LEGISLATIVE AUDIT COMMISSION

Performance Audit of the
Department of Children and Family Services
Child Safety and Well-Being

May 12, 2022

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Performance Audit
Department of Children and Family Services
Child Safety and Well Being

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RECOMMENDATIONS – 8

Accepted – NA
Partially Implemented – NA
Implemented – NA

Introduction

House Resolution Number 165, adopted May 5, 2021, directed the Auditor General to conduct a performance audit of Department of Children and Family Services (DCFS) one year after the effective date of January 1, 2020. The audit is to determine if the DCFS is meeting the requirement of the Public Act 101-0237 (Act) was enacted on August 9, 2019, and renamed to "Ta'Naja's Law," on May 5, 2021. It amends both the Children and Family Services Act (20 ILCS 505) and the Abused and Neglected Child Reporting Act (325 ILCS 5).

The audit resolution contained a total of **8 determinations** which, when broken down, included many individual objectives or questions that must be addressed.

Director Marc Smith Background

Marc D. Smith was appointed by Governor JB Pritzker to serve as acting director of the DCFS on April 15, 2019. Prior to his appointment, Smith served as the executive vice president of foster care and intact services at Aunt Martha's Health & Wellness, Illinois' largest provider of services to families in crisis, since 2009.

Prior to serving with Aunt Martha's, Smith worked for more than two decades as a social worker, trainer, and leader in child welfare. From 2004 to 2009, he served as a program administrator and recovery coach at Treatment Alternatives for Safe Communities (TASC), where he managed the child welfare division.

Earlier in his career, Smith worked as a public service administrator for DCFS from 1993 to 2000. A licensed clinical social worker and certified trainer, the Joliet resident received his Bachelor of Science degree in criminal justice from Illinois State University and his MSW from the University of Illinois at Chicago.

Background

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

Recommendations

1. **DCFS should review the unfunded positions within its organizational chart data and update the organizational charts accordingly in order to more accurately reflect staffing needs. If DCFS determines that there are unfunded positions that are necessary to fulfill its mission, funding should be sought for those positions.**

FINDING: (*DCFS Unfunded Operations Positions)*

Chief Internal Auditor Reporting Structure

In addition to the Operations organizational charts, DCFS' primary organizational chart was also reviewed. This organizational chart structure showed the Chief Internal Auditor reporting directly to the Chief Fiscal Officer. The Fiscal Control and Internal Auditing Act (FCIAA) requires the Chief Internal Auditor to report directly to the Director of the agency. Additionally, generally accepted government auditing standards state the auditors should have: *"independence of mind and appearance…."* This is discussed in more detail below. According to DCFS officials, the Chief Fiscal Officer had assisted in preparing the Chief Internal Auditor's annual performance evaluation and discussed the evaluation with the Director in the past. Additionally, the Chief Fiscal Officer had been the initial point of contact for inquiries regarding the internal audit function. This creates a threat to independence, and a possible impairment to independence, within the internal audit reporting structure. Yellow Book paragraph 3.56 states that: *"Governmental internal auditors…are considered structurally independent…if the head of the audit organization meets the following criteria:…(e) is sufficiently removed from pressures to conduct engagements and report findings, opinions, and conclusions without fear of reprisal."*

Yellow Book Standards

The internal audit function should be objective when performing its duties. Yellow Book paragraph 3.11 states: *"Auditors' objectivity in discharging their professional responsibilities is the basis for credibility of auditing in the government sector. Objectivity includes independence of mind and appearance…."* Yellow Book

paragraph 3.21(b) defines independence in appearance as: *"The absence of circumstances that would cause a reasonable and informed third party to reasonably conclude the integrity, objectivity, or professional skepticism of an audit organization or member of the engagement team had been compromised."* Additionally, Yellow Book paragraphs 3.26 and 3.27 address identifying, evaluating, and safeguarding against threats to independence as necessary to eliminate the threats, or reduce them to an acceptable level. In addition, Yellow Book paragraph 3.30(g) defines structural threat as: *"The threat that an audit organization's place within a government entity in combination with the structure of the government entity being audited, will affect the audit organization's ability to perform work and report results objectively."* Section 3.56 of the Yellow Book states that *"Government internal auditors who work under the direction of the audited entity's management are considered structurally independent for the purposes of reporting internally, if the head of the audit organization meets all of the following criteria:…(e) is sufficiently removed from pressures to conduct engagements and report findings, opinions, and conclusions without fear of reprisal."* Yellow Book paragraphs 3.61 and 3.114 also address using professional judgement in order to assess threats to independence and either eliminate or reduce them to acceptable levels.

