JB Pritzker, Governor

Heidi E. Mueller, Director

Illinois Department of Children and Family Services

(IDCFS; also referenced as "DCFS", "the Department")

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Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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APPENDIX A: List of Participants and Contributors 1

List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

Please see Appendix A for a comprehensive list of participants and contributors.

Description of Stakeholder Involvement in Statewide Assessment Process

Illinois Department of Children and Family Services (DCFS), through the Division of Strategy Performance and Execution (which includes the Division of Quality Assurance), engaged in a wide variety of activities to actively engage all possible child welfare system partners (statewide) in the assessment of the state child welfare system. For a full list of all contributors, please see Appendix A.

Beginning with a CFSR 4 Kick-Off in April 2024, the DCFS Division of Quality Assurance and its University partner, the Foster Care Utilization Review Program (FCURP), DCFS invited several hundred system partners who participate in the semi-annual Partnership for Progress meetings[1] to attend an in-person kick-off or a virtual kick-off. Invitees included: parents; foster/adoptive foster parents; youth; DCFS and CWCA Child Protection, Permanency and Intact caseworkers, supervisors and managers; DCFS and CWCA leadership; legal and judicial representatives, including CASA; law enforcement professionals; education professionals; medical and mental health care professionals; other service providers and other community partners; legislators; and University partners. Attendees were provided with a welcome and introduction from the Director of DCFS (Heidi Mueller), an overview of the CFSR in Illinois from the Deputy Director of Quality Assurance, the essential components of a CFSR and where partners fit in from the FCURP Program Director, and crucially – a review of key data points in an interact Data Walk (which included stations for each Safety 1 and 2, Permanency 1 and 2, and Well-Being 1). At each station, participants explored data presented from internal CFSR reviews and from our Statewide Data Indicators, where facilitators supported the conversation and scribes took notes. Input from our partners at these meetings is reflected in this document. A special kick off was convened with youth via the Statewide Youth Advisory Board.

Continuing on from there, DCFS has convened three additional Partnership for Progress meetings with the goals of maintaining communication, engagement, and opportunities to develop and implement solutions together. At each meeting, more participants were identified and invited to participate, and conversations built from meeting to meeting. Data analysis and root cause analysis were conducted in September 2024, from which five CFSP Goals were developed. In April 2025, the five goals were presented back to participants for their reflection.

Additionally, in the Spring of 2025, QA and FCURP staff presented on the CFSR process, outcomes, and systemic factors to over 400 DCFS and CWCA caseworkers, supervisors and leaders at regional meetings convened by Agency Performance Monitoring and Execution (APME) and Permanency leadership. Several agency-specific trainings were also requested and completed during the summer and fall of 2025.

In October 2025, the Division of Strategy, Performance and Innovation convened three Partnership for Progress meetings with support from two University Partners (NIU and UIUC/FCURP). Over 400 people from all across the child welfare system (most not from DCFS or CWCAs) were invited to participate in at least one of the sessions; see below for final tallies of participation. One hundred sixty-five invitees registered, and of those over 100 attended one of the 3 sessions. The attendees represented a wide array

of stakeholders within Illinois.

The overall theme of the meetings was on "Engagement" (and in particular with parents) across several (8) different points in the life of a child abuse/neglect case. Director Mueller gave welcoming remarks at each session. The Deputy Director of Quality Assurance provided a consistent main presentation prior to breakout sessions focused on Engagement. The main presentation covered the intricacies of the federal Child and Family Services Reviews (CFSR), where Illinois is in the process, and shared Illinois' CFSR 4 data (Statewide Data Indicators and case review data for Safety/Permanency/Well-Being Outcomes). The data presentation was intended to demonstrate a) our performance known to-date, and b) the impact of engagement with parents on achievement of outcomes. Breakout groups were facilitated by a combination of DCFS Quality Assurance staff and University Partner staff; scribes were assigned to each group and staff similarly. The main idea of the breakout sessions was to review pertinent data while bringing fresh ideas around system change from our stakeholders and lived experienced experts.

Participants were pre-assigned to a selected breakout session:

- Engagement with Families During the Investigation
- Engagement with Fathers
- Preserving Children's Relationships with Family
- Quality of Caseworker Visits with Children & Parents
- Supporting Children in the Home
- Placement Quality & Stability
- Engagement with Communities (to systemically prevent child abuse/neglect)
- Engagement with Courts

In each group, participants were asked a series of solution-focused questions; notes from each session were compiled and entered in an AI platform to generate top 5 solutions for each breakout group. These solutions are included in this document where applicable.

The resulting document was written by key DCFS leaders with expertise in each section:

- Dr. Aram Perry, Deputy Director of Child Protection
- Melissa Box, Deputy Director of Prevention, Community Connections, and Intact
- Shannon Huston, Deputy Assistant Director, Acting (Child Protection, Hotline, Prevention), Office of the Director
- Wendy Ingersoll, Deputy Director of Permanency
- Dawn Bachtold, Deputy Director of Agency Performance Monitoring and Execution
- Keith Polan, Chief Deputy Director of Clinical and Child Services
- Anika Todd, Deputy Director of Licensing
- Beatriz Ramirez, Recruitment & Retention Unit
- Michelle Grove, Associate Deputy Director
- Keith Polan, Chief Deputy Director, Clinical and Child Services
- Jamie Ralph, Statewide Administrative Case Review (ACR) Administrator
- Heather Dorsey (AOIC)
- Kristie Schneller (AOIC)
- David Nika, Deputy Chief Information Officer, Data Management
- Kara Hamilton, Associate Deputy Director of External Communications and Advisory Groups, DCFS Office of Communications
- Christine Mulligan, Product Manager, Office of Learning and Professional Development
- Geraldine Rodriguez, Program Director, UIUC/Foster Care Utilization Review Program (FCURP)
- Arricka Cravens-Newingham, Manager, DCFS Qualitative Case Practice Review Program

