

LEGISLATIVE AUDIT COMMISSION



Performance Audit of the Department of Children and Family Services Investigations of Abuse and Neglect

May 2019

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**Performance Audit of the
Department of Children and Family Services
Investigations of Abuse and Neglect**

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**Recommendations – 13
Accepted and Partially Implemented – 10
Implemented – 3**

Introduction

House Resolution Number 418, adopted June 25, 2017, directs the Auditor General to conduct a performance audit of the Department of Children and Family Services (Department) to review and assess the Department's protocols for investigating reports of child abuse and neglect. The audit was to include a review of abuse and neglect investigations conducted by the Department in FY15, FY16, and FY17. The audit resolution asks the Auditor General to determine:

- 1) the status of abuse and neglect investigations;
- 2) the final determination or findings made by the Department for abuse and neglect investigations;
- 3) the time frame within which the Department completed or closed abuse and neglect investigations;
- 4) for sampled cases, recommendations made by the Department to families who were the subject of an abuse or neglect investigation, including any services provided by the Department to the child or family; and
- 5) demographic information on abuse and neglect investigations, including the age, race, and gender of children who were subjects of the abuse or neglect investigations, and, if available, the zip code and county where the abuse or neglect was alleged to have occurred.

Additionally, the audit resolution asked the Auditor General to compile a detailed report that includes a full summary on the number of lawsuits or other legal actions filed against the Department within the past three fiscal years that concern an abuse or neglect investigation and the number of lawsuits the Department settled within the past three fiscal years that concern an abuse or neglect investigation. (See Appendix C in the audit report.)

Background

The Abused and Neglected Child Reporting Act (ANCRA or the Act) charges the Department of Children and Family Services with the responsibility of receiving reports of child abuse and neglect (325 ILCS 5/2). After a report is received, the Department is statutorily mandated "to protect the health, safety, and best interests of the child in all

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situations in which the child is vulnerable to child abuse or neglect, offer protective services in order to prevent any further harm to the child and to other children in the same environment or family, stabilize the home environment, and preserve family life whenever possible” (325 ILCS 5/2).

During 2017, there were several high profile child abuse and neglect cases in which children died shortly after the Department closed investigations into their alleged mistreatment, as well as the case of a 17-month-old who was found deceased in Joliet Township after prior Department probes into alleged mistreatment. There were also other news/media reports that Department investigators were overwhelmed by high caseloads and were being pressured to quickly close cases, even when they had not performed basic tasks such as contacting police and doctors.

Agency Organization

The Department experienced a change in leadership during FY17. George Sheldon, who was appointed the Director in February 2015, resigned on June 15, 2017. The Department had seven directors or acting directors in the three years prior to Mr. Sheldon being appointed, including two acting directors between the beginning of June 2014 and February 2015. On June 23, 2017, the Governor appointed Beverly Walker as Acting Director. She resigned effective February 15, 2019. Mr. Mark D. Smith was then appointed on April 15, 2019 and presently remains in that role. Prior to his appointment, Mr. 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. Additionally, Mr. Smith worked for more than two decades as a social worker, trainer, and leader in child welfare.

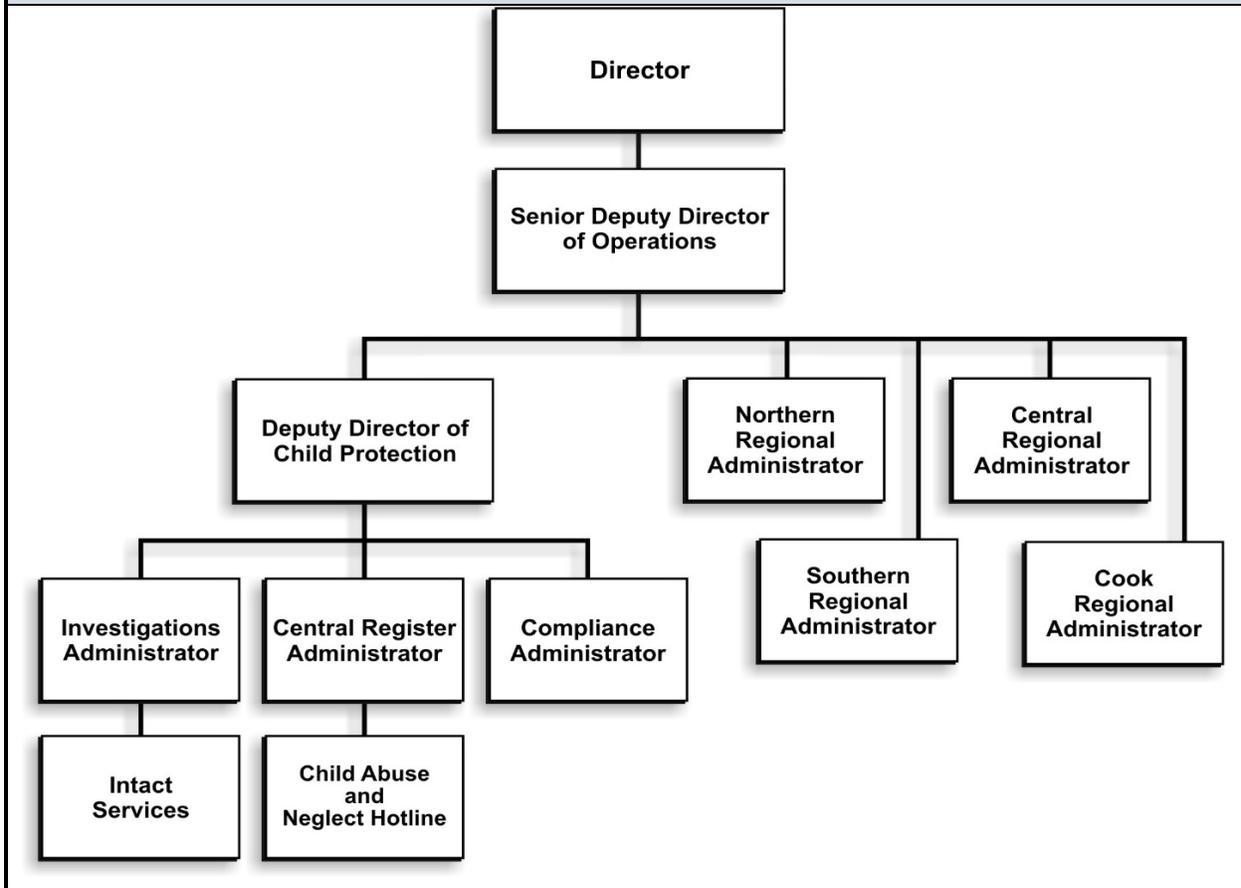
The Abused and Neglected Child Reporting Act (ANCRA) requires that there be a central register of all cases of suspected child abuse or neglect reported and maintained by the Department under the Act. The Division of Child Protection operates the State Central Register (SCR) including the abuse and neglect hotline and is responsible for conducting child abuse and neglect investigations. Child Protection receives reports of alleged abuse or neglect through the 24-hour child abuse hotline at the SCR. An investigation of reported child abuse or neglect is generally required to be initiated within 24 hours of its receipt at the SCR. The investigation is conducted for the purpose of determining whether credible evidence of child abuse or neglect exists and whether the family can benefit from any services. The Deputy Director of Child Protection reports directly to the Senior Deputy Director of Operations. **Exhibit 1-1** shows an organizational overview of Child Protective Services.

When such service needs are identified, Department staff arranges for those services to be initiated. The intensity, duration, and protective character of the services recommended is determined by whether the report is determined to be credible and ruled indicated or determined to be not credible and ruled unfounded.

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Exhibit 1-1

DCFS CHILD PROTECTIVE SERVICES ORGANIZATIONAL CHART



Source: OAG analysis of DCFS organizational charts.

Regions and Offices

ANCRA requires the Department to establish a Child Protective Service (CPS) Unit within each geographic region as designated by the Director of the Department (325 ILCS 5/7.2). There are four regions in the State (Northern, Central, Southern, and Cook). The Department has field offices located throughout these regions of the State that report to a Regional Administrator. Child Protection Specialists (investigators) as well as case workers for other areas of operations, such as permanency (placement/foster care), are located at the regional and field offices. Each Regional Administrator reports directly to the Senior Deputy Director of Operations.

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When a report of suspected child abuse or neglect is received at the SCR, it is transmitted to the appropriate Child Protective Service Unit. The Child Protective Service Units are required to perform certain functions assigned by the Act (325 ILCS 5/). These include:

- Investigating reports of alleged abuse or neglect and commencing these investigations within 24 hours of receipt of a report, unless it's an emergency (325 ILCS 5/7.4(b)(2)); and
- Providing or arranging for comprehensive emergency services to children and families (325 ILCS 5/7.4(b)(3)).

