OFFICE OF THE AUDITOR GENERAL

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Performance Audit

Report Highlights

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Follow-Up Performance Audit of

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

Background:

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

On May 5, 2021, House Resolution 165 was passed, which renamed Public Act 101-0237 to "Ta'Naja's Law" after Ta'Naja Barnes. Ta'Naja was a two-year-old child who died approximately 6 months after custody was remanded to her mother. Her death was due to dehydration, malnourishment, physical neglect, and cold exposure. Public Act 101-0237 required Home Safety Checklists, Aftercare Services, and immunization checks to better protect the children exiting foster or substitute care and returning to the custody of his or her parent or guardian.

Key Findings:

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

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

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

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

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

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

Key Recommendations:

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

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

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

Report Digest

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

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

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

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

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

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

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

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

Source: OAG auditor prepared.

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

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

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

Agency Organization

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

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

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

When out-of-home options for care need to be considered, DCFS provides **Placement and Permanency Services (Permanency)** to address safety, permanency, and well-being goals in the least restrictive, most home-like environment that meets the needs of the child. These options include transitional/independent living, residential placement, psychiatric hospitalization, or services through screening, assessment, and support. These placements may include a licensed foster care home, home of relatives, and home of fictive kin. Permanency planning identifies a permanency goal for a child in substitute care,

beginning from the earliest contacts with the child and family, continuing through service provision, and ending when services are terminated. (pages 5-6)

DCFS Operations Vacancies Analysis

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Home Safety Checklists

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

Aftercare Services

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

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

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

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

Well-Child Visits/Check-Ups

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

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

Physical Examination Requirements Testing

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

Vision Screening Requirements Testing

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

Hearing Screening Requirements Testing

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

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

Dental Care Requirements Testing

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

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

Mental Health Screening Testing

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

Age-Appropriate Immunizations Testing

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

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

Digest Exhibit 4
IMMUNIZATIONS TESTING RESULTS
Calendar Years 2021 through 2024

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

Source: OAG testing of immunizations in SACWIS.

DCFS' Tracking of Child Welfare Service Referrals

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

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

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

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

Audit Recommendations

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

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

SIGNED ORIGINAL ON FILE

TRICIA WAGNER
Division Director

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

SIGNED ORIGINAL ON FILE

CHRISTOPHER B. MEISTER
Auditor General

CBM:PMR