- Rebecca Stone, DCFS Statewide Regional Quality Assurance Manager
- Aisha Davis, Assistant Director, Strategy Performance and Innovation (DCFS)
- Jennifer Eblen-Manning, Deputy Director of Quality Assurance

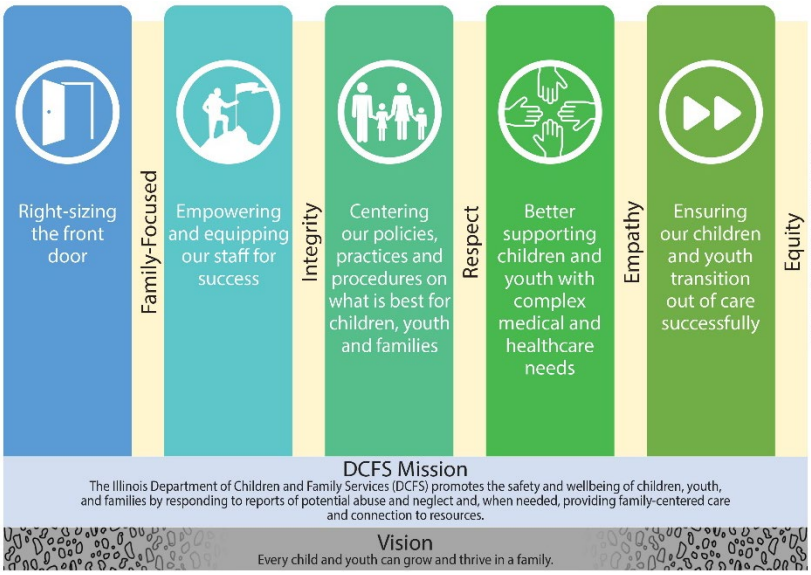
Section II—State Context Affecting Overall Performance

Part 1: Vision and Tenets

The visual below provides the vision, mission, values, and pillars for DCFS and Illinois' child welfare system. The Department's pillars are the structure and approach to drive change in the state. The Department's pillars have become the foundation to our work and improving outcomes.

The vision is that "Every child and youth can grow and thrive in a family"; the strategic goals are reflected in the "pillars" which are:

1. Right-sizing the front door
2. Empowering and equipping our staff for success
3. Centering our policies, practices and procedures on what is best for children, youth and families
4. Better supporting children and youth with complex medical (and behavioral) healthcare needs
5. Ensuring our children and youth transition out of care successfully



Our current practice model of Family-Centered | Trauma-Informed | Strengths- Focused (or FTS); however, it is being replaced with the SAFE Model (see below). The SAFE Model has been implemented at the State Central Registry (SCR, or Hotline, as of August 2024), and is being launched in Child Protection Investigations and Pathways this summer (July 2026). The model is being rolled out in conjunction with IllinoisConnect (Illinois' CCWIS).

Part 2: Cross-System Challenges

Illinois has been under a federal consent decree also known as the B.H consent decree since 1991. It is an ongoing federal court agreement that resulted from an ACLU lawsuit against the Department. The goal of the consent decree is to reform child welfare in Illinois. It addresses child safety, caseworker caseload ratios and placement stability.

Part 3: Current Initiatives

Major cross-cutting initiatives underway in the Illinois child welfare system include:

1. **IllinoisConnect:** In 2022, Illinois initiated its CCWIS modernization effort, known as IllinoisConnect, a multi-year project designed to replace and modernize the majority of legacy

child welfare systems. Illinois Connect is being developed in full compliance with CCWIS requirements and is intended to deliver a modern, integrated platform with improved usability, data quality, and reporting capabilities. The project includes extensive data cleansing and migration efforts to ensure the integrity of information transitioned from legacy systems.

The Illinois Connect implementation is scheduled to continue through Fall 2029. It will replace our existing case recording system, SACWIS, and legacy data management (such as CYCIS).

2. **The Safety Assessment and Family Evaluation (SAFE) Model**, developed by Action 4 Child Protection, is a structured, six-component framework for child welfare agencies. It focuses on identifying unsafe children, managing immediate risks through safety plans, and building caregiver protective capacities to ensure child safety while minimizing intrusive interventions.

   Key Components of the SAFE Model
   The model is a phased process designed to facilitate caregiver behavior change:
   - **Intake Assessment:** Gathering initial information regarding potential risk.
   - **Initial Family Assessment:** A comprehensive review of family functioning.
   - **Protective Capacity Family Assessment:** Identifying strengths and enhancing caregivers' ability to protect children.
   - **Change-Focused Contact:** Ongoing engagement and interaction with the family.
   - **Progress Assessment:** Regularly evaluating changes in safety and risk.
   - **SAFE@Home Safety Management:** Implementing, monitoring, and adjusting safety plans.

   Core Principles
   - **Child Safety & Permanency:** The model aims to achieve, maintain, and promote the best interests of children, including their safety, stability, and well-being.
   - **Least Intrusive Intervention:** Determining the least intrusive safety plan necessary to ensure child safety.
   - **Family Engagement:** Actively involving families in the assessment and planning process.
   - **Targeted Assessment:** Focusing on specific actions, behavioral changes, and safety management.

   Implementation and Impact
   Illinois DCFS is among the organizations adopting this model, which is designed to enhance the effectiveness of the child welfare system. It promotes a "whole family approach" to better evaluate risk and safety factors, ensuring that safety plans are tailored to specific needs. The model emphasizes building "protective capacity"—the ability of parents/caregivers to protect their children.