DCFS officials stated that the Chief Internal Auditor has always directly reported to the Director of DCFS. The role of the Chief Fiscal Officer was to provide administrative support, including timekeeping, coordinating the annual evaluation, and being the initial point of contact for inquiries regarding the Office of Internal Audits. The Chief Fiscal Officer was also involved in preparing the annual evaluation of the Chief Internal Auditor with the Director in the past.

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

During the course of the audit, 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. However, the administrative reporting structure of the internal audit function for timesheets, approval of benefit time, and annual evaluations is still unclear.

DCFS RESPONSE:

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

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

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

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

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

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

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

UPDATED RESPONSE: Waiting on Updated Responses.

2. DCFS should update its reporting structure for the Chief Internal Auditor in order to ensure that the internal audit function is free from impairments to independence. Specifically, the Chief Internal Auditor should be placed within

a reporting structure that ensures that the annual performance evaluation is prepared by the Director with no involvement from areas over which the internal audit function has audit responsibilities or statutory reporting requirements.

FINDING: (*Chief Internal Auditor Reporting Structure)*

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.*

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

- CFS 2025: Used by Intact Family and Permanency Workers before, during, and after placement.

- CFS 2026: Used by parents and caregivers when either of the other two forms are being completed.

- CFS 2027: Used by Child Protection Specialists during investigations and for certain placements, such as with a non-relative or unlicensed relative.

Although multiple people are responsible for completing these forms, Permanency Workers are the DCFS employees most likely to complete a Home Safety Checklist under the requirements of 20 ILCS 505/7.8(c), using the CFS 2025. Exhibit 4 (p 11 od perf. audit) shows a general overview of all three forms.

Exhibit 4
HOME SAFETY CHECKLISTS

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

Source: DCFS Home Safety Checklists.

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

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

A waiver may be granted if a subsequent oral report does not involve inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food, or inadequate clothing. A worker can also recertify an already completed checklist under the same circumstances, as long as the checklist was completed within six months of the subsequent oral report and the worker has done a walk-through of the home.

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

Exhibit 5
CFS 2025 FORM SAMPLE PAGE

CFS 2025
Revised 10/2015

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

Date Checklist completed:_____

Parent / Caregiver Name(s):_____

Parent / Caregiver Address:_____

Names and ages of Children in the Home:

_____

_____

FIRE AND BURNS

Please circle your answers.

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

Comments:_____

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

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

(5)

Source: DCFS CFS 2025 form.

Other Forms

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

- **Child Endangerment Risk Assessment Protocol (CERAP; CFS 1441).** This is a six-page safety assessment protocol designed to provide a mechanism for quickly assessing the potential for moderate to severe harm to children in the immediate or near future and for taking quick action to protect them. Intact Family Workers should complete this, along with a Home Safety Checklist, within five calendar days of a supervisory approved case closure. Additionally, Intact Family

Workers, Permanency Workers, and Child Protection Specialists should complete this, along with a Home Safety Checklist, when there is an allegation of inadequate shelter, inadequate supervision, substance misuse, environmental neglect, inadequate food, or inadequate clothing.

- **Consent for Installation of Smoke Alarm(s) (CFS 595-2).** This form provides free smoke detectors to caregivers without the means to purchase or repair them. Intact Family Workers, Permanency Workers, and Child Protection Specialists should complete this if they observe, during completion of a Home Safety Checklist, that the family or caregiver does not have a functioning smoke detector in the home.

Environmental Barriers or Hazards

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

Aftercare Services

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

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

Aftercare is described as a reunification situation in which either: the court returns the child to the custody of the parents, with DCFS retaining guardianship of the child; or the court returns the child home with a protective order for a period of time, and DCFS does not retain guardianship. Aftercare services are documented in an After Care Service Plan.