Report Conclusions

In this audit for the three-year period FY15-FY17, auditors reported that:

- The number of abuse and neglect investigations increased significantly, going from 67,732 in FY15 to 75,037 in FY17, or 10.8%. Within the three-year timeframe there was a notable spike in FY16 to 78,572 investigations. The increase in investigations between FY15 and FY16 represents an increase of 16.0%.
- The hotline is unable to take calls as they are received, resulting in call backs. The number of call backs increased substantially during FY15-FY17, from 39.6% of total calls in FY15 to 55.7% in FY17.
- Investigator caseloads were not in compliance with the B.H. Consent Decree. For FY15-FY17, 78.7% of investigators (729 of 926) had at least one month during the audit period in which they received more than 15 new assignments.
- Indication rates (the percentage of cases where there was credible evidence that the incident occurred) decreased during FY15-FY17, from 28.3% in FY15 to 24.8% in FY17.
- The Department did not always follow procedures in conducting investigations.
- The overall timeliness of completion for investigations declined significantly over the three-year period FY15-FY17. In FY15, 7.6% of investigations were not completed within 60 days. For FY17, 12.4% of investigations were not completed within 60 days.
- Investigators did not always accurately document that they assessed the need for services by completing the Level of Intervention field in the Department's information system known as SACWIS. Of indicated investigations sampled, 16 investigations (10.7%) had no Level of Intervention listed (services recommended). Further, 39 indicated investigations (26.0%) had "No Service Needed" as the Level of Intervention. Additionally, of the investigations sampled, for 64 (42.7%) we found that the Level of Intervention was inaccurate.
- For 65.3% of indicated investigations sampled, there was a lack of documentation regarding whether any services were received by the families involved and the duration of those services. The Department could not provide basic information for Intact Family Service cases, such as referral forms, to document that a formal referral for services was made.

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The audit report contains a total of 13 recommendations to the Department. According to updated responses the Department has accepted and partially implemented 10 recommendations and implemented three recommendations.

Recommendations

- 1. The Department of Children and Family Services should continue to take steps to improve the quality of the data contained in its child abuse and neglect information systems and statistical reports. These steps should include:**
 - **Ensuring that proper controls are in place for SACWIS data entry, or any future child abuse and neglect information systems, in order to ensure that data is collected and is reliable; and**
 - **Maintaining updated manuals including data field definitions.**

Finding: The Department had significant issues producing accurate reports on child abuse and neglect investigations statistics during the audit period and while auditors were conducting the audit. These issues were caused primarily by inadequate and antiquated information systems. However, auditors also identified concerns with the quality of the data contained in the Department's primary information system, the Statewide Automated Child Welfare Information System (SACWIS). While recognizing the shortcomings of the data provided, in the auditors' opinion, the data was reliable enough to use in the general context of addressing the audit's objectives including sampling services.

On January 26, 2018, auditors met with Department of Children and Family Services and Department of Innovation and Technology officials and requested data to support statistics presented in the Department's Executive Statistical Summary reports for the audit period (FY15-FY17). According to officials, in August 2017, the linkage between the system that contains the abuse and neglect investigations information (SACWIS) and the system used for producing the statistical reports (NOMAD) broke, rendering them unable to produce statistical reports.

During the course of the audit, the Department could not produce monthly abuse and neglect statistical reports for at least eight months (August 2017 through March 2018). On April 17, 2018, the Department released a "Message from the DCFS Director Regarding Public Release of Data" and reissued abuse and neglect statistics for the past five years (FY13-FY17) that were presented in its executive statistical reports. According to the Director's message, the Department has been severely hampered by woefully out-of-date technology, half-finished information systems, and reporting that required multiple manual steps.

After reviewing abuse and neglect data from SACWIS, auditors concluded that the Department needs to continue to work to improve the quality of its abuse and neglect data and improve controls that are in place to ensure abuse and neglect data is accurate. For

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example, this could be accomplished by limiting the amount of manual data entry by using more drop-down choice menus and reducing the amount of missing data by forcing more required fields in order to save a record. On July 27, 2018, the Department provided auditors with a download of data for intakes, investigations, and victim demographics for the audit period FY15-FY17. This data had several limitations and shortcomings including missing data, input errors and incorrect information, and individuals with multiple PersonIDs.

In response to follow-up, officials stated that concerns about data accuracy are largely a matter of the original source and the existence of several different technology systems with overlapping information but separate data origination practices. According to officials, “the issue really is the substantial reliance on human data entry, the number of systems in use with different users and different purposes, and the lack of dynamic adaptation to changing practices.”

The Department also needs to update its SACWIS manual. According to Department officials, the manual for SACWIS has not been updated since 2001. During the audit, the Department could not provide auditors with a list of the field definitions for data included in SACWIS. Auditors had to develop definitions for the SACWIS data fields utilized for auditors’ data requests and have officials review and comment on those field definitions. Due to the lack of an updated SACWIS manual, the Department could not provide auditors with a list of which fields were required to be entered, the type of data entry for each field, or any other data entry controls.

Producing accurate data and timely reports is critical to monitoring agency performance and regularly evaluating the effectiveness of existing laws and programs as is required by ANCRA. Further, not producing timely and accurate reports can lead to the perception that there is a lack of transparency with lawmakers and other stakeholder interest groups.

Updated Response: Accepted and Partially Implemented.

Corrective Action Plan:

The Department agrees with the recommendation. Steps to improve the quality of the child Abuse and Neglect Data have been taken:

Current Steps In Action:

- Several SACWIS releases have release improvements to data quality.
- Data Field definitions are being assembled into a Data Dictionary.

Planned Steps:

- **(Original Response)** Project is being sourced to execute soon to execute data cleanup on Child Abuse and Neglect Data.
- **(Updated Response)** Project to execute data cleanup was unable to be staffed appropriately and was cancelled.

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- **(Original Response)** CCWIS program will replace current systems offering more advanced data validation capabilities.
- **(Updated Response)** Data cleanup will remain part of the CCWIS effort.
- **(Original Response)** CCWIS requires a Data Quality plan which will address data quality controls throughout the lifecycle of Child Abuse and Neglect data.
- **(Updated Response)** The Data Quality Plan will be developed during February 2020.

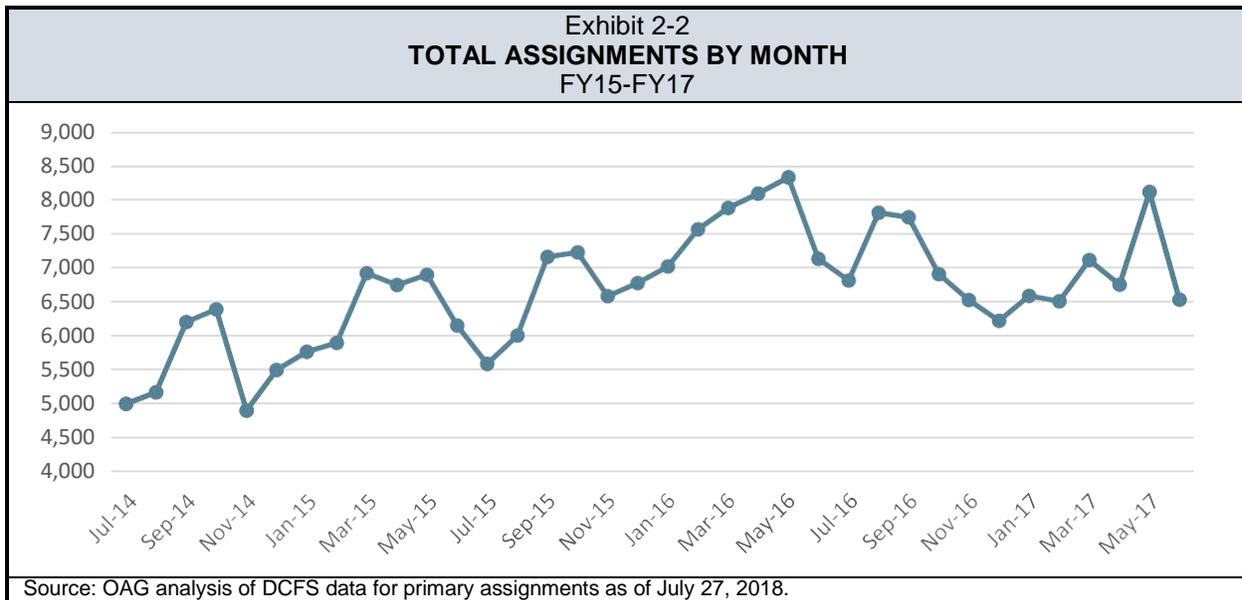
2 The Department of Children and Family Services should take steps to ensure investigator assignments are in compliance with the requirements of the B.H. Consent Decree.