3. **Motivational Interviewing:** Motivational Interviewing (MI) is a collaborative, goal-oriented communication style that is designed to help people resolve ambivalence about change and strengthen their motivation to make positive behavioral changes.

   Key Principles of Motivational Interviewing
   - **Person-Centered**
     MI emphasizes empathy and respects the individual's autonomy. The goal is to guide rather than direct.
   - **Exploring Ambivalence**
     Many people feel conflicted about change. MI helps them explore both sides of that ambivalence without judgment.

- **Eliciting Motivation**
  Instead of imposing reasons for change, MI draws out the person's own motivations and values.
- **Non-Confrontational**
  MI avoids arguing or pressuring. It uses reflective listening and open-ended questions to encourage self-discovery.

Implementation and Impact
Illinois DCFS has adopted MI as one of the core ways to engage with families. Trainings are centered around the Spirit of MI (PACE): Partnership, Acceptance, Compassion, and Evocation; Core Principles and Processes; Core Skills; and Change Talk.

4. **Forward Together:** Forward Together is a statewide practice transformation initiative within the Illinois Department of Children and Family Services (DCFS). The initiative strengthens how the Department responds to reports of child abuse and neglect by enhancing safety decision-making, improving consistency, and promoting meaningful family engagement.

   The Child Abuse Hotline continues to apply the same statutory screening criteria under the Abused and Neglected Child Reporting Act (ANCRA of Illinois). Screened-in reports are assigned to the field, where Child Protection Specialists initiate a structured safety-focused information-gathering process. This approach supports a thorough evaluation of child safety, family functioning, and caregiver protective capacities at the outset of DCFS involvement.

   Forward Together does not change statutory mandates, investigative authority, or due process requirements. Child safety remains the Department's foremost responsibility.

   Core Components

   Tailored Approach
   Forward Together allows Child Protection Specialists to begin with a structured family-focused consultation process, while maintaining authority and obligation to transition to a formal investigation when required.

   Structured Safety Framework (SAFE Model)
   The Safety Assessment and Family Evaluation (SAFE) framework guides consistent information collection, identification of safety threats, evaluation of caregiver protective capacities, and documentation of decisions.

   Early, Comprehensive Safety Review
   Child Protection Specialists engage families in a structured review of safety concerns before determining next steps, ensuring decisions are informed by a full understanding of family dynamics and risk factors.

   Defined Decision Points
   Clear timeframes and supervisory consultation requirements promote accountability and consistent determinations regarding whether concerns are resolved through family consultation or require formal investigation.

   Transparency and Family Engagement
   Families are informed of DCFS's responsibility to assess child safety and understand that concerns may transition to a formal investigation if warranted.

Alignment with Law and Policy

All statutory standards, investigative requirements, and child protection obligations remain unchanged.

Intended Impact

Forward Together is designed to:

- Improve the accuracy and consistency of child safety determinations
- Ensure responses are proportionate to identified safety concerns
- Strengthen family engagement through structured, transparent communication
- Reduce unnecessary system involvement through tailored linkage to supportive services
- Align policy, supervision, training, and field practice into a cohesive, safety-centered model
- Promote stronger long-term outcomes for children and families

Forward Together reinforces Illinois DCFS's commitment to protecting children while engaging families in a structured, transparent, and accountable process grounded in safety.

Illinois Child Welfare Partner Engagement

Conducting continuous CFSR reviews each month, despite the CFSR phase, allows DCFS to learn the perspectives and experiences of the people we serve. In addition to that, the organization supports many advisory groups at which the Department can hear from system partners (such as the Birth Parent Advisory Council, the Youth Advisory Boards, Foster/Adoptive Parent Advisory Councils).

DCFS' CFSR data clearly demonstrates that working with parents is where our greatest challenge is, as it shows up in all items specific to agency efforts to engage parents, specifically fathers. Therefore, for the completion of this document, DCFS convened three "Partnership for Progress" meetings in October 2025 to engage child welfare partners in providing input on potential solutions to the challenge of engagement. Attendees at the Partnership for Progress meetings reflected a broad range of system partners: DCFS and CWCA staff, attorneys, Judges, law enforcement, state representatives, educational partners, health partners, advocates/CASA, community providers, Tribal attorney, University partners, advisory board members, and lived experience.

To ensure equitable opportunities and ensure that lived experience was adequately captured, DCFS followed those meetings up with same/scaled down presentations to the Statewide Birth Parent Advisory Council, the Statewide Youth Advisory Board, the Statewide Foster Parent Advisory Council, the Illinois Adoption Advisory Council, and the Advisory Group Collaborative (co-chairs of the various advisory groups). At each presentation, the attendees were asked targeted questions regarding engagement (typically about the quality of caseworker in-person visits) to solicit their input and suggestions for improvement. Information learned through these interactions populates this report where applicable.

OUTCOMES

Immediately upon completing its CFSR Round 3 PIP Measurement reviews, Illinois began transitioning to prepare for its CFSR Round 4. That effort included training up its' CFSR reviewers on what is new and different in Round 4 and beginning practice reviews to get acclimated and accurate in the use of the revised OSRI (Onsite Review Instrument). Beginning in March 2025, Illinois' federal CFSR partners began conducting Secondary Oversight on all cases reviewed each month.