The After Care Service Plan is the final closing service plan in which the Permanency Worker makes final recommendations to the family as to what needs and issues the family should continue to address beyond involvement with DCFS or the POS agency. The After Care Service Plan is completed within 30 days prior to case closure as part

of a child safety review. This plan is to ensure the health, safety, and well-being of each child and identify which aftercare services are necessary. The After Care Service Plan shall include:

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

A Child and Family Team Meeting must be held approximately 30 days prior to reunification with the parent or guardian and/or case closure. The purpose of this meeting is to develop the Reunification Service Plan and the After Care Service Plan. The Reunification Service Plan will be presented to the court when the reunification recommendation is made and contains health, safety, and education components, and lists the services the family is expected to participate in when the child returns home.

The Permanency Worker shall ensure that the case record contains an up to date list of all Child and Family Team members along with consents for release of information. The Permanency Worker is to provide services to the family for at least six months following the return home of each child. The six month time period is to begin on the day the child is returned home. If more than one child is returned home on different days, the six-month period begins again upon the date of arrival of the next child.

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

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

Exhibit 6 shows the general process for aftercare services.

Exhibit 6
AFTERCARE SERVICES

The After Care Service Plan is developed at the Child and Family Team Meeting approximately 30 days prior to reunification and/or case closure.

The After Care Service Plan is approved by the Permanency Supervisor, shared with the family, and documented in SACWIS before the case is closed.

Aftercare services begin upon the child's return home and continue for at least six months.

Source: DCFS Permanency Planning procedures.

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

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

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

Physical Examinations

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

Dental Examinations

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

Vision and Hearing Screenings

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

Age-Appropriate Immunizations

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

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

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

Child Welfare Services

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

> *When a report is made by a mandated reporter…and there is a prior indicated report of abuse or neglect, or there is a prior open service case involving any member of the household, the Department must, at a minimum, accept the report as a child welfare services referral. If the family refuses to cooperate or refuses access to the home or children, then a child protective services investigation shall be initiated if the facts otherwise meet the criteria to accept a report.*

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

Types of Child Welfare Services

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

Determining Need for Child Welfare Services

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

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

Processing Child Welfare Services

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

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

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

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

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

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

Exhibit 7 shows the process for providing child welfare services.

Exhibit 7
PROCESS FOR PROVIDING CHILD WELFARE SERVICES

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

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

Child Protective Services Investigations

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

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

DCFS Call Floor Worker Training

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

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

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

information can be provided by the follow-up field worker, then the call floor worker shall complete a No Report Taken intake. In this instance, a subsequent child welfare services intake will not be completed for the field worker's follow-up contact to the State Central Register.

If a family refuses to cooperate with a child welfare services referral, or refuses to allow DCFS access to the home or child, then the child welfare referral worker reports this subsequent information to an intake worker at the hotline. The intake worker will then take this additional information into consideration and determine whether it would meet the criteria for the initiation of an investigation into child abuse or neglect. **Exhibit 18** later in this report contains a flowchart, which displays this process.

Home Safety Checklists

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

Home Safety Checklist Requirements

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

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

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

- When a child is placed with an unlicensed relative; the assessment must be completed on the home of the relative;

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

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

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

Home Safety Checklist Process Narrative

In order to determine the process for completing Home Safety Checklists, auditors submitted process narrative questions to DCFS. According to DCFS officials, it is initially determined that a child should be returned home when unsupervised visits are occurring, there is progress in treatment, reduction in risks, and it is documented in service plans. Once this decision has been made, a Permanency Worker should complete a Home Safety Checklist before the child is actually returned home. The checklist is documented as part of the Reunification Service Plan, which is a reunification recommendation made to a court that contains information regarding the child's health, safety, education, and the services that the family is expected to receive. If insignificant issues are identified that do not rise to the level of removing children from the home or stopping them from returning home, a safety plan is created

or revisited, contact with the family is increased, and there is an increase in services. Similarly, if significant environmental barriers or hazards are identified after the child has been returned home, a safety plan is created or revisited, and resources are provided to the family, including counseling services and cash assistance for things such as food, shelter, and clothing. Additionally, if needed, a new hotline report may be created, or the family may be referred back to court.

Home Safety Checklist Testing

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

Home Safety Checklist Testing Results

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

As shown in **Exhibit 8**, DCFS was only able to provide 3 of the 195 (2%) required Home Safety Checklists. DCFS officials stated that 68 checklists were due before the effective date of Public Act 101- 0237, and therefore should not be counted as part of the sample. However, because the deadlines set in Public Act 101-0237 have been in DCFS Administrative Procedure Number 25 since at least October 2015, auditors have included them in the total. Based on the lack of Home Safety Checklists that DCFS was able to provide, checklists are not being completed as required by the Act and DCFS Administrative Procedure Number 25.