Finding: The Department is not complying with investigator assignment requirements delineated in the B.H. Consent Decree. In 1988, a class action lawsuit was filed against the Department alleging that it failed to provide adequate services to children in its custody. In 1991, the parties entered into a consent decree known as the B.H. Consent Decree (88 C 5599 (N.D. Ill.)). The parties filed a restated consent decree in 1997 and have continued to modify the Consent Decree as needed. As part of the review of Department protocols for investigating reports of child abuse and neglect, auditors reviewed the B.H. Consent Decree. The Consent Decree included a provision that states:

By July 1, 1993, each DCFS child protective services investigator will be assigned no more than 12 new abuse or neglect investigations per month during nine months of a calendar year. During the other three months of the calendar year, the investigator will be assigned no more than 15 new abuse or neglect investigations per month.

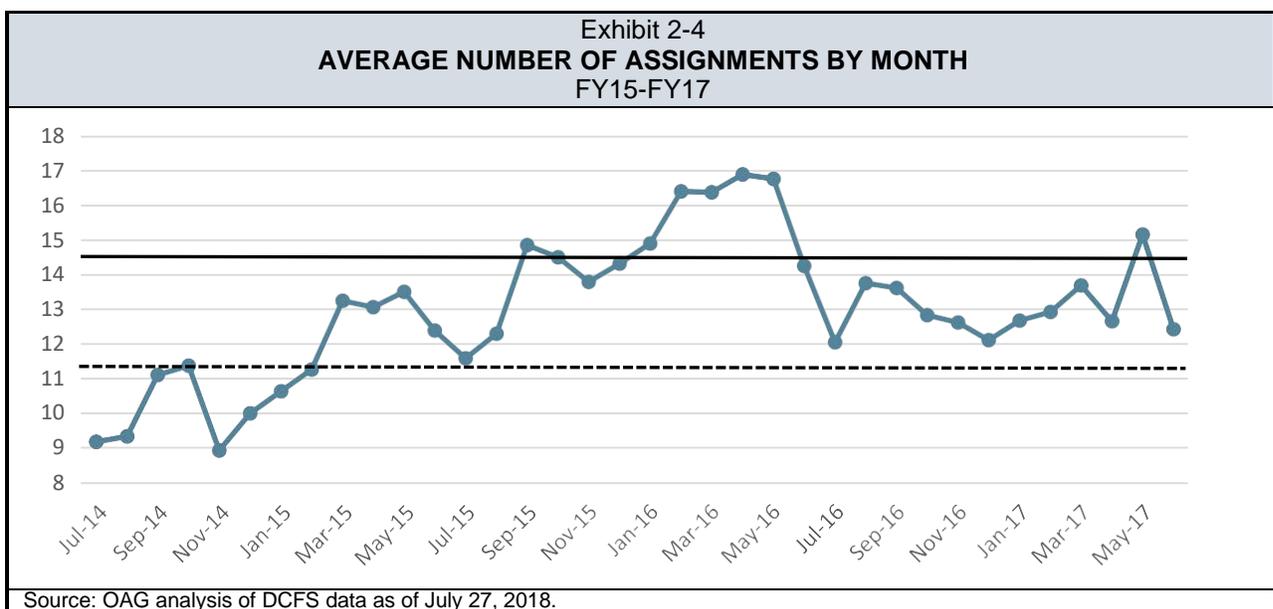
The Department should take steps to decrease the number of investigations assigned to each investigator in order to comply with the requirements of the B.H. Consent Decree. Auditors analyzed investigator assignment data provided by the Department for the period FY15-FY17 for primary assignments lasting more than 24 hours and found that total monthly investigator assignments increased from 5,001 in July 2014 to 6,527 in June 2017, or 30.5%. **Of particular note is the dramatic increase between July 2014 and May 2016 from 5,001 monthly assignments to 8,326 monthly assignments.** This represents a 66.5% increase over a 23-month period (see Exhibit 2-2). During the same period the number of investigators with assignments dropped from 544 in July 2014 to 497 in May 2016.

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Our analysis of primary assignments showed that 926 different investigators received at least one assignment during the period. Of these, 729 or 78.7% had at least 1 month during the period in which they received more than 15 primary assignments. In June 2016, an investigator received 113 primary assignments in a single month.

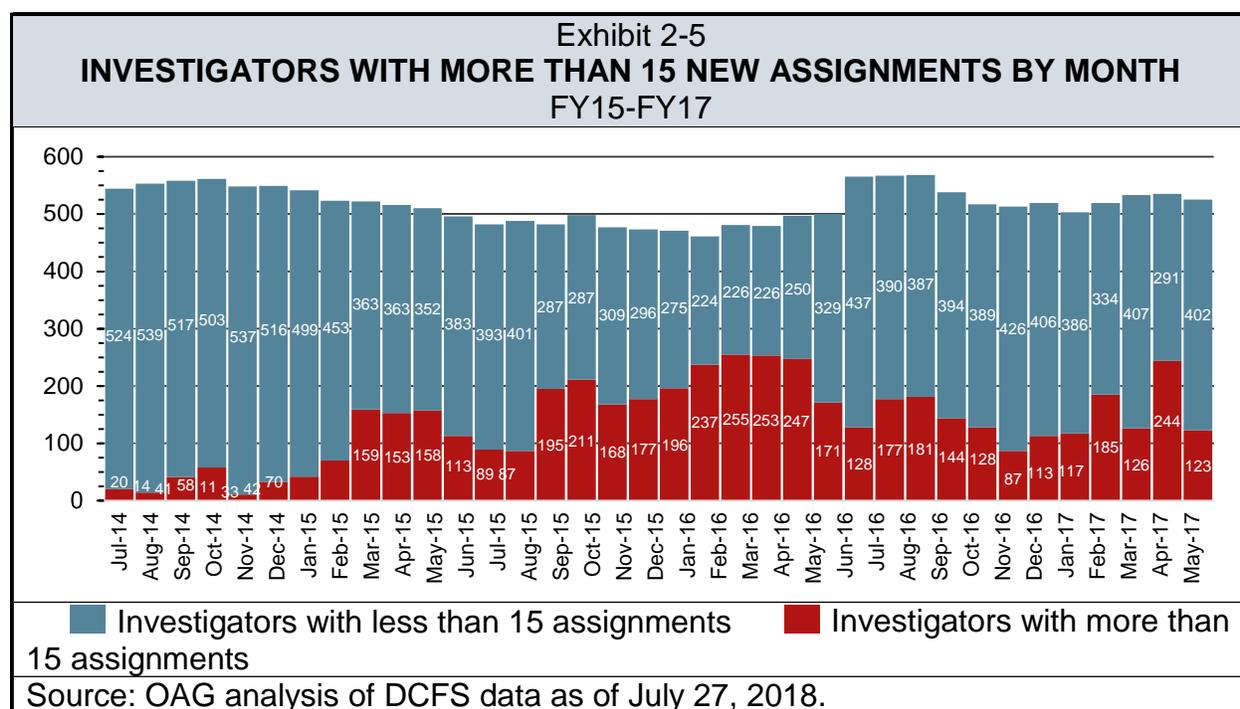
Exhibit 2-4 shows the average number of assignments by month for the three fiscal years. Auditors' analysis showed that 32 investigators averaged more than 15 case assignments per month for the entire three-year period. Further, an additional 114 investigators who did not receive assignments for all 36 months averaged more than 15 assignments per month for the months worked during the period.



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Using the criteria for assignments contained in the B.H. Consent Decree, a child protective services investigator should not receive more than 153 new assignments annually. **For calendar years 2015 and 2016, 36.8% and 36.1% of investigators respectively were assigned more than 153 primary assignments and were therefore in violation of the B.H. Consent Decree.**

Exhibit 2-5 shows that as the total number of investigators decreased during FY16, the higher the percent of investigators who were out of compliance with the B.H. Consent Decree’s maximum allowable new assignments of 15 new assignments. **The exhibit also shows that for February through April 2016 over half of all investigators were out of compliance.**



Investigators who are overloaded with new assignments may be more prone to make mistakes and put children involved in their investigations at serious risk. It may also lead to investigator burnout and high turnover. Ensuring more reasonable caseloads would benefit the Department in achieving positive outcomes for children and families.

Response: The Department of Children and Family Services (“Department”) has taken steps to ensure that investigator assignments are in compliance with the requirements of B.H. Consent Decree. The Department has established internal monthly meetings with the Regional Administrators from the Operations Division and the Office of Legal Services to review caseloads in order to maintain compliance with the B.H. Consent Decree. The Department meets with the plaintiff’s in the B.H. case monthly to discuss caseloads. The

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Department provides a monthly report to the B.H. plaintiffs on caseloads. The Department has created DAI positions to assure adequate staffing for investigations.