SAFETY OUTCOMES 1 and 2

1. Performance Data Highlights & Brief Analysis

The aggregate Illinois CFSR 4 (IL CFSR 4) data for Outcomes Safety 1 and Safety 2 (Items 1, 2 and 3) is presented here in two 6-month measurement periods:

ILLINOIS CFSR 4 Outcomes & Items (State)	9/24 - 2/25			3/25 - 8/25 *(preliminary data)*			Trends
Performance*	**%S/SA**	#S/SA	#Appl	**%S/SA**	#S/SA	#Appl	
Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT	**87.9%**	29	33	**90.6%**	29	32	
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	**87.9%**	29	33	**90.6%**	29	32	
Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE	**64.6%**	51	79	**70.1%**	61	87	
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	**72.2%**	13	18	**84.6%**	11	13	
Item 3: Risk and Safety Assessment and Management	**64.6%**	51	79	**71.3%**	62	87	

Safety Outcome S1*:* The data above notes improvement in Item 1/Outcome S1, currently at 90.6%. There is no real difference in performance between Foster Care and In-Home case review samples for Item 1. Illinois did not pass this Item in Round 3. The data above reflects an improvement over our CFSSR 3 PIP Measurement data. Performance for Outcome S1 is less than 100% because in some cases where all alleged child victims were not seen within the initiating timeframe, we did not have evidence to demonstrate that the agency conducted Good Faith Attempts every 24-hours nor a Supervisory waiver.

CFSR 3 Findings: Illinois received an overall rating of Area Needing Improvement for Item 1 because 93% of the 28 applicable cases were rated as a Strength. As a result of the state's PIP; Illinois achieved the PIP Goal of 90% Substantially Achieved for this outcome in Measurement Period 1, but was not able to sustain that achievement for the remainder of the PIP Period nor non-overlapping period.

Safety Statewide Data Indicators (SWDIs): There are two safety-related SWDIs: Maltreatment in Foster Care, and Recurrence of Maltreatment. For the CFSR, the Children's Bureau determines a "National Performance" based on all states' data. States are assessed based on their "Risk Standardized Performance[1]" (or RSP), which standardizes all states using the same risk factor, in this case based on age of the children in the indicator. Illinois' performance on the Maltreatment in Foster Care SWDI is 20.83 (National Performance is 9.07), and for the Recurrence of Maltreatment our RSP is 18.7% (National Performance is 9.7%). Our performance on both of these Statewide Data Indicators is statistically worse than national performance).

Our Maltreatment in Foster Care observed data (i.e., without the risk standardization applied) improved to 15.66 victimizations/100,000 days in care (FFY23) compared to FFY21 data (17.36, based on our August 2025 Data Profile). The reason(s) for this improvement are not immediately known. Our Recurrence of Maltreatment observed data remains essentially unchanged over time (most recently at 14.2% for FFY23-24; compared with 13.8% in FFY21).

Safety Outcome S2: The IL CFSR 4 data above indicate that Illinois is at 70.1% Substantially

[1] Risk-Standardized Performance (RSP) is derived from a multi-level statistical model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for one indicator, the state's entry rate. It uses risk adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national performance. (Children's Bureau)

Achieved for Outcome S2, which represents an improvement over the prior measurement period. The difference in case review performance between Foster Care and In-Home case review samples is significant for Outcome S2: Foster Care data for S2 is in the 65-70% Strength range, whereas the data for In-Home is in the 45-58% range across the rolling measurement periods. Item 3 is the influencer on the Outcome, as all cases are applicable; fewer cases are applicable for Item 2. Illinois did not pass this Outcome in Round 3. Performance is slightly improved since completing the CFSR Round 3 PIP Measurement reviews in March 2024.

CFSR 3 Findings: Illinois received an overall rating of Area Needing Improvement for Item 2 because 31% of the 13 applicable cases were rated as a Strength. Illinois received an overall rating of Area Needing Improvement for Item 3 because 51% of the 65 cases were rated as a Strength. As a result of the state's PIP; Illinois did not achieve this outcome during the PIP Period nor throughout the non-overlapping period. The state did achieve the PIP Goal of 86% Strength for Item 2 in Measurement Periods 9 and 10, however the state was not able to achieve the PIP Measurement goal of 67% Strength for Item 3 during any measurement period.

2. Results of Deeper Data Exploration for Priority Focus Areas

The Division of Child Protection (DCP) has been focused on continuing to develop its culture of excellence through communication and accountability. Several years back, DCP began tracking timeframes to seeing every child within 24 hours. They then started a small test of change where they started a 7-day dashboard to monitor children seen within 7 days (inclusive of GFAs). They supplemented this data with weekly meetings where supervisors and Area Administrators had to explain why they weren't at 100% and what they were going to do to improve over the next week. This was so successful that then they moved to ensuring all children seen within 2 days. The Division continues to be focused on ensuring all child victims are seen within 2 days of receipt of the investigation (currently at 94%), and this appears to be resulting in improved Item 1 data. DCP is aware of the CFSR expectation that we follow our own policy, and are in talks with our Office of Information Technology Services to add Good Faith Attempts data to existing Child Protection PowerBI dashboards for purposes of beginning a new small test of change to address lack of adherence to our state policy.

Maltreatment in foster care is much less frequent in Cook Region than in the other 3 Regions, by almost 8 points in the rate of occurrence (for FFY23, Cook was 10.43 versus 18.79 in the Central Region [highest]).

Research into the SWDI data reveal that parents and relative/fictive kin parents are most often the perpetrator, and the allegations often involve the foster parent allowing unauthorized and unsupervised contact with the child/youth (these come in coded an allegation 60 [Risk of Harm – neglect] and/or allegation 74 [Lack of Supervision]). In response, DCFS established a Maltreatment in Foster Care Review Panel (the Panel, follow the link to learn more about the Panel).