Exhibit 8
HOME SAFETY CHECKLIST TESTING RESULTS

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

Notes:

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

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

Source: OAG testing of Home Safety Checklists.

Required Certification

Public Act 101-0237 also requires that Home Safety Checklists include language certifying that the home has no environmental barriers or hazards to prevent the child from returning home. This requirement became effective January 1, 2020. Out of the 195 required checklists, 127 (65%) were due after this date. According to DCFS' website, Home Safety Checklists had still not been updated with the new language as of March 16, 2022. Therefore, all 127 checklists that would have been required to have this language if they were provided would not have been in compliance.

Child Endangerment Risk Assessment Protocol (CERAP)

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

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

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

Exhibit 9
COMPARISON OF HOME SAFETY CHECKLIST AND CERAP COMPLETION REQUIREMENTS

	HOME SAFETY CHECKLIST	CERAP
Primary Users	Permanency Workers[1]	Intact Family, Child Protective Services, and Permanency Workers

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

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

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

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

Differences between the Home Safety Checklist and CERAP

While CERAPs and Home Safety Checklists are completed by the same workers and have similar timeframe requirements, there are key differences in what they assess and how broadly they assess it. For instance, the Home Safety Checklist must be completed more often than the CERAP, contains a wider scope of questions, and

documents that literature was provided to the caretaker. The primary purpose of the CERAP is to determine the immediate threats to safety within the child's environment, with the focus being on behaviors of the caregivers or paramours that have access to the child. The Home Safety Checklist both educates and assesses specific observations of the physical home and the safety practices of the caretakers, while the CERAP assesses behaviors of the caretakers in order to make an immediate assessment of the child's safety and the possible need to remove the child from the environment. **Exhibit 9** summarizes these differences.

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

DCFS RESPONSE:
DCFS agrees and has updated the reporting structure to comply with this recommendation.

UPDATED RESPONSE: Waiting on Updated Responses.

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

FINDING: (*Home Safety Checklists)*

Aftercare Services

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

case may have hundreds of case note entries, which makes retrieving important information cumbersome.

Changes to After Care Service Plan Requirements

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

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

Aftercare Services Process Narrative

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

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

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

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

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

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

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

The plan also contains a case history, including:

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

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

The section of the Service Plan that addresses the permanency goals also has a chart, which contains the desired outcomes of the plan, such as attending parenting classes, or ensuring proper attendance at school for the child. There are sections for starting dates, completion dates, and evaluation dates; however, there aren't any specific places in the plan to record actual dates of attendance, dates of services received, or whom the provider of services was. The only place that actual dates of service, or the names of the providers involved may be captured, is in the case narrative notes. Based on our preliminary review, there have only been general notes in the case narrative, such as: "[Parent's name] successfully attended parenting classes through Provider A." There have not been specific dates of service; there have only been generalized notes about whether or not the desired outcomes have been met.

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

Aftercare Service Testing

Auditors determined that there was a total population of 822 cases with a calendar year 2020 return home date within SACWIS that were required to receive aftercare services within the requirements of Public Act 101-0237. From this population, a random sample of 50 cases was selected to test for compliance. All 50 cases contained a Service Plan. **Exhibit 10** shows the results for aftercare service testing. Thirty cases (60%) contained at least one exception. Of the 50 cases tested, 29 (58%) did not have at least six months of documented aftercare services, according to SACWIS. Additionally, 9 of the 50 cases (18%) had no documented confirmation that services had been utilized, such as a narrative description of service updates, or contact notes with the service provider.

Exhibit 10
AFTERCARE SERVICE TESTING RESULTS

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

Source: OAG testing of After Care Service Plans.

DCFS officials explained that the existing service plan section within SACWIS does not have the option to specifically create an After Care Service Plan, but the prior version did. However, there are outcome options available for categorizing the aftercare status of the plan (satisfactory, unsatisfactory, and achieved). Additionally, many DCFS workers are not creating a Service Plan after reunification. DCFS officials stated that training will need to be provided to staff to ensure the policy/procedure is being followed to rectify the issue.

