation, if there was a prior case, and also if the household was receiving Intact Family Services. DCFS provided auditors with the referrals by date, for the time period August 11, 2024, through December

31, 2024. During this time period, DCFS received 3,406 reports that resulted in a child welfare services referral. Below are the number of reports by month:

- 317 during August 2024 (beginning on August 11, 2024);
- 709 during September 2024;
- 825 during October 2024;
- 756 during November 2024; and
- 799 during December 2024.

Within the intake data provided to auditors for the August 11, 2024, through December 31, 2024, time period, there are fields that allow DCFS staff to identify whether or not a Child Protective Services investigation has been opened that correlates to the date of the intake. There is not a field that captures if the family refuses to cooperate or refuses access to the home or children. Whether the family accepts or refuses services is entered into the case narrative. However, DCFS officials explained that any information gathered by intake that is sufficient to open an investigation would result in an investigation being opened, regardless of a family's refusal to services or access to the home or children. If a worker that visits a home because of a child welfare services referral identifies anything that justifies an investigation, they are required by law to call DCFS' hotline because they are a mandated reporter. The Abused and Neglected Child Reporting Act (325 ILCS 5/4) contains the professional designations within Illinois that are required to immediately report to the DCFS when they have reasonable cause to believe that a child known to them in their professional or official capacities may be an abused child or a neglected child. Included within the professional designations are social services personnel and mental health personnel, as well as child care personnel and crisis intervention personnel.

Because of the new processes in place, it appears that DCFS is in compliance with the safety assessments for reports made by mandated reporters component of Public Act 101-0237.

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 audit was conducted in accordance with the audit standards promulgated by the Office of the Auditor General at 74 Ill. Adm. Code 420.310.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those 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.

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) and its compliance with the Act. The Act also contained a requirement for the Auditor General to conduct a follow-up audit within two years after the release of the initial audit; this is the follow-up audit. 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.
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, administrative code, 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.

Auditors informed DCFS officials about how the audit determinations were completed and also provided DCFS an opportunity to respond to all of the exceptions found during fieldwork testing.

In order to test compliance with the requirements of the Act, auditors requested data populations for: all children in care during calendar years 2023 and 2024; all children who were returned home in calendar years 2023 and 2024 that required a Home Safety Checklist; all cases that were closed in calendar year 2023 and 2024 that required at least 6 months of aftercare services; and all intake calls that did not rise to the level of abuse or neglect for calendar years 2023 and 2024. 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 who were returned home during calendar year 2023 and 2024. However, the population received contained return home dates prior to calendar year 2023. Auditors stratified the population for children who 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 1,007. Cases were stratified by 90-day intervals, and the sample of 50 was weighted by the number

of cases that fell within each 90-day timeframe. Twenty spare cases were selected using the same methodology.

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 Home Safety Checklists were completed according to the timeframes set in the Act.

For the 50 cases sampled, there were a total of 399 required Home Safety Checklists. The results are not projectable to the population.

Additionally, auditors reviewed hard copy Home Safety 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. Home Safety Checklists were last updated in July 2022, and the required language is included.

Aftercare Services

In order to test the requirement of providing at least 6 months of aftercare services, auditors determined that there must be at least 6 months from the time the child exited care, and the case was closed. If there was not at least this six-month period, the case was not included in the sample population. From the total population of 510 children in DCFS' care who returned home from January 1, 2023, to June 30, 2024, auditors selected a random sample of 30 cases, along with 10 spares, stratified and weighted by age. June 30, 2024, was chosen for the end date because the Act requires at least 6 months of aftercare services, and December 31, 2024, is the end of the audit period. The results are not projectable to the population.

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 examinations, vision and hearing screenings, dental care, mental health screenings, 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 examination;
- vision and hearing screenings;
- dental examinations;
- mental Health Screenings; 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 examinations, vision and

hearing screenings, dental examinations/cleanings, mental health screenings, and immunizations as the well-child visit and age-appropriate immunizations components of the Act.

Physical Examinations

From the population of 13,309 children in DCFS' care during calendar years 2023 and 2024 who were in care for at least two years and who were under 17 years old as of January 1, 2023, auditors selected a stratified and weighted random sample of 50 cases and 20 spares. The sample was limited to children who were in care for at least two years and who were under 17 years old as of January 1, 2023, 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 2021 in order to present a comparative analysis between calendar years 2021 and 2022 against calendar years 2023 and 2024. Auditors used SACWIS to review physical examination dates during the child's stay in DCFS' care. Within the 50 cases tested, there were 196 total examinations required. The results are not projectable to the population.

Vision Screenings

From the population of 8,718 children in DCFS' care during calendar years 2023 and 2024 who were between the ages of 3 and 15 years old as of January 1, 2023, and in care for at least one and a half years, auditors selected a stratified and weighted random sample of 50 cases, along with 20 spares. The population was stratified by age, and the sample of 50 cases along with 20 spares was weighted by the number of children in each age group. Auditors selected the age range of 3 through 15 years because this age group allowed auditors to test for the required and recommended vision screenings within 77 Ill. Adm. Code 685.110 and the EPSDT standards. The minimum time in care of one and a half years was used to increase the probability of the child being required to undergo a vision screening while in the care of DCFS.

We reviewed service dates beginning in calendar year 2021 in order to present a comparative analysis between calendar years 2021 and 2022 against 2023 and 2024. Auditors used SACWIS to review vision screening dates during the child's stay in DCFS' care. Within the 50 cases tested, there were 114 total vision screenings required. The results are not projectable to the population.