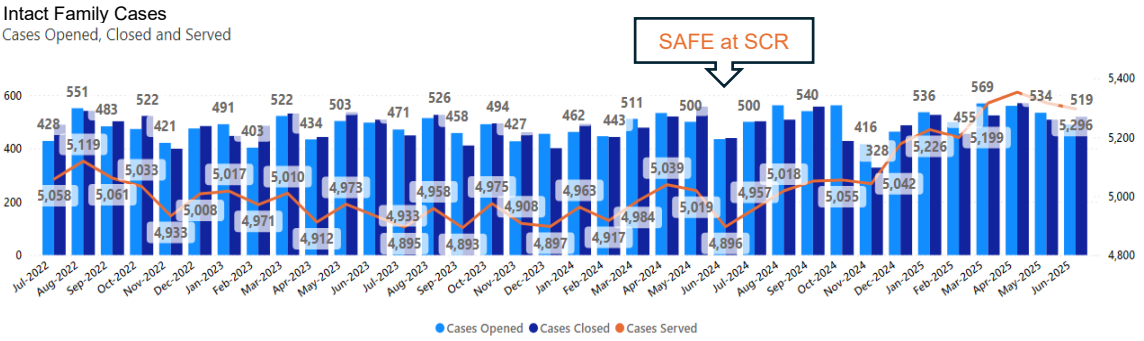
For the Recurrence of Maltreatment measure, there has been quite an increase in the percentage of children under age 1 and ages 1-5 in FFY23-24 compared to FFY20-21 (a total of 51% versus 46%). Thus, it would be fair to say that recurrence of maltreatment most frequently involves children 0-5 years old, a very vulnerable population. The reverse is true for the same age group in the Maltreatment in Foster Care data. Here again, recurrence of maltreatment is lower in Cook Region than in any other region (10.6% for FFY23 versus 17.9% for the Southern Region [highest]).

Systemic trends noted in the IL CFSR 4 reviews for Outcome Safety 2:

- The implementation of the SAFE Model at the State Central Register has significantly reduced the number of reports accepted for investigation. As a result, the investigation count by DCP worker has reduced by 48% in FY25. Anecdotal reports from the field are already indicating that DCP and

placement casework staff are feeling more content with their jobs as they are more able to attend to each case in the ways that they would want to (and are expected to).

- The implementation of the SAFE Model at the State Central Register in July 2024 is shifting more cases toward prevention via referrals to Intact Family Services:



Data from PowerBI as of 1/5/26, 6:05 AM
Filtered by State Fiscal Year (top 3 by Max of State Fiscal Year), State Fiscal Year (is not 2026)

- Lack of safety services to support families in and of itself); lack of aftercare planning/services to prevent re-entry. For example, in one case, a youth was returned to the parent. The youth had a history of psychiatric hospitalizations, however, the agency did not have an after care plan in place to support both he youth and the parent to meet the youth's ongoing psychiatric needs
- Non-offending parents were not provided the opportunity to care for their children in lieu of said child entering foster care
- Lack of ongoing assessments of children remaining in the home with parent, and of non-custodial parent contact with the child/environments where children do not reside
- Lack of follow-up on identified risk & safety concerns. For example: There were several cases where in the home of origin, there were case participants such as fathers or paramours who were not assessed. In another case, there was a safety plan put in place. However, part of the safety plan required the mother to have at least 3 negative drops. The agency did not provide assistance in transportation or work on finding alternatives for mother to be able to complete the drops.
- Safety plans not monitored appropriately, updated based on case dynamics, assessment of the safety plan missing
- The full implementation of the SAFE Model is expected to address all of these systemic trends.

In 2024, the Division of Quality Assurance completed a targeted review of youth included in the Re-Entry SWDI. The review compared two groups from different points in time, where one group represented a period of time where Illinois was below the National Performance (preferred; this was the "baseline" sample)), and the other group represented a period of time where Illinois was above the National Performance (this was the "comparison" sample). While the Re-Entry measure is a permanency measure, it also informs us of reasons for re-entry which often include repeat maltreatment while in the care of a parent/guardian.

The Re-Entry Review indicated that over 60% of families remain at high risk for safety and neglect concerns upon discharge from child welfare services during the sample periods. Children who are ages 0-5 have the highest rate of re-entry, and the re-entry reason is same or similar to the first entry in most cases. Substance abuse and domestic violence remain the dominant reasons for entry and reentry in this review. Most children returned to their mother and re-entered from their mother's care. Prior to the return home, parent-child visitation did not increase over time to allow the family to adjust. Over 60% of youth that reentered were in sibling groups and over 75% were reunited all at once.

Of the families studied, parents' completed services in less than half the cases prior to the return home, or children were returned to their non-offending parents. A surprising number of cases were dismissed in court and children were returned home due to insufficient evidence/agency failure to prove the case (19 of 65 baseline cases and 14 of 116 comparison cases; these were often connected to how long it took a case to get to Adjudication). Often the court decision to return a child home was made at the Adjudication Hearing rather than the Dispositional Hearing. In a fair number of cases, the court returned children to parents over agency, ASA, and GAL objections (6 of 65 baseline cases and 18 of 116 comparison cases). Court maintained jurisdiction upon return home less than 44% of the time and less than 10% maintained legal guardianship. It was also observed that even with over half to three fourths of children being sent home with a supervision order, the children still reentered. Therefore, a supervision order alone did not prevent re-entry.

Less than 20% of youth had active Child and Family Teams prior to closure and those active teams met less than quarterly. Family Finding is happening in 46-59% of cases and when supports are located, they did not become a part of the family CFTM. Thus families lacked a positive support system to assist in preventing the youth's reentry into care.

Half of all youth had an aftercare plan upon discharge (49% of the baseline sample, and 46% of the comparison sample). Of those with an aftercare plan, only 30% of cases in the baseline and 38% of the comparison group reflected that aftercare was provided for the 6 months post-reunification.

Finally, substance abuse and domestic violence concerns mothers face upon return home of their children need to be addressed, especially when returning young children who have limited ability to self-protect. Increased planning, service provision, support system development and stronger after care planning should be considered.