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

DCFS RESPONSE:
DCFS agrees and will provide a statewide refresher orientation overview training on the policy and procedure on the Home Safety Checklist with emphasis on the timeline when the checklist should be completed. There also will be a statewide refresher training on SACWIS to address the deficit of data being entered consistently and accurately. To ensure we are complying beginning in May of this year there will be monthly reviews of all cases using a Quality indicator tool to address any case not in compliance. DCFS will revise the Home Safety Checklist to reflect the language that there are no environmental

barriers or hazards to prevent returning the child home, as required by 20 ILCS 505/7.8 (c).

UPDATED RESPONSE: Waiting on Updated Responses.

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

FINDING: (*Aftercare Services)*

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

Procedure Update

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

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

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

Data Entry Issues

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

- Information is sometimes entered into narratives and case notes. The case notes are searchable, but each case may contain hundreds of contact notes. Ultimately, information entered here is entirely up to each caseworker's preference.

- Cases are sometimes closed in CYCIS but not in SACWIS. This can result in closed and completed dates not being recorded in SACWIS, which is DCFS' system of record.

- The "Plan Date" at the top of the After Care Service Plan is supposed to be the Plan's completion date; however, it appears to be overridden by review dates. DCFS officials agreed that the "Plan Date" was not being used as the actual completion date. This may be why most Plans (90%) were not completed within 30 days prior to case closure, as is currently required.

- The "Actual Completion Date" field, which tracks completion dates of individual services, is rarely utilized. Instead, auditors relied on the "Evaluation Date," which records the date of the most recent review of services.

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

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

UPDATED RESPONSE: Waiting on Updated Responses.

5. DCFS should ensure that data is being entered consistently and accurately into SACWIS, including utilizing the various date fields such as the "Actual Completion Date" field within the Service Plan areas of SACWIS in order to accurately capture timeframes of when services are provided and completed.

FINDING: (*Uniform Data Entry into SACWIS)*

Well-Child Visits/Check-ups

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

DCFS Procedures

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

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

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

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

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

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

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

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

Physical Examination Requirements Testing

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

Exhibit 11
PHYSICAL EXAMINATION SCHEDULE

Age	Examination Schedule
Under Age 1	Birth 2 weeks 1 month 2 months 4 months 6 months 9 months

Ages 1 to 2	12 months 15 months 18 months
Ages 2 to 21	Annually
Source: DCFS Procedure 302 360(e)	

Physical Examination Requirement Exceptions

From the population of children in DCFS care during calendar year 2020, auditors selected a random sample of 50 cases in order to test compliance with required physical examinations. Auditors reviewed service dates beginning in calendar year 2016 in order to present a more complete and meaningful analysis. Calendar year 2016 was chosen as the beginning date because DCFS procedures for routine physical examinations were last updated on October 15, 2015. The sample was taken from children in care for at least one year and under 18 years old in order to increase the likelihood that the child was required to have at least one physical examination while in care. Additionally, the CDC, EPSDT standards, and DCFS Procedures 302.360 primarily focus on healthcare guidance for children under 18 years old.

Exhibit 12
PHYSICAL EXAMINATION TESTING RESULTS

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

Source: OAG testing of physical examinations recorded in SACWIS.

As shown in **Exhibit 12**, within the 50 cases tested, there were 234 total examinations required because some cases required more than one exam. According to SACWIS, 9 of the 50 cases (18%) tested were missing at least one required physical examination. Within these 9 cases, 16 (7%) exams were missing.

Vision Screening Requirements Testing

DCFS Procedure 302.360(g)(1)(A) requires children to have objective vision screenings at 3, 4, 5, 6, 8, 10, 12, 15, and 18 years of age. Additionally, EPSDT standards require that vision screenings must at a minimum include diagnosis and treatment for defects in vision, including eyeglasses. Auditors randomly selected 50 cases in order to test compliance with required objective vision screenings from the

population of children between the ages of 2 and 18, who had been in care for over one year during calendar year 2020. The population was stratified for ages 2 through 18 in order to allow for more leeway when reviewing cases. For example, if a child were to receive their first objective screening at 2 years and 7 months, the child would not be in the population of children between 3 and 18 years old, but this screening should likely be counted as the first required objective screening at 3 years old.