Hearing Screenings

From the population of 7,194 children in DCFS' care during calendar years 2023 and 2024 who were between the ages of three and nine years old as of January 1, 2023, auditors selected a stratified and weighted random sample of 50 cases, along with 20 spares, in which children were in care for at least one and a half years. Auditors selected the age range of three through nine 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 three years and seven 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 four years old.

We reviewed service dates beginning in calendar year 2021 in order to present a comparative analysis between calendar years 2021 and 2022 against 2023 and 2024. Auditors used SACWIS to review hearing screening dates during the child's stay in DCFS' care. Within the 50 cases tested, there were 82 required hearing screenings. The results are not projectable to the population.

Dental Examinations

From the population of 10,811 children in DCFS' care during calendar year 2023 and 2024 who were between the ages of 3 and 16 years old as of January, 1, 2023, auditors selected a stratified and weighted random sample of 50 cases, along with 20 spares, in which children were in care for at least one and a half years. Auditors selected the age range of 3 through 16 years old as of January 1, 2023, because children should begin receiving dental examinations and teeth cleanings at 2 years old (auditors reviewed cleanings and examinations occurring from 2021 through 2024, which is further explained below). Based on industry guidance, dental cleanings are accompanied by examinations; therefore, if a child received a cleaning, it was also counted towards a dental examination.

We reviewed service dates beginning in calendar year 2021 in order to present a comparative analysis between calendar years 2021 and 2022 against 2023 and 2024. Auditors used SACWIS to review dental examination dates during the child's stay in DCFS' care. Within the 50 cases tested, there were 336 cleanings required. The results are not projectable to the population.

Data Entry Issues Identified During Well-Child Visit Testing

During the prior audit, auditors determined that there were numerous data entry errors within SACWIS while conducting the well-child visits/well-child examinations testing. Issues included different birth dates for the same child, different types of birth, and multiple entries for the same date for vision screenings, physical examinations, hearing screenings, and dental examinations. There were many inconsistencies with the field where the screening or examination date was documented; for example, in one case, it may be located in a different section of SACWIS than another case. Auditors also found incorrect birth dates during testing. Additionally, during aftercare services testing, auditors determined that the Actual Completion Date Field within the Service Plan was rarely utilized. This field is for the date that the needed services or interventions identified within the Service Plan are completed.

During this audit period, auditors did not encounter the numerous data entry errors while testing the well-child visits/well-child examinations that were experienced in the prior audit. However, the Actual Completion Date field within the Service Plan was still rarely utilized. Additionally, there are no designated areas to record the actual dates of services within the Service Plan. This information is generally entered into either narratives or case notes. However,

each case may contain hundreds of case notes, which makes finding and tracking service dates difficult. This issue was also identified during the prior audit.

Mental Health Screenings

The Illinois Administrative Code and EPSDT standards both require that children are assessed for behavioral health/mental health needs. Illinois Administrative Code (89 Ill. Adm. Code 302.390(b)) states:

> *"The child's behavioral health shall be assessed* ***as the child enters care*** *as part of the integrated assessment and on an ongoing basis through the Administrative Case Review or through the completion of the Child and Adolescent Needs and Strengths (CANS) assessment tool any time a change in the level of service is considered."* [Emphasis added.]

In addition, the EPSDT standards also require regular well-child check-ups that include an assessment of the child's mental health.

From the population of 1,137 children in DCFS' care during calendar years 2023 and 2024, between the ages of 10 and 17 years old, and in care for at least one year, auditors selected a weighted, stratified random sample of 30 cases, along with 10 spares in order to test for initial mental health screenings. Children between the ages of 10 and 19 have been identified to be at the highest risk for mental health issues according to the World Health Organization; the cutoff age of 17 years old as of January 1, 2023, was chosen because DCFS typically does not have children in care that are over 18 years old (the child would have been no older than 18 as of December 31, 2024). Auditors used SACWIS to review mental health screening dates, referrals, and mental health service dates during the child's stay in DCFS' care. The results are not projectable to the population.

Age-Appropriate Immunizations

During the prior audit period, auditors determined that the immunizations data did not meet the required validity and reliability thresholds necessary to conduct testing. During this audit period the immunizations data within SACWIS was determined to be sufficient and reliable for testing. The population for immunizations testing was selected from the total population of children in DCFS' care during calendar years 2023 and 2024. Auditors reviewed immunizations dates for the time period 2021 through 2024 in order to present a more thorough analysis. After determining the time in care necessary for each age group to receive the age-required immunizations while in DCFS' care, the total population of children available for immunizations testing was 1,912. A random sample of 30 cases that was stratified based on age group was selected. Of the 30 cases:

- ten cases were randomly selected from children who were zero to one month old as of January 1, 2021 (0 to 2 years old testing group);
- five cases were randomly selected from children who were 3 to 3.25 years old as of January 1, 2021 (3 to 6 years old testing group);

- five cases were randomly selected from children who were 5 to 7 years old as of January 1, 2021 (7 to 8 years old testing group);
- five cases were randomly selected from children who were 9 to 9.25 years old as of January 1, 2021 (9 to 12 years old testing group); and
- five cases were randomly selected from children who were 13 to 14 years old as of January 1, 2021 (13 to 18 years old testing group).

Auditors randomly sampled ten of the zero to two year olds because the majority of immunizations occur within this three-year period. Five cases were selected for each of the other age ranges in order to have adequate coverage for the four remaining age ranges. Within the 30 cases tested, there were 295 immunizations required. The results are not projectable to the population.