Partner Feedback/ideas that could help DCFS engage families more effectively during the investigation process (and improve performance in Item 2 in particular):

1. Shift the Mindset and Terminology

- **Problem**: Investigations are often perceived as interrogations, creating fear and mistrust in families.
- **Solution**: Shift the focus from "investigation" to "assessment." Framing the work as an assessment of family functioning helps reduce the sense of threat. This shift in mindset encourages a more collaborative approach, where the goal is to support families, not just evaluate them.
- **Key Action**: Reframe how staff view their role—moving from "child protection" to "family support" or "service worker." This could also involve adjusting the language and tone to make families feel like they're being listened to and not judged.

2. Increase Training and Use Simulations

- **Problem**: Investigators often lack the necessary skills, such as active listening, empathy, and engagement, to build trust with families.
- **Solution**: Implement more experiential learning, including simulations and role-playing, to enhance skills like motivational interviewing, listening, and questioning. This will allow investigators to practice these skills before they face real-world situations. (Note: with the roll-out of the SAFE Model with Investigations in July 2026, Skills-Based Coaching will also be introduced to support the transfer of learning and acquisition of skills needed.)
- **Key Action**: Include evaluative components in training that focus on assessing a candidate's ability to engage families. Incorporate regular refresher courses to keep skills up to date.

3. Collaborate with Community Partners and Resources

- **Problem**: Families are often overwhelmed when DCFS enters their lives, and there is a lack of adequate support services at the moment of need.
- **Solution**: Strengthen partnerships with community resources such as family advocacy centers, child advocacy centers, schools, and medical providers. These partnerships can provide a more holistic approach to the investigation process, focusing on supporting families rather than just investigating them.
- **Key Action**: Increase the capacity of community resources and engage them as first responders to issues before they escalate into investigations.

4. Enhance Staff Evaluations and Competency Assessments

- **Problem**: Investigators are sometimes unprepared for the emotional and relational aspects of the role, and the hiring process doesn't always assess critical soft skills.
- **Solution**: Revise the hiring process to include evaluations of interpersonal skills like listening, empathy, and natural curiosity. Regular assessments of investigator competencies, including performance reviews from trainers, will ensure that staff are fully equipped to handle complex, emotionally charged situations. Incorporate mental health supports to DCP staff to address work-related trauma.
- **Key Action**: Have trainers evaluate staff more comprehensively before they enter the field. Implement ongoing performance assessments and focus on the specific skills needed for engagement.

5. Address and Manage Fear—Both Investigator and Family

- **Problem**: Both families and investigators are often driven by fear—fear of losing children or making a mistake in assessing the situation. This fear can interfere with effective engagement.
- **Solution**: Create a culture of support and collaboration, where the focus is on child safety rather than fault. Encourage families to view DCFS as a resource, not as a punitive entity. Similarly, support investigators in managing their own fear through proper training, emotional support, and a collaborative mindset.
- **Key Action**: Acknowledge the fears of both parties—investigators and families—and address them directly through training, mentorship, and clear communication about the goals of the investigation

Here are five top solutions that could help DCFS to **better support children at home** (also Item 2):

1. Strengthen Prevention and Early Intervention Efforts

- **Problem:** Families often come to DCFS attention only after crises escalate, and services can be delayed or inconsistent—especially in rural or resource-limited areas.
- **Solution:** Reorient DCFS toward a true prevention model that supports families early and proactively, before removal risk arises. Invest in community-based prevention programs and targeted research to understand families' real needs and emerging trends (e.g., fentanyl use, mental health access, poverty-related issues).
- **Key Actions:**
  - Fund family support programs available without formal investigations (FFPSA, intact services, voluntary programs).
  - Create data-informed prevention plans tailored to each region's needs.
  - Partner with community agencies, schools, and health systems to provide wraparound supports.

2. Expand and Streamline Access to Services and Aftercare Supports

- **Problem:** Families experience long wait times, service gaps (especially for mental health and medically complex children), and service interruptions when cases close or families move.

- **Solution:** Build a continuous care system with better access, coordination, and follow-up after formal case closure. Families should not have to restart services or lose support when they relocate.
- **Key Actions:**
  - Develop robust aftercare programs to maintain stability post-case closure.
  - Strengthen partnerships with mental health agencies, Medicaid providers, and subsidized housing programs.
  - Simplify access to benefits (DHS, childcare, EBT, medical cards) through coordinated case management.
  - Maintain CASA or community support involvement after case closure to ensure continuity.

3. Invest in Trauma-Informed, Reflective, and Culturally Competent Practice

- **Problem:** Families' experiences are shaped by fear, stigma, bias, and systemic inequities, which erode trust in DCFS.
- **Solution:** Foster a trauma-informed and culturally responsive culture that centers empathy, reflection, and lived experience. Replace one-time bias training with ongoing reflective supervision and group dialogue that helps staff examine how race, poverty, and judgment influence their work.
- **Key Actions:**
  - Create reflective spaces for staff—clinician-led forums to discuss practice challenges and personal biases safely.
  - Provide implicit bias, cultural humility, and trauma-informed care training regularly for all staff.
  - Engage lived experience panels (parents, youth, kin caregivers) to inform policies and training.
  - Partner with cultural community organizations (e.g., Asian American, Polish, Arabic, Deaf/Hard of Hearing services) to increase accessibility and representation.

4. Strengthen Economic and Practical Supports for Families

- **Problem:** Many families struggle with poverty-related issues—unstable housing, unemployment, childcare costs, and lack of medical or educational supports—that can lead to DCFS involvement.
- **Solution:** Address these root causes through economic empowerment, housing, and workforce supports that help families sustain safe environments.
- **Key Actions:**
  - Establish partnerships with subsidized housing authorities to prioritize DCFS-involved families.
  - Expand vocational training and educational opportunities for parents, including childcare access while training.
  - Increase use of Norman Funds and basic needs resources to stabilize families before case closure.
  - Coordinate with community-based organizations and CASA for donated goods and material supports.