Updated Response: Accepted and Partially Implemented. The parties in the B.H. case are currently developing an Implementation Plan to address child protection investigator caseloads with the assistance of the B.H. Special Master, Geraldine Soat Brown. It is anticipated that the Implementation Plan will be approved by the Court, which will monitor compliance with the terms of the Implementation Plan.

The Department continues to take steps to streamline the hiring process for child protection staff. The Department began the hiring of Deferred Assignment Investigators (“DAI”) in 2017 after negotiating agreements with the union. The goal of the DAI staff is to have trained and working child protection investigators available to move into permanent positions and to be immediately available to handle investigative assignments. In 2017, the Department had agreements to hire 17 DAIs in Cook County and 30 DAIs in the Northern, Central, and Southern regions.

The Department has recently re-negotiated the agreements related to the DAIs and expanded the number of DAIs that it can hire. Under the most recent agreements, the Department can hire 60 DAIs in Cook County and 76 DAIs in the Northern, Central, and Southern regions. The current agreement provides for specific numbers of DAIs in each sub-region for the Northern, Central, and Southern regions: Aurora Sub-Region 31 DAIs, Rockford Sub-Region 5 DAIs, Peoria Sub-Region 10 DAIs, Champaign Sub-Region 10 DAIs, Springfield Sub-Region 10 DAIs, East St. Louis Sub-Region 5 DAIs, and Marion Sub-Region 5 DAIs. The Department continues to meet with the union on a quarterly basis to review the DAI agreements and make recommendations for changes.

In December 2019, the Department, with the agreement of Central Management Services (“CMS”), received approval to establish a temporary hiring process to expedite hiring for Child Protection Specialist positions. This new process allows the Department to make conditional offers of employment to individuals off the Open/Competitive list (for external hires) without conducting formal Rutan interviews if the individual has received a qualifying grade from the CMS Division of Examining and Counseling and passes the Department’s background check process. This change will drastically streamline the hiring process for external candidates. The Department will continue to monitor this temporary hiring process.

The Department continues to remove the monthly caseload reports and address issues in specific offices as needed in accordance with the collective bargaining agreement and state law. In September 2019, nine Child Protection Specialists were detailed to the Woodstock, DeKalb, and Sterling field offices for six weeks. Six child protection investigators were detailed to the Woodstock field office, two child protection investigators were detailed to the Sterling field office, and one child protection investigator was detailed to the DeKalb field office. The Department is seeking volunteers for a detail in the

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Woodstock field office to begin in early February 2020. The request is seeking 10 child protection investigators and two child protection supervisors.

DCFS is refining the monthly meeting process to improve efforts to address caseload assignment. Caseload assignment is now addressed as a standing agenda item in the daily Deputy of Child Protection call with the Regional Administrators, the weekly call with the Deputy and the Area Administrators, and the quarterly DCP Supervisor statewide meeting. A model of availability tracking and assignment system has been shared statewide, and the Regional Administrators are developing plans to utilize this statewide.

3. The Department of Children and Family Services should:

- **Ensure that Child Endangerment Risk Assessment Protocols (CERAPs) are completed for investigations and that they are completed in a timely manner;**
- **Ensure that CERAPs are completed and that they are completed in a timely manner when Intact Family Services are provided; and**
- **Evaluate the reliability and validity of the CERAP annually and develop written procedures related to CERAP training as is required by the Children and Family Services Act.**

Finding: Child Endangerment Risk Assessment Protocols (CERAPs)—a six-page safety assessment protocol used through all stages of involvement with the Department, including child protection investigations (Form CFS 1441), were not always completed by investigators and private agency staff providing services. Further, for those cases in which the CERAP was completed, it was not always completed in a timely manner. The Department could not provide documentation to show that the reliability and validity of the protocol had been evaluated during the audit period as required by statute. The Department also could not provide written procedures for training related to the CERAP as required by statute.

Auditors reviewed investigations data provided by the Department for FY15-FY17 to determine if initial CERAPs were being completed and whether it was within the required timeframes. There were 130 investigations where a CERAP was not completed after contact with the victim as required. The number remained steady for all three fiscal years, with 43 in FY15, 45 in FY16 and 42 in FY17.

Exhibit 2-6 INITIAL CERAP TIMELINESS FY15-FY17			
	FY15	FY16	FY17
Not Timely	13.9%	10.1%	6.4%
Timely	79.8%	81.7%	85.1%
Unknown/Other ¹	6.3%	8.2%	8.5%

¹ Unknown/Other includes investigations in which information needed to calculate timeliness was blank or returned a negative value, such as when a CERAP was not required.
Source: OAG analysis of DCFS data as of July 27, 2018.

A CERAP must be completed within 24 hours after the investigator first sees the alleged victim. Auditors reviewed the time from contact with the victim to the time the first CERAP

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was approved and found that a CERAP is not always completed in a timely manner. However, as shown in *Exhibit 2-6* CERAP timeliness of completion appeared to improve during the audit period from 79.8% in FY15 to 85.1% in FY17.

As part of the sample of 150 indicated investigations auditors also reviewed whether the final CERAPs were being conducted at the completion of the investigation. For 35 of 150 investigations (23.3%) auditors determined that the investigation did not have a final CERAP conducted and there was no valid exception.

The Department did not comply with provisions of the Children and Family Services Act that require the Department to evaluate the reliability and validity of the CERAP. The Act also requires the Department to report to the Illinois General Assembly annually on the evaluation of the reliability and validity of the CERAP. Although, the Department provided documentation to show it had completed and submitted CERAP annual evaluation reports to the General Assembly, these reports did not contain conclusions regarding the reliability and validity of the Protocol.

The Department could not provide CERAP training procedures that were also required to be implemented by the Act. Department officials provided auditors with CERAP training materials as well as general training procedures. However, they could not provide specific training procedures for CERAPs.

When auditors inquired about the annual evaluations, officials replied that the evaluation does assess the reliability and validity of the CERAP. Testing to see if a CERAP has been completed is an aspect of the protocol's reliability. **However, if the only way the reliability of the CERAP is assessed is by completion rates, there's no measure of whether the CERAP was completed correctly.** Department investigators deal with heavy workloads and there could be pressure to make sure the CERAP is completed on time, without necessarily ensuring it was properly or fully completed. Because the Department is not evaluating the reliability and validity of the CERAP, it cannot ensure that the protocol is effective and ensures the safety of children. Written training procedures for investigators would help ensure consistent use of the protocol.

Response: The Department has management reports in place for both intact and investigations that identify activity regarding CERAP completion. Supervisors will be trained on the reports and reminded of the need to ensure CERAPS are completed within procedure timeframes. This will be completed within the next 90 days. The CERAP Citizen Advisory group will ensure their ongoing research projects address validity and reliability as defined by the auditors; the next project is due by May 2020. Written procedures related to CERAP training will be enhanced to reflect the requirements of the Children and Family Services Act by October 2019. A random selection of cases will be reviewed quarterly by the Compliance Administrator to address timely completion.

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Updated Response: Accepted and Partially Implemented. The agency underwent a statewide Safety Reboot training on safety decision making and the requirements of the CERAP document beginning in June 2019.

Compliance Review Audit of timely and accurate completion of critical components of the CERAP began in June 2019 and continues monthly. Areas with non-compliance are addressed by the involved Regional and Area Administrators.

The CERAP Citizen Advisory Group is working with OCFP presently on their validity and reliability research with a completion date of May 2020.

4. The Department of Children and Family Services should:

- **Develop formal written procedures for call backs including required timeframes for creating intakes;**
- **Ensure that the process for completing call backs is in accordance with written procedures by answering and returning hotline calls in a timely manner;**
- **Begin maintaining complete information regarding the time it takes to return the hotline calls of those reporting allegations of child abuse or neglect for an amount of time that would allow for long-term analysis; and**
- **Continue to increase the utilization of online reporting as appropriate.**

Finding: The Department is not timely in completing intakes from callers reporting allegations of abuse and neglect. **For approximately half of all calls during the audit period an intake could not be initiated because a call floor worker was not available resulting in a message being taken.** The Department also does not have written procedures regarding the process for calling back individuals who report allegations of abuse or neglect that do not begin the intake process at the time of their initial call. Finally, the Department does not maintain call back information electronically in SACWIS for more than 90 days, which makes any long-term analysis of performance and call back timeliness difficult.