Auditors reviewed case documentation for administration of the influenza vaccine; however, influenza vaccinations are not required by IDPH for children enrolled in school. DCFS officials also stated that some influenza vaccinations may have been administered at schools, free clinics, or pharmacies, and these may not have been properly entered into SACWIS. Because influenza vaccinations are not required, they were not counted as exceptions in this review.

Auditors used SACWIS to review immunization dates during the child's stay in DCFS' care. The results are not projectable to the population.

Safety Assessment for Reports Made by Mandated Reporters

During the prior audit period, DCFS officials informed auditors that there was not a mechanism in SACWIS that would allow tracking of reports made by mandated reporters that met the criteria for opening a child services welfare referral. Because auditors were told that it was not possible to track these reports, a population was not requested, and there was not a review.

During this audit period DCFS officials were able to provide a population of reports made by mandated reporters that met the criteria for opening a child welfare services referral. Auditors received two populations of data, which are described in more detail below. The first population was for the time period January 2021 through August 10, 2024, and was manually tracked. The second population was for the time period August 11, 2024, through December 31, 2024, and was created using a database query. Auditors reviewed the query logic and determined that it appeared to be sufficient and reliable to capture all cases that met the criteria within Public Act 101-0237 for opening a child welfare services referral. Auditors reviewed and summarized the data for reporting purposes.

According to DCFS officials, from January 2020 through August 10, 2024, child welfare service referrals were tracked by selecting "preventative services" as the reason for intake, and each staff member was required to put a statement in the narrative identifying the referral being taken due to prior history. The child welfare service referral intakes were searched each day in SACWIS, and each narrative had to be read in order to identify intakes that were taken because of prior involvement with DCFS. These intakes were tracked by spreadsheet. DCFS

provided auditors with a list of 40,326 reports for January 1, 2021, through August 10, 2024, by date for each of the intakes identified using this process.

On August 11, 2024, DCFS began using IllinoisConnect as part of their intake system. These cases can now be identified through a query within the database. The query also contains more detail than the previous process, and there are fields that allow DCFS staff to identify whether or not a Child Protective Services investigation has been opened that correlates to the date of the intake. With the current process, each intake also indicates if the call was made by a mandated reporter, if there was a prior indicated abuse or neglect investigation, if there was a prior case, and also if the household was receiving Intact Family Services. Whether the family accepts or refuses services is entered into the case narrative. However, DCFS officials explained that any information gathered by intake that is sufficient to open an investigation would result in an investigation being opened, regardless of a family's refusal to services or access to the home or children because of the requirements within the Abused and Neglected Child Reporting Act (325 ILCS 5/4). During this time period (August 11, 2024, through December 31, 2024) DCFS received 3,406 reports that resulted in a child welfare services referral.

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

Exit Conference	**May 18, 2026**
Agency	**Name and Title**
Illinois Department of Children and Family Services	• Heidi Mueller, Director • Phil Dasso, Chief internal Auditor • Clay Murphy, Audit Liaison • Andy Munemoto, Chief Operating Officer • Michael C. Jones, Chief Labor Relations Administrator • Dawn Backtold, Deputy Director of Agency Performance Monitoring and Exec. • Cassidy Chambers, Health Policy Administrator • Brandon Davis, OIA Office Coordinator
Illinois Office of the Auditor General	• Patrick Rynders, Senior Audit Manager • Ryan Rizner, Audit Staff • Marcellus Romious, Audit Staff

Appendix C

DCFS Operations Worker and Supervisor Vacancies
(As of 12/5/2024)

Child Protection Services (CPS) Worker Detail (As of December 5, 2024)[1, 2]

Central Region

Site	Average New Investigations/Month	CPS Workers	CPS Workers Needed	Total Vacancies
Bloomington	153	15	15	-
Canton	66	6	7	1
Carlinville	69	8	7	-
Charleston	151	15	15	-
Danville	127	14	13	-
Decatur	114	7	11	4
Galesburg	84	9	8	-
Jacksonville	64	7	6	-
Jerseyville	29	5	3	-
Lincoln	44	5	4	-
Ottawa	161	19	16	-
Peoria	318	21	32	11
Quincy	97	11	10	-
Rock Island	219	20	22	2
Springfield	246	25	25	-
Urbana	172	20	17	-
Central Region Totals	**2,114**	**207**	**211**	**18**

Cook Region (Central)

Site	Average New Investigations/Month	CPS Workers	CPS Workers Needed	Total Vacancies
Chicago (1026 S. Damen)	290	25	29	4
Children's Advocacy Center	100	21	10	-
Maywood	251	23	25	2
Cook Central Subtotal	**641**	**69**	**64**	**6**

Cook Region (North)

Site	Average New Investigations/Month	CPS Workers	CPS Workers Needed	Total Vacancies
Chicago (1911 S. Indiana)	345	33	35	2
Deerfield	393	36	39	3
Cook North Subtotal	**738**	**69**	**74**	**5**

Cook Region (South)				
Site	Average New Investigations/ Month	CPS Workers	CPS Workers Needed	Total Vacancies
Chicago (Emerald)	339	38	34	-
Harvey	605	65	61	-
Cook South Subtotal	**944**	**103**	**95**	**-**
Cook Region Totals	**2,323**	**241**	**233**	**11**

Northern Region				
Site	Average New Investigations/ Month	CPS Workers	CPS Workers Needed	Total Vacancies
Aurora	221	23	22	-
Dekalb	140	13	14	1
Elgin	139	12	14	2
Freeport	83	9	8	-
Naperville	316	28	32	4
Joliet	344	32	34	2
Bourbonnais	84	9	8	-
Rockford	266	20	27	7
Sterling	82	9	8	-
Lake County South	171	26	17	-
Waukegan	178	16	18	2
Woodstock	167	15	17	2
Northern Region Totals	**2,191**	**212**	**219**	**20**