Additionally, the CDC, EPSDT standards, and DCFS Procedures 302.360 primarily focus on healthcare guidance for children under 18 years old. We reviewed service dates beginning in calendar year 2016 in order to present a more complete and meaningful analysis. Calendar year 2016 was chosen as the beginning date because DCFS procedures for objective vision examinations were last updated on October 15, 2015.

Exhibit 13
VISION TESTING RESULTS

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

Source: OAG testing of vision screenings recorded in SACWIS.

As shown in **Exhibit 13**, within the 50 cases tested, there were 69 total screenings required. According to SACWIS, 7 of the 50 cases (14%) tested were missing at least one required vision screening. Within these 7 cases, 10 (14%) of the required screenings were missing.

Hearing Screening Requirements Testing

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

Auditors selected a random sample of 50 cases in which children were in care for at least one year during calendar year 2020, and were between the ages of 3 and 11. The population was stratified for ages 3 through 11 in order to allow for more leeway when reviewing cases. For example, if a child were to receive their first objective screening at 3 years and 7 months, the child would not be in the population of children between 4 and 11 years old, but this screening should likely be counted as the first required objective screening at 4 years old. We reviewed service dates beginning in calendar year 2016 in order to present a more complete and meaningful analysis.

Calendar year 2016 was chosen as the beginning date because DCFS procedures for objective hearing examinations were last updated on October 15, 2015.

Exhibit 14
HEARING TESTING RESULTS

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

Source: OAG testing of hearing screenings recorded in SACWIS.

As shown in **Exhibit 14**, 28 of the 50 (56%) cases tested had at least one missed hearing screening entry. Within the 50 records tested, there were 101 required hearing screenings. SACWIS did not contain entries for 43 of the 101 (43%) required hearing screenings.

Dental Care Requirements Testing

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

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

The population was stratified for ages 2 through 18 because children should begin receiving dental examinations and teeth cleanings at 2 years old, and the CDC, EPSDT standards, and DCFS Procedures 302.360 primarily focus on healthcare guidance for children under 18 years old. Auditors reviewed service dates beginning in calendar year 2016 in order to present a more complete and meaningful analysis. Calendar year 2016 was chosen as the beginning date because DCFS procedures for dental examinations were last updated on October 15, 2015.

Exhibit 15
DENTAL EXAMINATION TESTING RESULTS

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

[1] One cleaning was missed due to a COVID related office closure.
Source: OAG testing of dental examinations recorded in SACWIS.

As shown in **Exhibit 15**, within the 50 cases tested, there were 276 exams required. According to the data in SACWIS, 44 of the 50 cases (88%) tested were missing at least one required exam. These 44 cases were missing 141 exams of the 276 total required (51%).

Fluoride Treatments

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

DCFS RESPONSE:
DCFS agrees and there will be a statewide refresher training on SACWIS to address the deficit of data being entered consistently and accurately.

UPDATED RESPONSE: Waiting on Updated Responses.

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

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

FINDING: (*Well-Child Check-Up Timeliness)*

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

During fieldwork testing for the well-child visit/well-child check-up requirements, auditors determined that there were numerous data errors contained within SACWIS. The FY19-FY20 DCFS Compliance Examination performed by the Office of the

Auditor General also identified similar issues (see findings 2020- 009, and 2020-010 in the DCFS Compliance Examination for the two years ending June 30, 2020). The findings identified during testing are detailed below.

Inconsistent Date Entry into Person Profile Tab

Physical Examinations

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

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

Vision Screenings

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

- In one instance, four separate screenings were entered into the Health Encounters section of the tab, but were not entered into either the Health Tests/Screenings section or the Health Issues section.

- In a different case, the Health Tests/Screenings section contained four separate vision screenings that were not located in the other two sections.

- Additionally, the Health Encounters section contained one screening that was not located in either Health Tests/Screenings or Health Issues sections.

The lack of consistency with the dates of entry for objective vision examinations makes it difficult to determine if children are up to date on their required vision screenings.

Often times it appeared that an entry for the vision screening containing only the date would be entered into either the Health Tests/Screenings section or the Health Encounters section, and a more in-depth description of the screening would be entered into the Health Issues section.