During certain times at the hotline there are more incoming calls than there are call floor workers to take them. When this occurs, a message is taken and the reporter is called back when a call floor worker becomes available. Auditors visited the SCR hotline and observed the operations on February 6, 2018. According to officials, the hotline at that time had 89 call floor workers and 21 current vacancies. On the day of the visit to the hotline auditors noted that there were 579 calls that were in the queue waiting to be returned. According to the SCR Administrator at the time, when messages are taken the calls are triaged and called back. Those with safety concerns go to the top of the list.

Although electronic call back information was limited, auditors were able to review hardcopy summary reports at the SCR in order to gather some general information about

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FY15-FY17 hotline operations and call backs. The SCR Hotline has an established target goal of answering 75% of all calls with no more than 25% call backs.

The SCR summary reports auditors reviewed showed that the hotline did not meet targets and that **call backs had in fact increased substantially during FY15-FY17, from 39.6% to 55.7% of total calls (see Exhibit 3-1).**

Exhibit 3-1 PERCENTAGE OF CALLS TAKEN AS MESSAGE FY15-FY17			
FY	Call Volume	Messages Taken	Percent
2015	222,719	88,291	39.6%
2016	245,388	129,211	52.7%
2017	252,568	140,773	55.7%
Total	720,675	358,275	49.7%
Source: OAG analysis of DCFS hardcopy hotline reports.			

During the course of the audit, auditors were able to obtain a 90-Day Call Back report for the period April 4, 2018, to July 2, 2018. The report contained a total of 43,775 messages taken. The number of attempts to call back ranged from 0 to 6 calls. Auditors analyzed the time from the initial call to the first attempted call back and found that on average it took approximately 23.3 hours to the first attempt to call back the individual reporting the allegation. Call back times ranged from 0 minutes to 6 days, 22 hours from the initial call. Of particular note is that for 35.4% of the call backs in the 90-day report an intake was never created.

Further, auditors analyzed the call back information by the type of priority (**Normal, Urgent, or Emergency**) and found that it can potentially take days for DCFS to call back reporters of child abuse and neglect. **Exhibit 3-2** shows that for calls with a “Normal” response code, 58.3% took more than 24 hours until the first attempt to call back the reporter with 37.4% taking more than 2 days. Approximately 35% of “Urgent” calls took more than 24 hours and 10.1% of “Emergency” calls took more than an hour to the first attempted call back. It should be noted that contact was not always made at the first attempted call back.

Exhibit 3-2 TIME TO FIRST CALL BACK ATTEMPT BY PRIORITY April 4, 2018 through July 2, 2018								
Timeframe	Normal	%	Urgent	%	Emergency	%	Total	Total %
0 to 15 minutes	466	3.4%	2,687	14.2%	6,838	65.1%	9,991	23.2%
15 to 30 minutes	263	1.9%	1,512	8.0%	1,720	16.4%	3,495	8.1%
30 to 60 minutes	352	2.6%	1,640	8.7%	889	8.5%	2,881	6.7%
60 minutes to 24 hours	4,599	33.8%	6,433	34.0%	770	7.3%	11,802	27.4%
24 hour to 48 hours	2,852	20.9%	2,433	12.9%	145	1.4%	5,430	12.6%
More than 48 hours	5,088	37.4%	4,188	22.2%	147	1.4%	9,423	21.9%
Total	13,620	100%	18,893	100%	10,509	100%	43,022	100%
Note: Totals may not add due to rounding. The table excludes messages where an attempt was not made, and call backs that occurred before the message was taken. Source: OAG analysis of DCFS provided 90-Day Call Back Report for April 4, 2018-July 2, 2018.								

Within the data provided, there were 747 messages taken for which there was no call back attempt listed. Of those 747, 237 had no call back listed and no intake created. Of

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the 237, 101 were more than 7 days old as of July 3, 2018. The oldest was an emergency priority message taken on April 5th, or 89 days from the date the report was run.

During the audit, the SCR was working to develop an online reporting system. According to a Department official, the online reporting system went live June 19, 2018, and it can be accessed through the Department's website. According to a Department official, as of February 4, 2019, the Department had assessed 5,792 online submissions. **Increasing the number of individuals utilizing online reporting may reduce the number calling the hotline and therefore the number of messages taken.**

The hotline serves a critical function in obtaining intake information about allegations of child abuse and neglect as well as establishing each investigation in SACWIS. If children are in danger of harm, it is important to begin investigations quickly because perishable evidence such as bruises may fade rapidly, or the willingness of the alleged victim to talk about the incident may be affected.

Response: The Department has recently developed written procedures for call backs and training is provided to all call floor staff during new hire training. April 2019 all staff were provided an in-service training on managing call backs. The intake is created through call back once the caller is confirmed available to talk by the hotline worker. If the call is an in call the intake is created at the time the call begins. A specialized Call Back Attempts Response Time report is received daily and weekly. The specialized report is monitored by the SCR administrator and Assistant SCR administrator for call back response times which exceed the weekly average response time. The call backs are reviewed to determine the reason for longer than average response time. The hotline currently tracks daily, weekly, monthly, and yearly the message taking rate and the call back response time. The State Central Register implemented approximately 18 months ago shift strategies which are communicated to call floor staff about the managing call backs and in calls. Approximately 12 months ago an additional category "Urgent", was added to the call back log to assist supervisors and call floor worker to prioritize the call backs by "Emergency", "Urgent" or "Normal" response call backs. The hotline also tracks and gathers data regarding individual hotline workers and overall -team performance.

A strategy is in development to publicize and educate potential on line users by region on the ON LINE REPORTING option and how to access the on-line reporting system.

Updated Response: Accepted and Partially Implemented.

The online reporting is under development to move from Sharepoint to a web-based platform. The public education and marketing of the online reporting will await that change of platform.

Rapid Results is nearing completion at the hotline with the stated goal of reducing call-back's to zero. The mapping of the future state is to be completed by 2/2019.

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5. The Department of Children and Family Services should take actions to ensure that critical investigation timeframes are completed in accordance with procedures, including initiating investigations, contacting the alleged victim and perpetrator, submitting investigations for supervisory review, and completing the investigation.

Finding: The Department could not verify the accuracy of intake start and end times or the assignment start time which hinders the Department's ability to monitor compliance with statutory requirements.

Investigations are required to be initiated by in-person contact with the alleged child victim or victims within 24 hours of the receipt of the report, or by a good faith attempt to contact the alleged child victim or victims. Analysis of investigation initiation data showed that the percentage not initiated in a timely manner was less than one percent each year (0.7% for FY15, 0.8% for FY16, and 0.9% for FY17) (*see Exhibit 3-3*).

Exhibit 3-3 CRITICAL TIMEFRAMES ANALYSIS FY15-FY17				
FY15				
	Investigation Initiation (24 Hours)	Victim Contact (24 Hours)	Perpetrator Contact (7 Days)	Submission to Supervisor (55 Days)
Not Timely	0.7%	28.2%	23.5%	40.7%
Timely	99.0%	70.9%	63.7%	59.3%
Unknown/Other ¹	0.3%	0.9%	12.9%	0.0%
Total ²	100%	100%	100%	100%
FY16				
Not Timely	0.8%	30.5%	26.2%	51.2%
Timely	98.9%	68.3%	59.0%	48.8%
Unknown/Other ¹	0.4%	1.3%	14.8%	0.0%
Total ²	100%	100%	100%	100%
FY17				
Not Timely	0.9%	28.6%	23.6%	40.4%
Timely	98.8%	70.3%	62.0%	59.6%
Unknown/Other ¹	0.3%	1.2%	14.4%	0.0%
Total ²	100%	100%	100%	100%
Total FY15-FY17				
Not Timely	0.8%	29.1%	24.5%	44.2%
Timely	98.9%	69.8%	61.4%	55.8%
Unknown/Other ¹	0.3%	1.1%	14.1%	0.0%
Total ²	100%	100%	100%	100%
¹ Unknown/Other includes investigations in which information needed to calculate timeliness was blank or returned a negative value.				
² Totals may not add due to rounding.				
Source: OAG analysis of DCFS data as of July 27, 2018.				

With data provided by the Department, auditors reviewed the timeliness of interviews with the alleged victim(s) based on whether actual contact was made, and as seen in *Exhibit 3-3*, found that the alleged victim was not contacted within 24 hours in 28.2% of cases for FY15, 30.5% of cases in FY16, and 28.6% of cases in FY17. **The alleged victim was not interviewed at all in 415 cases in FY15, 726 cases in FY16, and 678 cases in FY17.**

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If an in-person contact with the alleged victim is not made within 24 hours, according to the Department's rules it must be completed within 7 days. According to data provided, the percentage of alleged victims in which contact was not made within 7 days ranged from 9.2% to 13.0% for the three years FY15-FY17.