Southern Region				
Site	Average New Investigations/ Month	CPS Workers	CPS Workers Needed	Total Vacancies
Anna	15	2	1	-
Belleville	129	14	13	-
Cairo	10	2	1	-
Centralia	38	5	4	-
Collinsville	204	19	20	1
East St Louis	92	9	9	-
Effingham	50	5	5	-
Harrisburg	56	5	6	1
Marion	107	16	11	-
Metropolis	26	3	3	-
Mount Vernon	139	13	14	1
Murphysboro	76	9	8	-
Olney	76	8	8	-
Sparta	35	2	3	1
Southern Region Totals	**1,053**	**112**	**106**	**4**

[1] **Total Vacancies** are calculated using only the sites for which there are worker shortages. **CPS Workers** represents the actual number of workers at each site; some sites may have an overage of workers (does not include interns and Deferred Assignment Investigators).

[2] The caseload threshold for CPS workers used by DCFS is 10 cases per worker monthly, or 10:1. The number of workers needed is calculated by using an ongoing 12 month average of new investigations/cases by site.

Source: OAG developed from DCFS Caseload and Vacancy Reports.

Child Protection Services Supervisor Detail (As of December 5, 2024)[1, 2]

Central Region

Site	Total CPS Workers[3]	CPS Supervisors	CPS Supervisors Needed	Total Vacancies
Bloomington	15	3	3	-
Canton	6	1	2	1
Carlinville	8	2	2	-
Charleston	15	3	3	-
Danville	15	2	3	1
Decatur	7	3	2	-
Galesburg	9	2	2	-
Jacksonville	7	2	2	-
Jerseyville	5	1	1	-
Lincoln	5	1	1	-
Ottawa	19	4	4	-
Peoria	22	7	5	-
Quincy	11	2	3	1
Rock Island	20	5	4	-
Springfield	25	6	5	-
Urbana	20	4	4	-
Central Region Totals	**209**	**48**	**46**	**3**

Cook Region (Central)

Site	Total CPS Workers[3]	CPS Supervisors	CPS Supervisors Needed	Total Vacancies
Chicago (1026 S. Damen)	25	5	5	-
Children's Advocacy Center	21	4	5	1
Maywood	23	4	5	1
Cook Central Subtotal	**69**	**13**	**15**	**2**

Cook Region (North)

Site	Total CPS Workers[3]	CPS Supervisors	CPS Supervisors Needed	Total Vacancies
Chicago (1911 S. Indiana)	33	5	7	2
Deerfield	36	8	8	-
Cook North Subtotal	**69**	**13**	**15**	**2**

Cook Region (South)

Site	Total CPS Workers[3]	CPS Supervisors	CPS Supervisors Needed	Total Vacancies
Chicago (Emerald)	38	6	8	2
Harvey	65	12	13	1
Cook South Subtotal	**103**	**18**	**21**	**3**
Cook Region Totals	**241**	**44**	**51**	**7**

Northern Region				
Site	**Total CPS Workers[3]**	**CPS Supervisors**	**CPS Supervisors Needed**	**Total Vacancies**
Aurora	23	5	5	-
Dekalb	13	2	3	1
Elgin	12	3	3	-
Freeport	9	2	2	-
Naperville	28	7	6	-
Joliet	32	7	7	-
Bourbonnais	9	1	2	1
Rockford	20	6	4	-
Sterling	9	1	2	1
Lake County South	26	5	6	1
Waukegan	16	3	4	1
Woodstock	15	1	3	2
Northern Region Totals	**212**	**43**	**47**	**7**

Southern Region				
Site	**Total CPS Workers[3]**	**CPS Supervisors**	**CPS Supervisors Needed**	**Total Vacancies**
Anna	3	1	1	-
Belleville	15	3	3	-
Cairo	2	-	1	1
Centralia	5	1	1	-
Collinsville	19	4	4	-
East St Louis	9	2	2	-
Effingham	6	1	2	1
Harrisburg	5	1	1	-
Marion	17	3	4	1
Metropolis	3	-	1	1
Mount Vernon	14	3	3	-
Murphysboro	9	2	2	-
Olney	8	2	2	-
Sparta	2	1	1	-
Southern Region Totals	**117**	**24**	**28**	**4**

[1] **Total Vacancies** are calculated using only the sites for which there are supervisor shortages. **CPS Supervisors** represents the actual number of supervisors at each site; some sites may have an overage of supervisors.

[2] The threshold for CPS supervisors used by DCFS is 5 workers per supervisor, or 5:1. The number of supervisors needed is calculated by dividing the Total CPS Workers by 5 and rounding up to the next whole number.

[3] **Total CPS Workers** includes interns and Deferred Assignment Investigators.

Source: OAG developed from DCFS Caseload and Vacancy Reports.