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

Duplicate Exam/Screening Dates

Physical Examinations

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

Vision Screenings

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

Hearing Screenings

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

Dental Exams

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

Other Data Issues Identified

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

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

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

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

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

DCFS Response to Data Issues

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

Data Issues with Age-Appropriate Immunizations Data

Auditors could not test the immunizations data within SACWIS to ensure that children in DCFS' care were receiving their age appropriate immunizations. In order to test data, auditing standards require that it meet certain "Appropriateness of Evidence" standards, including validity and reliability. After reviewing 10 cases from the sample of 50, testing was terminated because the data failed to meet the standards required in order to conduct a meaningful analysis. The data contained numerous errors including children receiving well over the total recommended number of vaccinations for their ages. **Because SACWIS is the system of record, which by definition is the authoritative data source for case information within DCFS, it is imperative that the medical information entered is correct.**

Age-Appropriate Immunizations Testing

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

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

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

Exhibit 17
RECOMMENDED IMMUNIZATION SCHEDULE

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

	3. Human papillomavirus	2-3	
	4. Meningococcal (ACWY)	1	
	1. Influenza (IIV or LAIV4, annual)	6	
13-18 years	2. Meningococcal (ACWY)	1	**9-10**
	3. Meningococcal (B)	2-3	

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

Source: Home Safety Checklist and CDC immunization schedules.

Appropriateness of Evidence Standards

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

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

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

The results of testing were presented to DCFS officials in order to inform them of the possible errors, and to ask for a cause. DCFS officials stated that these issues were most likely a data integrity problem. They also provided supporting documentation showing that, out of all the missing vaccinations that auditors identified, only nine influenza vaccinations were actually missing, with four of those possibly missing due to the COVID-19 pandemic.

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

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

UPDATED RESPONSE: Waiting on Updated Responses.

7. DCFS should ensure that immunization data entered into the system of record (SACWIS) is both valid and reliable.

FINDING: (*Immunization Data)*

Safety Assessments for Reports Made by Mandated Reporters

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

Child Welfare Service Referral/Child Protective Services Changes

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

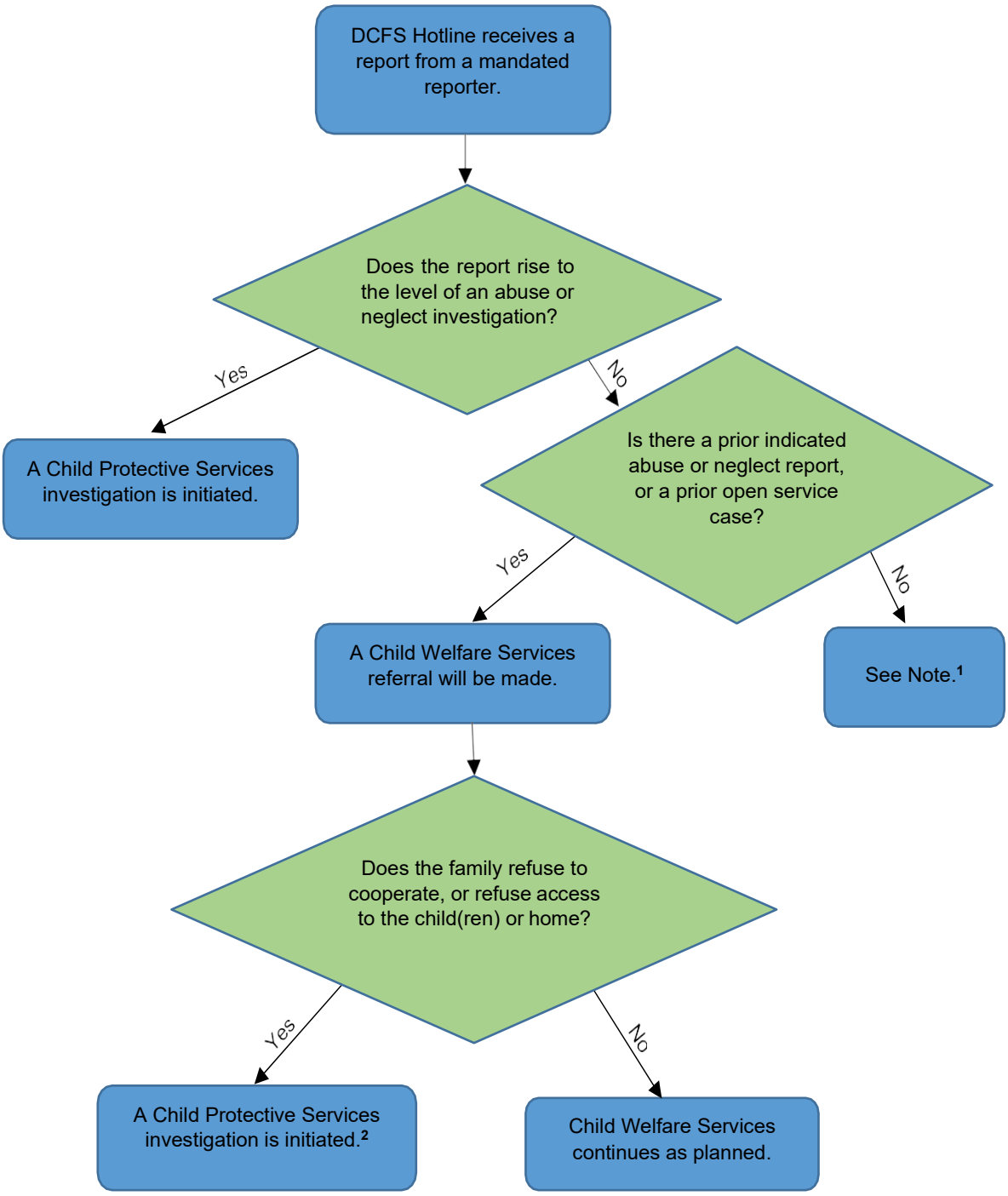
When a report is made by a mandated reporter…and there is a prior indicated report of abuse or neglect, or there is a prior open service case involving any member of the household, the Department must, at a minimum, accept the report as a child welfare services referral. If the family refuses to cooperate or refuses access to the home or children, then a child protective services investigation shall be initiated if the facts otherwise meet the criteria to accept a report.