5. Center Family Voice, Lived Experience, and Collaboration

- **Problem:** Families often feel unheard or stigmatized; their insights are rarely used to shape services.
- **Solution:** Build systems that elevate family voices in both casework and program design. Position families as partners and experts in their own growth.
- **Key Actions:**
  - Establish family and parent advisory councils to provide feedback and guide reforms.

- Launch parent mentor and peer support programs (e.g., Parent Connection, Amplified Fathers).
- Incorporate parent and youth voices into service planning, documentation, and policy design.
- Use positive messaging and rebranding to shift public perception of DCFS from "removal agency" to "family support agency."

3. Information Regarding CQI Change and Implementation Activities, As Applicable

CFSR data are communicated monthly by outcome in the SPICE Meetings (Strategy, Performance, Improvement, Communication Exchange), as well as at intact and permanency meetings statewide. Underlying reasons are also communicated, based on case type for the purposes of using the information in CQI cycles of improvement. Illinois has seen improvement with Item 1 as noted above, and the SWDI for Maltreatment in Foster Care appears to be trending in the right direction.

The Division of Quality Assurance (DQA) and the Division of Child Protection (DCP) were working collaboratively on a small test of change (from October 2024-September 2025), aimed at reducing maltreatment in foster care. When presented (in 2024) with data DQA collected during a review of the Maltreatment in Foster Care statewide data indicator, an underlying issue shared was that on occasion the assessment of the relative or fictive kin caregiver by DCP was not substantive nor were expectations communicated to the caregiver about supervision of parent-child expectations, nor expectations regarding appropriate behavior management and discipline approaches. DCP staff identified a small test of change that would involve training all DCP staff on an existing form (Relative Placement Agreement, also known as the 458), implementing the use of the form, and tracking implementation. This effort began 10/1/2024 and ended 9/30/2025. Since beginning the project, there has been inconsistent implementation across the state. A review of investigations meeting review criteria noted an absence of maltreatment in foster care. DCP leadership determined that the project was not necessary and with DQA agreement it was stopped. DCP and DQA are instead pursuing re-instituting a peer review process; this was again a DCP-initiated request. This new effort is in its infancy.

In early summer 2025, DCFS also implemented a Maltreatment in Foster Care Review Panel (associated with the B.H. Consent Decree Superseding Implementation Plan). The purpose of the panel is to explore and address cases in which youth in care are reported to the Hotline for maltreatment. The current focus is on reports in which the allegation is risk of harm and/or lack of supervision, and the perpetrators are parents and/or foster parents. Data has been collected over the years identifying a significant number of maltreatment reports indicated because the foster parent allowed unsupervised/unauthorized contact between the parent(s) and the child in care, despite no harm to the child. The Maltreatment in Foster Care Review Panel is alerted to reports that meet criteria for review, and reviews any of those reports that are indicated or where the agency has removed the child or wants to remove the child as a result of the unsupervised/unauthorized contact. The Panel has the authority to reverse investigation decisions, and either deny a removal or return a child to the foster home if safe and appropriate. The Panel hopes that this level of review will result in fewer indicated reports when a child is not harmed and not unsafe, as well as prevent unnecessary removals and trauma to youth in care and their caregivers. The Panel is still in its early days, so the impact is still TBD, however internal data shows a decline in the rate from 17.1 for FY24 to 14.3 in FY25 (DCFS CFSR Maltreatment in Foster Care PowerBI Dashboard, as of 11/19/2025).

PERMANENCY OUTCOMES 1 and 2

1. Performance Data Highlights & Brief Analysis

Permanency 1

ILLINOIS CFSR 4 Outcomes & Items (State)	9/24 - 2/25			3/25 - 8/25 *(preliminary data)*			Trends
Performance*	**%S/SA**	#S/SA	#Appl	**%S/SA**	#S/SA	#Appl	
Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS	**23.9%**	16	67	**9.2%**	6	65	
Item 4: Stability of Foster Care Placement	**88.1%**	59	67	**84.6%**	55	65	
Item 5: Permanency Goal for Child	**41.8%**	28	67	**33.9%**	22	65	
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	**29.9%**	20	67	**13.9%**	9	65	

The aggregate IL CFSR 4 data for Outcome Permanency 1 was rated Substantially Achieved in 23.9% of the cases in the first measurement period above (September 2024 to February 2025), and most recently in 9.2% of the cases reviewed from March – August 2025. This data reflect a decline in performance from our CFSR 3 PIP Measurement data. Performance on all Items included in Outcome Permanency 1 have declined, most significantly Item 6.

In addition to state-collected CFSR 4 data, Illinois receives data profiles on its CFSR Statewide Data Indicators related to permanency (tables below, updated with August 2025 Data Profile). These data indicate an increase in the number of placement moves experienced, a slight increase in permanency in 12 months, relatively stable permanency in 12 months for youth in care 12-23 months, and in permanency in 12 months for youth in care 24+ months.

CFSR 3 findings:

- Illinois received an overall rating of Area Needing Improvement for Item 4 because 75% of the 40 applicable cases were rated as a Strength
- Illinois received an overall rating of Area Needing Improvement for Item 5 because 25% of the 40 applicable cases were rated as a Strength
- Illinois received an overall rating of Area Needing Improvement for Item 6 because 15% of the 40 applicable cases were rated as a Strength

CFSR 3 PIP Results: As a result of all PIP Activities implemented during the PIP Measurement period and non-overlapping period:

Illinois was able to achieve the PIP Goal of 78% Strength for Item 4; 38% Strength for Item 5, and 25% Strength for Item 6

- The PIP Goal for Item 4 was achieved in Measurement Period 5, and sustained through the remaining Measurement Periods.
- The PIP Goal for Item 5 was achieved in Measurement Period 4, and sustained through to Measurement Period 9.
- The PIP Goal for Item 6 was also achieved in Measurement Period 5, and sustained through to

Measurement Period 7.