Intact Family Services Worker Detail (As of December 5, 2024)

Central Region

Site	Case Load as of 12/5/2024	Intact Workers	Intact Workers Needed	Total Vacancies
Bloomington	10	2	1	-
Canton	5	1	1	-
Carlinville	9	2	1	-
Charleston	11	2	1	-
Danville	19	2	2	-
Decatur	11	1	1	-
Galesburg	8	1	1	-
Jacksonville	10	1	1	-
Jerseyville	14	2	1	-
Lincoln	-	-	-	-
Ottawa	11	1	1	-
Peoria	22	4	2	-
Quincy	31	3	3	-
Rock Island	8	2	1	-
Springfield	18	3	2	-
Urbana	16	2	2	-
Central Region Totals	**203**	**29**	**21**	**-**

Cook Region (Central)

Site	Case Load as of 12/5/2024	Intact Workers	Intact Workers Needed	Total Vacancies
Chicago (1026 S. Damen)	12	3	1	-
Children's Advocacy Center	-	-	-	-
Maywood	-	-	-	-
Cook Central Subtotal	**12**	**3**	**1**	**-**

Cook Region (North)

Site	Case Load as of 12/5/2024	Intact Workers	Intact Workers Needed	Total Vacancies
Chicago (1911 S. Indiana)	16	3	2	-
Deerfield	3	2	-	-
Cook North Subtotal	**19**	**5**	**2**	**-**

Cook Region (South)

Site	Case Load as of 12/5/2024	Intact Workers	Intact Workers Needed	Total Vacancies
Chicago (Emerald)	35	4	4	-
Harvey	-	-	-	-
Cook South Subtotal	**35**	**4**	**4**	**-**
Cook Region Totals	**66**	**12**	**7**	**-**

Northern Region				
Site	Case Load as of 12/5/2024	Intact Workers	Intact Workers Needed	Total Vacancies
Aurora	11	3	1	-
Dekalb	19	2	2	-
Elgin	11	2	1	-
Freeport	8	1	1	-
Naperville	11	2	1	-
Joliet	17	2	2	-
Bourbonnais	14	2	1	-
Rockford	27	4	3	-
Sterling	1	1	-	-
Waukegan	24	3	2	-
Woodstock	1	1	-	-
Northern Region Totals	**144**	**23**	**14**	**-**

Southern Region				
Site	Case Load as of 12/5/2024	Intact Workers	Intact Workers Needed	Total Vacancies
Anna	5	1	1	-
Belleville	18	1	2	1
Cairo	6	1	1	-
Centralia	1	1	-	-
Collinsville	41	5	4	-
East St Louis	9	1	1	-
Effingham	4	1	-	-
Harrisburg	2	2	-	-
Marion	22	2	2	-
Metropolis	6	1	1	-
Mount Vernon	24	3	2	-
Murphysboro	7	2	1	-
Olney	3	1	-	-
Sparta	-	-	-	-
Southern Region Totals	**148**	**22**	**15**	**1**

[1] **Total Vacancies** are calculated using only the sites for which there are worker shortages. **Intact Workers** represents the actual number of workers at each site; some sites may have an overage of workers (does not include interns and floaters).

[2] The caseload threshold for Intact Workers used by DCFS is 10 cases per worker monthly, or 10:1. The number of workers needed is calculated by using an ongoing 12 month average of new investigations/cases by site.

Source: OAG developed from DCFS Caseload and Vacancy Reports.

Intact Family Services Supervisors Detail (As of December 5, 2024)

Central Region

Site	Total Intact Workers[3]	Intact Supervisors	Intact Supervisors Needed	Total Vacancies
Bloomington	2	-	-	-
Canton	1	-	-	-
Carlinville	2	1	-	-
Charleston	2	-	-	-
Danville	2	-	-	-
Decatur	2	1	-	-
Galesburg	1	1	-	-
Jacksonville	1	-	-	-
Jerseyville	2	-	-	-
Lincoln	-	-	-	-
Ottawa	1	-	-	-
Peoria	4	1	-	-
Quincy	3	-	-	-
Rock Island	2	-	-	-
Springfield	3	1	-	-
Urbana	2	1	-	-
Central Region Totals	**30**	**6**	**-**	**-**

Cook Region (Central)

Site	Total Intact Workers[3]	Intact Supervisors	Intact Supervisors Needed	Total Vacancies
Chicago (1026 S. Damen)	3	-	-	-
Children's Advocacy Center	-	-	-	-
Maywood	-	-		-
Cook Central Subtotal	**3**	**-**	**-**	**-**

Cook Region (North)

Site	Total Intact Workers[3]	Intact Supervisors	Intact Supervisors Needed	Total Vacancies
Chicago (1911 S. Indiana)	3	1	-	-
Deerfield	2	-	-	-
Cook North Subtotal	**5**	**1**	**-**	**-**

Cook Region (South)

Site	Total Intact Workers[3]	Intact Supervisors	Intact Supervisors Needed	Total Vacancies
Chicago (Emerald)	4	1	-	-
Harvey	-	-	-	-
Cook South Subtotal	**4**	**1**	**-**	**-**
Cook Region Totals	**12**	**2**	**-**	**-**

Northern Region				
Site	Total Intact Workers[3]	Intact Supervisors	Intact Supervisors Needed	Total Vacancies
Aurora	3	-	-	-
Dekalb	2	-	-	-
Elgin	2	-	-	-
Freeport	1	1	-	-
Naperville	2	1	-	-
Joliet	2	-	-	-
Bourbonnais	2	1	-	-
Rockford	4	1	-	-
Sterling	1	-	-	-
Waukegan	3	-	-	-
Woodstock	1	-	-	-
Northern Region Totals	**23**	**4**	**-**	**-**

Southern Region				
Site	Total Intact Workers[3]	Intact Supervisors	Intact Supervisors Needed	Total Vacancies
Anna	1	-	-	-
Belleville	2	1	-	-
Cairo	1	1	-	-
Centralia	1	-	-	-
Collinsville	5	1	-	-
East St Louis	1	-	-	-
Effingham	1	-	-	-
Harrisburg	2	-	-	-
Marion	3	1	-	-
Metropolis	1	-	-	-
Mount Vernon	3	-	-	-
Murphysboro	2	-	-	-
Olney	2	1	-	-
Sparta	-	-	-	-
Southern Region Totals	**25**	**5**	**-**	**-**

[1] **Total Vacancies** are calculated using only the sites for which there are supervisor shortages. **Intact Supervisors** represents the actual number of supervisors at each site; some sites may have an overage of supervisors.