Child Welfare Services Referral/Protective Services Investigation Process Narrative

In order to determine how the above requirements factored into the intake process, auditors submitted process narrative questions to DCFS. When fielding reports, intake workers conduct a complete history search of all participants within SACWIS. According to DCFS officials, the intake worker documents in SACWIS the information of all prior contact with the subjects in the narrative of the report, and links previous people and cases to the intake as appropriate. Intake workers are also able to see all records that have been entered into SACWIS regardless of how old the case histories might be. If a report meets the criteria for an abuse or neglect investigation, it is then sent to the Division of Child Protection. If there is a new report that does not meet the criteria for an abuse or neglect investigation but there exists a prior report of abuse/neglect or an open services case, the staff processes the case as a child welfare services referral and sends it to the appropriate field office for assignment to Child Welfare Referrals. Some examples of child welfare services include: referrals to local family advocacy centers and community resources such as food pantries, housing assistance, job related resources, counseling services, mental health services, and drug treatment programs.

If a family refuses to cooperate with a child welfare services referral, or refuses to allow DCFS access to the home or child, then the child welfare referral worker reports this subsequent information to an intake worker at the hotline. The intake worker will then take this additional information into consideration and determine whether it would meet the criteria for the initiation of an investigation into child abuse or neglect. **Exhibit 18** contains a flowchart of this process.

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


DCFS Hotline receives a report from a mandated reporter.
Does the report rise to the level of an abuse or neglect investigation?
Yes
No
A Child Protective Services investigation is initiated.
Is there a prior indicated abuse or neglect report, or a prior open service case?
Yes
No
A Child Welfare Services referral will be made.
See Note.1
Does the family refuse to cooperate, or refuse access to the child(ren) or home?
Yes
No
A Child Protective Services investigation is initiated.2
Child Welfare Services continues as planned.

Notes:

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

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

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

DCFS Unable to Provide Population of Cases

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

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

DCFS RESPONSE:
DCFS Response: As of September 2020, immunization records are maintained and accessible to caseworkers in the online Youth Care portal.

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

UPDATED RESPONSE: Waiting on Updated Responses.

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

FINDING: (*SACWIS Tracking)*

DCFS RESPONSE:
The Department agrees and does have the ability to track child welfare services referrals and reflect compliance with Public Act 101-0237. The Department was unable to produce

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

AUDITOR COMMENT:

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

UPDATED RESPONSE: Waiting on Updated Responses.