Auditors reviewed the timeliness of interviews with the alleged perpetrator and found that the alleged perpetrator was not contacted within 7 days in 23.5% of cases for FY15, 26.2% of cases in FY16, and 23.6% of cases in FY17, as seen in **Exhibit 3-3**. **In addition, the alleged perpetrator was not interviewed at all in 8,591 cases in FY15, 11,441 cases in FY16, and 10,688 cases in FY17.**

With data provided by the Department, auditors reviewed the timeliness of submission of the completed investigation to the supervisors and found that for the audit period FY15-FY17, 44.2% of all reports **without extensions** were not submitted within 55 days. The highest rate of noncompliance was for FY16, in which 51.2% of reports did not meet the 55-day requirement for submission to the supervisor, as seen in **Exhibit 3-3**.

With data provided by the Department, auditors reviewed the timeliness of completing the investigations and found that, **with extensions**, 0.3% of all investigations were not completed in a timely manner, going from 0.3% in FY15 to 0.4% in FY16 and 0.2% in FY17. Although this analysis took into account those investigations that received an extension, it does not accurately reflect the actual time it took to complete investigations for the audit period.

The time it took to complete an investigation increased during the audit period. **Auditors found that the percentage of investigations that were not completed within 60 days doubled from FY15 to FY16.** As is shown in **Exhibit 3-4**, the number of investigations completed in fourteen days or less dropped from 14.0% in FY15 to 10.5% in FY16 before increasing to 15.1% in FY17.

Exhibit 3-4 COMPLETED INVESTIGATION TIMEFRAMES FY15-FY17				
Timeframe	FY15	FY16	FY17	Total
0 through 14 Days	9,463	8,236	11,319	29,018
15 through 30 Days	9,613	7,869	10,023	27,505
31 through 60 Days	43,487	49,902	44,356	137,745
Over 60 Days	5,169	12,559	9,318	27,046
Unknown ¹	0	6	21	27
Total	67,732	78,572	75,037	221,341

¹ Unknown includes investigations in which information needed to calculate timeliness was blank or returned a negative value.
Source: OAG analysis of DCFS data as of July 27, 2018.

The purpose of investigative timeframes is to establish protocols for responding to allegations of abuse and neglect. By not meeting these timeframes, not only is the

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Department not in compliance with statutes, rules, and policies, but more importantly the Department is not responding in the best interest of the alleged victims and providing for the protection of those children.

Response: The Department currently tracks for compliance with initiation and is at 99% compliance. Since March 1, 2019 report completion and extension is now being monitored weekly through reports and staffings with Regional Administrators. Supervisors have access to a worker activity report and will be trained on how to access and utilize this report. This will be completed by September 2019. The Compliance Administrator will review a random selection of cases quarterly to ensure staff are meeting timeframes.

Updated Response: Accepted and Partially Implemented. The Department selected to review a random selection of cases in a way not involving the Compliance Administrator. The Division of Child Protection conducts monthly Compliance Reviews of 1000 cases on 5 key performance indicators of safety: Initial Supervision, Initial CERAP, Note Assessing Safety, 5-day Reassessment of Safety on UNSAFE CERAPs, and Note reflecting all the children have been seen. The PSAs set a goal is to achieve 90% Compliance statewide by June 30, 2020.

The RAs for the Division of Child Protection have identified several critical investigative timeframes are completed and 2/3/2020 began tracking and reporting weekly to the Deputy on:

Undetermined reports: Each RA committed to a 10% reduction in undetermined reports per month until they reach their region-specific goal what they have determined is an acceptable number of Undetermined reports to expect under the statute.

**AA review of victims 3 and under;
The 5 day re-assessment of safety 3
week limit to Safety Plans**

6. The Department of Children and Family Services should comply with rules and procedures and ensure:

- **Extensions are requested prior to the 55th day of the investigation;**
- **That extensions are given only for good cause;**
- **Extensions are requested and approved by appropriate staff; and**
- **Extension requests contain all required information.**

Finding: The Department's struggle to complete investigations in a timely manner during the audit period is further demonstrated by the number and percentage of investigations that received a 30-day extension during the audit period. Both the Supervisor and Area Administrator are responsible for reviewing and approving extensions every 30 days after the initial 60-day investigative period.

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Auditors reviewed the number of investigations that received an extension and found that it increased significantly during the audit period. The percentage of cases receiving at least one extension increased from 7.5% in FY15 to 16.1% in FY16 and 12.7% in FY17. Further, the number of investigations receiving multiple extensions also increased significantly.

In some investigations there are legitimate reasons why there are multiple extensions. For instance, in one case an investigation received 33 extensions (990 days). This case involved the death of a child and an ongoing criminal case. However, in review of cases involving an extension, it was not always clear what the cause for the extension was or whether it rose to the level of “good cause.”

Auditors identified 22 extensions in which a staff member had both submitted and approved the extension. Auditors asked Department officials why this might occur; however, Department officials did not respond.

Response: The Department is monitoring extensions and ensuring cases are extended for good cause. Since March 1, 2019 there is a weekly report completed by the regions to identify all teams with more than 10 cases over 60 days, actions needed and anticipated closure date. Also instituted is a weekly staffing with all Regional Administrators regarding extensions more than 90 days to address the appropriateness of the request and actions to complete the investigation. This process has already resulted in a reduction of cases over 60 days. All staff will be reminded of the need to extended cases within the timeframe set forth in procedures.

Updated Response: Accepted and Partially Implemented. DCFS is refining the weekly report process to continue to improve efforts to undetermined reports/extended investigations. Undetermined report efforts are now addressed as a standing agenda item in the daily Deputy of Child Protection call with the Regional Administrators, the weekly call with the Deputy and the Area Administrators, and as a standing agenda item in the quarterly DCP Supervisor statewide meeting. On 11/4/2019 a practice memo was issued statewide regarding the requirements and expectations on all requests for extension.

7. The Department of Children and Family Services should:

- **Make the Level of Intervention a required field in SACWIS and revise the Level of Intervention options to more accurately reflect current practices, and**
- **Include a rationale for indicated investigations in which there is a Level of Intervention of “No Service Needed.”**

Finding: Conducting an analysis of all recommendations for services and services provided by the Department was not possible for the audit period because of inherent limitations in the data provided by the Department as well as other data reliability and

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consistency issues. The Department provided auditors with a download of investigations for FY15-FY17, as of July 27, 2018, including the Level of Intervention and whether a service case was created for IFS, Norman Cash Assistance, or placement as a result of investigations. Auditors reviewed the recommended services and cases created (services case ID) for accuracy and found that:

- Investigators did not always complete the Level of Intervention field in SACWIS. According to data provided by the Department, for 11,607 investigations (5.2%) the Level of Intervention field was blank.
- The Level of Intervention field was not always accurate or there was no support in SACWIS for the recommended Level of Intervention. For example, for 6,203 investigations (2.8%) the Level of Intervention field was listed as “Referral for Community Based Services” but there was a Department service case associated with the investigation (IFS, IFR, Norman, or placement).
- Auditors reviewed a sample of Department service cases that were created as a result of an investigation, and found that for 17 of 36 (47.2%) of these investigations, the services information was not accurate.

Additionally, the auditors’ review of 150 indicated investigations found that investigators did not always document that they assessed the need for services by completing the Level of Intervention field in SACWIS. Further, the recommendations that were shown in SACWIS were not always supported by case notes. **For indicated investigations sampled in which the recommended services was “No Service Needed,” there was no rationale for the decision to not offer services in most cases.**

The different levels of intervention listed in the “Level of Intervention” field in the data received from the Department included: Currently Open Case, No Service Needed, Open and Assign for Permanency Services, Open and Assign for Regular POS (Purchase of Service), Other Services-Facility Report, Referral for Community Based Services, and Services Offered/Refused. **Despite the procedural requirement to assess the need for services, the Level of Intervention field in SACWIS does not need to be completed in order to close an investigation.**

Because of the limited number of options available to investigators in SACWIS for Level of Intervention it is difficult to accurately reflect the investigator’s decision made to recommend services or not recommend services. For instance, the Level of Intervention field does not have an option to select Intact Family Services or whether the family is already receiving community services.

Exhibit 4-1 LEVEL OF INTERVENTION For FY15-FY17 Investigations Sampled		
Level of Intervention	Count	Percent
Community Based Services	57	38.0%
No Service Needed	39	26.0%
Services Offered/Refused	20	13.3%
Blank – No Recommendation	16	10.7%
Currently Open Case	15	10.0%
Other Services – Facility Report	3	2.0%
Total	150	100%
Source: OAG sample of 150 indicated investigations for FY15-FY17.		

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Assessing the need for services, including the rationale for the decision, may help ensure the safety and well-being of children as well as help provide stability for children and families. Formally documenting the offer and refusal of services can also help in the decision making process if there are additional allegations and investigations in the future.