[2] The threshold for Intact Supervisors is on an "as needed" basis.

[3] **Total Intact Workers** includes interns and floaters.

Source: OAG developed from DCFS Caseload and Vacancy Reports.

Permanency Worker Detail (As of December 5, 2024)

Central Region

Site	Case Load as of 12/5/2024	Permanency Workers	Permanency Workers Needed	Total Vacancies
Bloomington	140	9	10	1
Canton	93	5	7	2
Carlinville	85	6	6	-
Champaign	154	13	11	-
Charleston	172	16	12	-
Danville	119	9	8	-
Decatur	280	19	19	-
Galesburg	115	6	8	2
Jacksonville	59	5	4	-
Jerseyville	83	5	6	1
Lincoln	49	4	4	-
Ottawa	50	6	4	-
Peoria	261	18	18	-
Quincy	123	9	9	-
Rock Island	111	8	8	-
Springfield	286	16	20	4
Central Region Totals	**2,180**	**154**	**154**	**10**

Cook Region (Central)

Site	Case Load as of 12/5/2024	Permanency Workers	Permanency Workers Needed	Total Vacancies
Chicago (1026 S. Damen)	250	9	17	8
Children's Advocacy Center	-	-	-	-
Maywood	142	5	10	5
Cook Central Subtotal	**392**	**14**	**27**	**13**

Cook Region (North)

Site	Case Load as of 12/5/2024	Permanency Workers	Permanency Workers Needed	Total Vacancies
Chicago (1911 S. Indiana)	190	8	13	5
Deerfield	213	6	15	9
Cook North Subtotal	**403**	**14**	**28**	**14**

Cook Region (South)

Site	Case Load as of 12/5/2024	Permanency Workers	Permanency Workers Needed	Total Vacancies
Chicago (Emerald)	357	15	24	9
Harvey	241	7	17	10
Cook South Subtotal	**598**	**22**	**41**	**19**
Cook Region Totals	**1,393**	**50**	**96**	**46**

Northern Region				
Site	Case Load as of 12/5/2024	Permanency Workers	Permanency Workers Needed	Total Vacancies
Aurora	129	5	9	4
Dekalb	60	6	5	-
Elgin	88	5	6	1
Freeport	38	3	3	-
Naperville	67	3	5	2
Joliet	85	8	6	-
Bourbonnais	52	2	4	2
Rockford	138	7	10	3
Sterling	55	2	4	2
Waukegan	141	8	10	2
Woodstock	62	3	5	2
Northern Region Totals	**915**	**52**	**67**	**18**
Southern Region				
Site	Case Load as of 12/5/2024	Permanency Workers	Permanency Workers Needed	Total Vacancies
Anna	49	2	4	2
Belleville	117	5	8	3
Cairo	14	1	1	-
Centralia	40	2	3	1
Collinsville	273	17	19	2
East St Louis	143	4	10	6
Effingham	98	5	7	2
Harrisburg	45	1	3	2
Marion	123	4	9	5
Metropolis	57	2	4	2
Mount Vernon	157	4	11	7
Murphysboro	53	2	4	2
Olney	121	6	9	3
Sparta	40	1	3	2
Southern Region Totals	**1,330**	**56**	**95**	**39**

[1] **Total Vacancies** are calculated using only the sites for which there are worker shortages. **Permanency Workers** represents the actual number of workers at each site; some sites may have an overage of workers (does not include interns, floaters, and Deferred Assignment Permanency Specialists).

[2] The caseload threshold for Permanency workers used by DCFS is 15 cases per worker monthly, or 15:1. The number of workers needed is calculated by using an ongoing 12 month average of new investigations/cases by site.

Source: OAG developed from DCFS Caseload and Vacancy Reports.

Permanency Supervisor Detail (As of December 5, 2024)

Central Region

Site	Total Permanency Workers[3]	Permanency Supervisors	Permanency Supervisors Needed	Total Vacancies
Bloomington	12	2	3	1
Canton	5	1	1	-
Carlinville	6	1	2	1
Champaign	14	3	3	-
Charleston	16	4	4	-
Danville	12	2	3	1
Decatur	19	4	4	-
Galesburg	6	2	2	-
Jacksonville	5	1	1	-
Jerseyville	7	1	2	1
Lincoln	4	-	1	1
Ottawa	7	1	2	1
Peoria	18	4	4	-
Quincy	10	2	2	-
Rock Island	11	2	3	1
Springfield	24	4	5	1
Central Region Totals	**176**	**34**	**42**	**8**

Cook Region (Central)

Site	Total Permanency Workers[3]	Permanency Supervisors	Permanency Supervisors Needed	Total Vacancies
Chicago (1026 S. Damen)	23	4	5	1
Children's Advocacy Center	-	-	-	-
Maywood	13	2	3	1
Cook Central Subtotal	**36**	**6**	**8**	**2**

Cook Region (North)

Site	Total Permanency Workers[3]	Permanency Supervisors	Permanency Supervisors Needed	Total Vacancies
Chicago (1911 S. Indiana)	13	3	3	-
Deerfield	10	3	2	-
Cook North Subtotal	**23**	**6**	**5**	**-**

Cook Region (South)

Site	Total Permanency Workers[3]	Permanency Supervisors	Permanency Supervisors Needed	Total Vacancies
Chicago (Emerald)	25	6	5	-
Harvey	25	3	5	2
Cook South Subtotal	**50**	**9**	**10**	**2**
Cook Region Totals	**109**	**21**	**23**	**4**

Northern Region				
Site	Total Permanency Workers[3]	Permanency Supervisors	Permanency Supervisors Needed	Total Vacancies
Aurora	8	2	2	-
Dekalb	11	1	3	2
Elgin	5	1	1	-
Freeport	3	1	1	-
Naperville	13	2	3	1
Joliet	10	1	2	1
Bourbonnais	5	1	1	-
Rockford	11	3	3	-
Sterling	2	1	1	-
Waukegan	12	2	3	1
Woodstock	4	1	1	-
Northern Region Totals	**84**	**16**	**21**	**5**
Southern Region				
Site	Total Permanency Workers[3]	Permanency Supervisors	Permanency Supervisors Needed	Total Vacancies
Anna	5	1	1	-
Belleville	41	2	9	7
Cairo	1	-	1	1
Centralia	4	1	1	-
Collinsville	33	4	7	3
East St Louis	27	1	6	5
Effingham	6	1	2	1
Harrisburg	3	1	1	-
Marion	6	3	2	-
Metropolis	2	1	1	-
Mount Vernon	8	3	2	-
Murphysboro	4	1	1	-
Olney	6	2	2	-
Sparta	4	-	1	1
Southern Region Totals	**150**	**21**	**37**	**18**

[1] **Total Vacancies** are calculated using only the sites for which there are supervisor shortages. **Permanency Supervisors** represents the actual number of supervisors at each site; some sites may have an overage of supervisors.

[2] The threshold for Permanency supervisors used by DCFS is 5 workers per supervisor, or 5:1. The number of supervisors needed is calculated by dividing the **Total Permanency Workers** by 5 and rounding up to the next whole number.

[3] **Total Permanency Workers** includes interns, floaters, and Deferred Assignment Permanency Specialists.

Source: OAG developed from DCFS Caseload and Vacancy Reports

Appendix D
Home Safety Checklist (CFS 2025)

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State of Illinois
Department of Children and Family Services

HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

INSTRUCTIONS FOR COMPLETING THE HOME SAFETY CHECKLIST

1. WHY COMPLETE THE 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.
- Nearly one child a month dies after becoming entangled in a window covering cord.

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.

2. 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.

3. 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, window coverings, 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.

4. RESOURCES

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
United States Consumer Product Safety Commission, https://www.cpsc.gov/

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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 they can react quickly in case of 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. 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 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**.

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**.

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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
16. Examine all shades and blinds for accessible cords on the front, side and back. All cribs, beds, furniture and toys are positioned so that windows and window cords are inaccessible to children.	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. Check regularly that cords are out of reach of youth children. All cribs, beds, furniture and toys should be moved away from the windows and window cords. As a general rule, any toy that can fit in a toilet paper roll is a choking hazard. These standards correspond to numbers 18 -20 on the **CFS 2026/2026-S**.

DROWNING

Get water wise…. SUPERVISE Literature Given: Yes No

17. Infants and toddlers are never left alone when near a bath, pool, bucket or toilet.	Discussed with parent?	Yes	No	N/A
18. Baby pools are drained when not in use.	Discussed with parent?	Yes	No	N/A
19. 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 21 - 23 on the **CFS 2026/2026-S**.

FALLS

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

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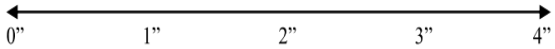
Children are more likely to die or be severely injured from window-related falls than adults. A screen is not strong enough to hold a child who is leaning against it. Screens are designed to keep insects out of the home, not to keep children from falling out the window. Children have fallen from windows 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 24-26 on the **CFS 2026/2026-S**.



POISON

23. Cleaning products, pesticides, all medicine and liquor are kept out of the reach of children.	Discussed with parent?	Yes	No	N/A
24. The above products (#23) are not kept in food containers or soft drink bottles.	Discussed with parent?	Yes	No	N/A
25. Paint is not chipping or peeling off the walls or woodwork of the home.	Discussed with parent?	Yes	No	N/A
26. Rodent poison and traps are kept out of the reach infants and younger children.	Discussed with parent?	Yes	No	N/A
27. 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 27-32 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

28. The parent/caregiver knows how to calm a crying infant.	Discussed with parent?	Yes	No	N/A
29. 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 33 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.

30. 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 anyone 14 years old or younger to have access to firearms if that youth does not have a Firearm Owners Identification Card. This standard corresponds to number 34 on the **CFS 2026/2026-S**.

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SUPERVISION

31. 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 35 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

32. Children under the age of eight are placed 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 36 on the **CFS 2026/2026-S**.

33. 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 37 on the **CFS 2026/2026-S**.

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

ILLNESS

34. 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 40 on the **CFS 2026/2026-S**.

IMMUNIZATIONS

35. 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 41 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

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HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

MEDICAL CARE

36. 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 42 on the **CFS 2026/2026-S**.

PETS

37. The family has pets or other animals in the home.	Yes	No	
38. 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.
- 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 aggression.
- Don't play aggressive games with your dog.

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OTHER OBSERVED HAZARDS

39. There are no environmental barriers or hazards to prevent a child from returning to the home	Yes	No

The conditions of the home are sufficient to ensure the child's safety and well-being as defined in Department rules and procedures.