Response: Procedure 300 will be updated to include the expectation the investigator documents the reason no services are necessary. This will be completed by September 2019. Creating a special “services” note in the SACWIS file will be explored.

Updated Response: Accepted and Partially Implemented. The Department noted that verification of SACWIS entry field is needed from DCP. Procedures 300.130(b)(1) last updated June 11, 2019 includes seven criteria to identify why no service is needed on indicated reports. OCFP has SACWIS swapper access, and was able to verify there is a form field for level of intervention, but was not able to verify why a specific intervention was chosen.

8 The Department of Children and Family Services should:

- **Formally document when services are offered and whether those services are refused; and**
- **Consider establishing guidelines or policies to assist Child Protection Specialists and Supervisors regarding services to be offered for indicated allegations.**

Finding: The Department did not document that Intact Family Services (IFS) were discussed and offered to all families with indicated investigation findings as is required by Department procedures.

Auditors reviewed the sampled investigations to determine the actual services recommended. **Although Intact Family Services are required to be discussed and offered to all families that are the subject of an indicated investigation, only 20 of 150 (13.3%) indicated investigations reviewed contained documentation of a recommendation for Intact Family Services.** An additional 3 investigations had recommendations for multiple services, which included IFS; therefore, 23 of 150 indicated investigations had a recommendation of IFS.

Exhibit 4-2 SERVICES RECOMMENDED For FY15-FY17 Investigations Sampled		
Services Recommended	Count	Percent
Could Not Determine	67	44.7%
Community Based Services	33	22.0%
Intact Family Services	20	13.3%
Placement	12	8.0%
Already Receiving Services	8	5.3%
Multiple Services ¹	4	2.7%
No Services Needed	4	2.7%
Intact Family Recovery	1	0.7%
Norman Cash Assistance	1	0.7%
Total	150	100%

¹ Multiple Services includes three cases that were recommended for Intact Family Services.
Source: OAG sample of 150 indicated investigations for FY15-FY17.

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As is shown in *Exhibit 4-2*, for 67 (44.7%) indicated investigations reviewed, auditors could not determine whether services were recommended or what specific services were recommended. For 33 investigations (22.0%), community based services were recommended. An additional three investigations had recommendations for multiple services, including community services.

Department officials provided auditors with a **memo to all child protection staff dated February 27, 2018** (five weeks after the audit entrance conference), regarding the review of indicated reports with no service recommendations or that the family refuses services.

The memo states: “Over the past several months, many cases which have resulted in poor outcomes for our children (death or serious harm) have had prior DCFS contact and at least one indicated report in which no services were recommended or the family refused services and the investigations were closed with no follow up action or discussion to assure the child was safe under those circumstances.

Effective immediately, any indicated investigation in which services have not been recommended or the family has refused to participate in services, shall be staffed with the Area Administrator before closing. This consultation should include a discussion around the family dynamics and support systems, prior reports both indicated and unfounded, overall family cooperation and the possible need to consult with States attorney [sic], screen with court, or take protective custody in an effort to ensure the safety of the child(ren).”

There is also a lack of consistency in what services are recommended and ultimately received among similar cases. For example, for two different indicated sexual abuse investigations sampled, one case had an open Intact Family Services case for counseling for the victim and **another case had no services recommended for multiple victims abused by a family member**. Another example involved two indicated Environmental Neglect investigations where homes were deemed to pose a risk to the safety of the children.

Making effective recommendations for services may help prevent future abuse and neglect. Although the Department recognized in its February 2018 memo that not providing services for certain types of investigations can lead to bad outcomes, there is little or no guidance for investigators or their supervisors regarding the recommendations that should be considered.

Response: Individual offices maintain a list of resources for their area. Procedures 300 will be enhanced to ensure the supervisor and investigator have a discussion regarding services available to assist families and document services offered and the outcome-i.e. accepted or refused and the reason for refusal. The core practice model which is in the process of implementation also addresses identification of services with the family and

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allowing them to identify services which will best benefit them. Procedures will be updated by September 2019. Creation of a special “services” note within SACWIS will be explored.

Updated Response: Accepted and Partially Implemented. OCFP is not in receipt of draft procedures to incorporate the core practice model; however Policy Guide 2018.09 implemented this model and 2019 saw the implementation of the mandatory Safety Reboot training. Currently these recommendations are within the scope of Family First Prevention Services Act that is addressing child welfare and child protection practices to be child and family centered with prevention services at the core of the upcoming changes. The FFPSA Steering Committee continues to meet bi-weekly and is currently in the process of drafting procedures to address this finding.

9. The Department of Children and Family Services should track the number of Intact Family Services (IFS) cases that are opened annually including which Purchase of Service agency provided the services.

Finding: The Department could not provide basic information for Intact Family Service (IFS) cases such as referral forms to document that a formal referral for services was made. Auditors sampled 150 indicated investigations for the audit period and found that for 98 investigations (65.3%), there was a lack of documentation regarding whether any services were received by the families involved and the duration of those services. The Department also could not provide auditors with the number of families served by each IFS contract each year for the audit period. For investigations involving the Norman Cash Assistance program, the Department could not provide approval forms or documentation to show what the funds were used to purchase. Because of the lack of basic formal documentation for most cases, auditors could only assess the services provided for investigations sampled by reviewing case notes in SACWIS.

Further, a total of 29 POS agencies provided IFS services during FY15-FY17. Some agencies have multiple contracts that cover different regions of the state. While the number of contracts dropped each year, the total capacity fluctuated, dropping between FY15 and FY16 before slightly rising in FY17. The IFS agency capacity is the maximum number of open cases at any one time. This allows for agencies to plan for the number of caseworkers needed to serve IFS cases. **Exhibit 4-4** shows the number of contracts, the capacity and the expenditures for IFS by fiscal year.

Exhibit 4-3 SERVICES RECEIVED For FY15-FY17 Investigations Sampled		
Services Received	Count	Percent
No Service Received	98	65.3%
Placement Services	13	8.7%
Already Receiving Services	13	8.7%
Intact Family Services/Recovery	13	8.7%
Multiple Services Received ¹	4	2.7%
Community Based Services	3	2.0%
No Service Received – Withdrew	3	2.0%
Not Applicable ²	2	1.3%
Norman Cash Assistance	1	0.7%
Total	150	100%
Notes: ¹ Multiple services includes three cases that involved IFS and Norman Cash Assistance. ² Not Applicable includes Facility and Foster Care cases. Source: OAG sample of 150 indicated investigations for FY15-FY17.		

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Due to limitations in the service data provided by the Department, auditors could not determine the number of IFS cases for the audit period. On August 1, 2018, auditors requested the number of intact family services cases served by POS agency contracts for FY15-FY17.

The Department could not readily provide data to show the number served by each IFS contract or agency

and officials stated it would require a special data run from its systems. **Information regarding the number served by each IFS contract each fiscal year for the audit period was never provided.** According to an official, there is no database with this information in it.

Exhibit 4-4 INTACT FAMILY SERVICES CONTRACTS, CAPACITY, AND EXPENSE FY15-FY17			
	FY15	FY16	FY17
Contracts	42	38	37
Capacity	2,380	2,250	2,330
Expense	\$27,895,182	\$26,808,690	\$30,710,472
Source: OAG analysis of Department data.			

Without having IFS case data readily available it is difficult for the Department to conduct budgetary or strategic planning for its IFS program. **It is also unclear how the Department is determining the contracted capacities in the POS agency contracts without knowing the actual number that received services.** Further, it makes it difficult for the Department to know if POS caseworkers are maintaining caseloads in compliance with the B.H. consent decree (88 C 5599 (N.D. Ill.)), which limits the caseload to 20 families per caseworker.

Response: The Department currently tracks Intact Family Services cases using payment data for both POS agency (contract) utilization and for budgeting purposes. While these fiscal reports will continue, the Department in addition will be developing monthly production reports from DoIT to ensure DCFS management staff receives timely reporting of agency caseloads.

Updated Response: Implemented. A daily intact report is produced by DCFS Department of Innovation and Technology providing detailed information on intact family tracking. It is reported to have been instituted on October 13, 2017.

10. The Department of Children and Family Services should ensure that Purchase of Service (POS) agency contracts are accurate and specify coverage for all assigned counties.

Finding: For Intact Family Services, the Department POS contracts did not cover all counties in the State during the audit period. During the review of IFS POS agency contracts, auditors found 10 counties that were not covered by any provider for at least one fiscal year. Auditors followed up with the Department and an official explained that the lack of coverage was due to an oversight on the contract. The official stated that they asked the POS agencies to review the coverage section of the contract to ensure its accuracy and it often got overlooked. According to the official there is at least one agency

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for every county in the State even though it may not be reflected in the contracts. However, because the Department could not provide a list of those served by each POS contract, auditors could not determine whether services were provided to families in all counties of the State.