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:

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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:

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HOME SAFETY CHECKLIST FOR INTACT FAMILY AND PERMANENCY WORKERS

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:

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Appendix E
Agency Responses

JB Pritzker
Governor

DCFS
Illinois Department of
Children and Family Services

Heidi E. Mueller
Director

June 4, 2026

Patrick Rynders
Audit Manager
Office of the Auditor General
400 W. Monroe, Suite 306
Springfield, IL 62704

Dear Mr. Rynders:

In answer to the recommendations contained in your draft report on the follow-up performance audit pursuant to Public Act 101-0237, we have enclosed the Department of Children & Family Services (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,

SIGNED ORIGINAL ON FILE

Heidi E. Mueller
Director
Illinois Department of Children & Family Services

cc: Phillip Dasso, Chief Internal Auditor

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DCFS Employee Vacancies

RECOMMENDATION NUMBER 1

The Department of Children and Family Services should take steps to ensure that the operations divisions are adequately staffed in order to meet caseload demands. Additionally, the Department should ensure that there are an adequate number of supervisors in order to ensure a thorough review of employee work, and to provide adequate guidance to employees when needed.

DCFS Response:

The Department of Children and Family Services agrees it is important to ensure that operations divisions are adequately staffed in order to meet caseload demands. The Department utilizes its ***Caseload Threshold Reports*** to closely monitor staffing needs at the Regional and Site levels. When vacancies arise, Department Administrators and the Office of Employee Services work collaboratively to fill vacancies to meet caseload demands. Since the period under review, the Department has improved vacancy rates to address caseload demands.

Home Safety Checklists

RECOMMENDATION NUMBER 2

(Recommendation 3 in prior audit)

The Department of Children and Family Services should complete Home Safety Checklists as required by Public Act 101-0237 and DCFS Administrative Procedure Number 25.

DCFS Response:

The Department of Children & Family Services agrees. Field education will be provided to all Child Welfare Contributing Agencies (CWCA) and DCFS leadership regarding policies and procedures for Home Safety Checklists, including the timeline when the checklist should be completed. The education materials will also be distributed to all Permanency staff and CWCA providers.

The Department will also continue performing monthly reviews of a sample of cases using a quality indicator tool to monitor compliance. Feedback will be provided to the casework team after each review.

Aftercare Services

RECOMMENDATION NUMBER 3

(Recommendation 4 in prior audit)

The Department of Children and Family Services should ensure that:

- ***at least 6 months of aftercare services are provided for families after a child is returned home;***
- ***a Service Plan is completed within 30 days prior to a case closure; and***
- ***the child's family is informed to contact the Permanency Worker if the family requires services, in accordance with Public Act 101-0237 and DCFS Permanency Planning Procedures Section 315.250(d).***

DCFS Response:

The Department of Children & Family Services agrees. Field education will be provided to all Child Welfare Contributing Agencies (CWCA) and DCFS leadership regarding policies and procedures for aftercare services. The education materials will also be distributed to all Permanency staff and CWCA providers.

Actual Completion Date

RECOMMENDATION NUMBER 4

(Recommendation 5 in prior audit)

The Department of Children and Family Services should ensure that the Actual Completion Date field is accurately filled out within the Service Plan. Additionally, the Department should determine the feasibility of entering the dates that the needed services or interventions are received into the Service Plan.

DCFS Response:

The Department of Children & Family Services agrees. Field education will be provided to all Child Welfare Contributing Agencies (CWCA) and DCFS leadership to address the deficit of data being entered consistently and accurately. The education materials will also be distributed to all Permanency staff and CWCA providers.

Well-Child Check-Up Timeliness

RECOMMENDATION NUMBER 5

(Recommendation 6 in prior audit)

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 screenings, hearing screenings, dental examinations and cleanings, and mental health assessments. The Department should also ensure that all well-child visits/check-ups are entered into the system of record (SACWIS) as required, including instances of screenings occurring at schools or other institutions that do not currently upload into the system of record (SACWIS).

DCFS Response:

The Department of Children & Family Services agrees. The Department will work to revise existing procedures to appropriately align existing administrative codes and DCFS policies and procedures with practice. The Department will also work to ensure that records are maintained in the child's electronic or hard file. In addition, the Department will ensure accountability for health visits in the reprocurement of its managed care organization provider contract.

Age-Appropriate Immunizations

RECOMMENDATION NUMBER 6

The Department of Children and Family Services should ensure that every child that is in care receives their age-appropriate immunizations as required by DCFS Procedure 302.360(h).

DCFS Response:

The Department of Children & Family Services agrees. The Department acknowledges the importance of maintaining accurate immunization tracking and ensuring youth in care receive timely preventative healthcare services. The Department will continue to enhance and refine its immunization tracking processes through ongoing evaluation of available data sources, reporting mechanisms, and system capabilities in collaboration with internal and external partners. Efforts will remain focused on improving the reliability of documentation, identifying gaps in immunization records, and strengthening oversight practices to support compliance with healthcare standards. The Department will also ensure accountability for immunization tracking in the reprocurement of its managed care organization provider contract.

In addition, DCFS will continue to uplift communication and education efforts with foster parents, permanency staff, and other caregiving partners to reinforce the importance of immunization monitoring and documentation. This includes providing ongoing guidance regarding healthcare responsibilities, available resources, and expectations related to preventative care. Field education will be provided to all Child Welfare Contributing Agency (CWCA) and DCFS leadership. The education materials will also be distributed to all Permanency staff and CWCA providers. The Department remains committed to continuous quality improvement activities that support improved coordination, awareness, and healthcare outcomes for youth in care.

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