Not ensuring that the contracts are accurately completed and inclusive of all counties increases the risk that families in the overlooked counties may not be provided needed services due to the lack of agencies having a contractual obligation to serve those counties.

Response: The Department's Office of Contract Administration reviews all contracts annually, each Spring, in preparation for July 1st services. Beginning in FY19, the Department has included as part of that review process to ensure a careful review with Intact Family Services management staff that all counties are reported accurately for every contract. While no families were denied services due to specific counties not being listed, the Department's expectation is that all assigned counties are reflected in the POS agency contracts in a complete and accurate manner.

Updated Response: Implemented. The identified matter was corrected within the Department's contract's database (ACCESS).

Also, the audit finding and subsequent outcome was addressed with the Department's newly created Statewide Intact Family Services Administrator in preparation for FY21 program planning.

- 11. The Department of Children and Family Services (CFS) should complete a CFS 2040 form for Intact Family Service referrals as is required by procedures. These forms should also be maintained in an accessible location.**

Finding: Auditors requested the CFS 2040 IFS referral forms for 25 investigations that auditors sampled that had an IFS case ID number. The Department could only provide 1 of 25 (4.0%) requested referral forms. The form that was provided did not show evidence of Department approval for the services.

According to officials, because of computer modifications and folders being archived, the CFS 2040 forms may no longer exist. Often these documents, which are only shared by email between the supervisor and Area Administrators, are no longer in their folders. It is very likely most of these existed only in electronic format.

The CFS 2040 forms show information about the investigation including family composition, paramours involved, CERAP information, prior abuse and neglect history, criminal history, case opening history, investigation history, and services already initiated

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all in one place. If maintained, these forms would allow investigators to quickly review any previous issues and services.

Updated Response: Implemented. The CFS 2040 is the appropriate form and the OIFS unit handles all case assignment and maintains copies of all referrals.

- 12 The Department of Children and Family Services should document all purchases made with Norman Cash Assistance funds. The Department should also update its cash assistance request approval policies to reflect the current organizational structure of the agency.**

Finding: Norman Cash Assistance services assist families who lack food, clothing, housing or other basic human needs that place children's safety at risk and would otherwise necessitate removal from the family or would be a barrier to reunification. The program provides cash assistance to purchase needed items, assistance in locating housing, and expedited enrollment in TANF (Temporary Assistance for Needy Families).

Auditors could not identify the position of Deputy Director of the Division of Service Intervention in any Department organizational charts that were provided. According to Department officials, the position of Deputy Director of the Division of Service Intervention no longer exists. The policies for approving Norman Cash Assistance were last updated in 2005.

Of the 150 investigations auditors reviewed, auditors identified four that received Norman Cash Assistance. On November 16, 2018, auditors requested any documentation from the Department for these expenditures. On November 19, 2018, the Department provided notes and a one-page printout for one expenditure, but did provide any approval forms. On April 5, 2019, after the exit conference was held, the Department provided approval forms for three expenditures. The Department could not provide an approval form for one expenditure for \$1,400.

Response: The Department agrees that Procedures and Organization charts should reflect the current process. The Department also agrees that purchases made using Norman Cash Assistance Funds should not only be well documented but, that documents should be readily available for review/audit.

- The Agency shall update their written procedures to reflect how Norman Cash Assistant funds are currently processed, including who approves assistance.
- The Agency shall update the Organization Chart, reflecting the removal of the Deputy Director of the Division of Service Intervention position.
- The Agency shall include in their update of written procedures the process of properly retaining CFS 370-5 forms to ensure they are readily available for review/audit.

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In completing the corrective actions above, the Department expects to develop a system that; (A) properly reflects the current process and organizational structure of the Norman Cash Assistance program and (B) ensures proper document retention of purchases made.

Updated Response: Accepted and Partially Implemented. Expected implementation date is 12/31/2020.

The Department's Procedures already reflect how Norman Cash Assistance funds are currently processed, including who approves assistance. This information was included on page 54 of the May 2019 Office of Auditor General Report on IDCFS' Investigations of Abuse and Neglect and is stated in DCFS Procedure 302.385 g) 1).

The Department has requested changes to DCFS Procedures 302.385 g) 1) to replace the "Deputy Director of Service or designee" to "Deputy Director, or designee, over the Norman Services Program."

The Department has requested changes to DCFS Procedures 302.385 stating that workers will keep information on all Norman Service requests (Including form CFS370-5) in the case file. The Department already has a record retention schedule for DCFS cases.

The Department has removed the title/position of Deputy Director of the Division of Service Intervention from its organizational chart

- 13. The Department of Children and Family Services should follow existing Department procedures including:**
- **Documenting referrals for community based services including the duration and frequency of the services and the conditions/circumstances that the services are designed to mitigate; and**
 - **Verifying whether the family is following through with the community services.**

Finding: The Department could not provide documentation of referrals to community services or whether the services were received. Department investigators rely on contact notes in SACWIS to document any verbal discussions with families. Although Department procedures require investigators to be actively involved in the referral/linkage process and to document this involvement in a contact note, the review of cases in SACWIS showed that these procedures are not being followed. There are no formal forms for referrals to community based services. Therefore, it was difficult to document if the families actually received referrals or followed up with any referrals and received services from community providers.

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Because the Department's rules and procedures do not include a definition of what constitutes community services, auditors asked the Department what would be defined as community services. Officials responded that community services would include any services that are not provided as contracted services. According to a Department official, community services may include food pantries, mental health service referrals, and medical and dental information. It may also include providing the locations of other agency offices such as the Department of Human Services, the Social Security Office, or where to apply for unemployment. Transportation information may also be provided. Some communities may also have various cultural and language service providers. Available services may vary by community.

Auditors reviewed information in SACWIS for 150 investigations and requested information from the Department regarding 60 investigations that may have received community services. For 45 of 60 investigations (75.0%), the Department could not provide documentation that any services were received. Further, in the review of investigation case notes in SACWIS, auditors found little documentation of the required referral/linkage activities covered in Procedure 300.130(b).

Updated Response: Accepted and Partially Implemented. The Department will ensure staff are reminded of current procedures regarding community referrals, what the service mitigates, time frames and efforts to verify that a family has linked with the service. This will be completed by 2019.

The creation of a specific "services" note within SACWIS will be explored. A specific services note is in the SACWIS Small Changes queue. It will be included in an upcoming release.

Reminders of current procedures regarding community referrals occurs routinely at the RA/AA/PSA level during weekly AA teleconference, monthly AA meetings, and quarterly statewide all Supervisor meetings.

Demographic Information

During the audit period, the number of indicated children decreased every year while the total number of alleged victims increased. According to data provided by the Department as of July 27, 2018, for the three-year period FY15-FY17 there were 221,341 investigations involving a total of 358,545 children, 96,576 of whom had at least one indicated allegation.

Auditors could not obtain a reliable count of the number of unique victims because of limitations with the data provided by the Department. Each person in the SACWIS system is assigned a unique PersonID. However, auditors found that there were over 8,000 instances where the same child had been assigned multiple PersonIDs. Therefore,

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auditors could not obtain a reliable count of the number of unique child victims over the audit period because of data limitations.

For the 221,341 investigations for FY15-FY17, there were 450,483 total allegations, with an overall indication rate of 25.5%. The most common allegations were “Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare by Neglect” and “Inadequate Supervision.” A total of 52,502 children were the alleged victims of sexual abuse during FY15-FY17, and 32,439 children were the alleged victims of serious harm.

Age

Children under the age of one were the most frequent alleged victims of abuse or neglect (8.1% of all victims) and also the most likely to be indicated victims (13.3% of all indicated victims). After the age of one, the number of indicated allegations of abuse or neglect trends downward.

Race and Ethnicity

For race, children who were identified as White or Black/African-American made up 96.4% of all alleged victims (62.5% White and 33.9% Black/African-American) and 97.1% of all indicated victims (62.4% White and 34.7% Black/African-American). Data provided by the Department showed that 2.3% of alleged victims did not have a race recorded. For ethnicity, children with a Hispanic ethnicity comprised 15.6% of all alleged victims and 16.7% of indicated victims.

Gender

For gender, there was an even split between male and female victims. Males accounted for 49.7% of all alleged victims and females were 49.6%. For indicated victims, males accounted for 49.4 percent and females were 50.3%.

Geographic Location

Auditors found that 25.6% of all investigations occurred in Cook County, followed by Lake County with 4.1%. There were investigations of alleged abuse or neglect in all 102 counties in Illinois.