Permanency Statewide Data Indicators

CFSR 4 Statewide Data Indicators, Federal Data Profiles (as of August 2025)

Placement Stability - Illinois, Observed Performance (Rate)

19B-20A	FFY20	20B-21A	FFY21	21B-22A	FFY22	22B-23A	FFY23	23B24A	FFY24	24B25A		National Performance	Meeting?	Trend
3.73	3.86	3.61	3.59	3.48	4.19	4.4	4.68	4.42	4.76	4.22		4.48 moves or less	Yes	Watch

Permanency in 12 Months - Illinois, Observed Performance

FFY18	18B-19A	FFY19	19B20A	FFY20	20B-21A	FFY21	21B22A	FFY22	22B23A	FFY23		National Performance	Meeting?	Trend
12.1%	12.0%	11.7%	11.0%	12.8%	14.7%	14.1%	12.7%	12.1%	13.0%	14.6%		35.2% or more	No	UP

Re-Entry Into Foster Care - Illinois Observed Performance

18B19A	FFY19	19B20A	FFY20	20B21A	FFY21	21B22A	22A22B	22B23A	FFY23	23B24A		National Performance	Meeting?	Trend
4.4%	4.1%	4.4%	5.2%	5.3%	5.0%	4.6%	5.1%	5.2%	5.5%	4.9%		5.6% or less	Yes	DOWN

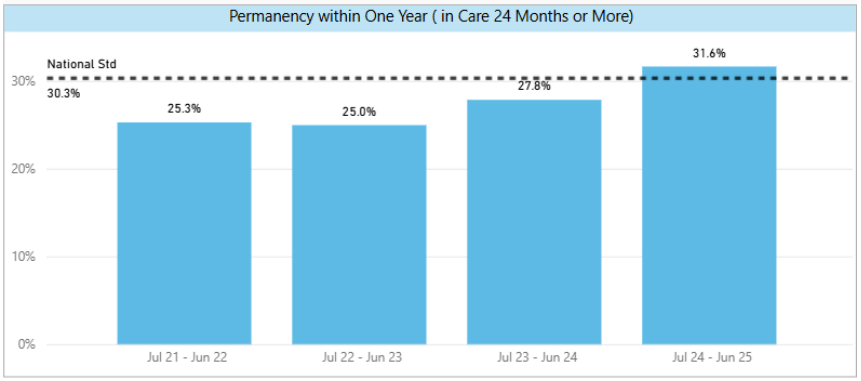
Permanency in 12-23 Months - Illinois, Observed Performance

19B-20A	FFY20	20B-21A	FFY21	21B-22A	FFY22	22B-23A	FFY23	23B24A	FFY24	24B25A		National Performance	Meeting?	Trend
24.0%	21.2%	21.4%	21.7%	22.1%	21.9%	22.5%	25.2%	25.5%	28.6%	29.5%		43.8% or more	No	UP

Permanency in 24+ Months - Illinois, Observed Performance

FFY19	19B-20A	FFY20	20B-21A	FFY21	21B-22A	FFY22	22B-23A	FFY23	23B24A	FFY24	24B25A	National Performance	Meeting?	Trend
31.7%	30.2%	26.6%	26.6%	28.2%	28.7%	28.6%	27.0%	31.0%	32.6%	34.3%	36.9%	37.3% or more	No	UP

Internal data for the CFSR measures are more recent and indicate similar trends as the federal data with the exception of the permanency in 12 months for youth in care 24+ months measure where for FY25 performance was at 31.6%:



Data Quality: In June 2025, we did some analysis for Item 6 to answer our question: "What changed with Item 6, that there was such a significant change in performance?"

Item 6 rating
% and # of cases rated a Strength

Sep-24	Oct-24	Nov-24	Dec-24	Feb-25	March 2025*	April 2025*	May 2025*	June 2025*	July 2025*	August 2025*
18.75%	46.67%	27.27%	23.08%	33.33%	9.09%	0%	9.09%	18.18%	18.18%	30.00%
3 of 16	7 of 15	3 of 11	3 of 13	4 of 12	1 of 11	0 of 11	1 of 11	2 of 11	2 of 11	3 of 10

**Federal Secondary Oversight*

Note: June-August data is preliminary

As you can see from the table above, there was obvious change in performance beginning with the March 2025 data. This coincides with the start of our federal partners conducting Secondary Oversight and technical assistance they provided to support accurate use of the Onsite Review Instrument. The performance in Item 6 (and likely Item 5) decreased due to the improved application of the CFSR Onsite

Review Instrument. In several cases, concurrent planning would have assisted the cases moving in a more positive trajectory towards achieving permanency (and in fact the August data reflect that). Most cases remained stagnant within the reunification goals with lack of efforts from both the agency and the parents.

In addition, in the months of April – July 2025, the sample included cases that had longer lengths of stay (more of the cases had a permanency goal of adoption) than in other months, which in and of itself can result in Items 5 and 6 being rated Area Needing Improvement.

As a state, Illinois struggles with several practices that would support permanency: Conducting concurrent planning; setting the most appropriate goal in a timely manner (e.g., moving from reunification to subsidized guardianship or adoption in less than a year so that the guardianship might be achieved within 18 months or adoption within 24 months of entry into foster care); adhering to ASFA timeframes for terminating parental rights; and achievement of permanency within federal timeframes (12 months for reunification, 18 months for subsidized/guardianship, and 24 months for adoption). There are many known barriers and challenges, and significantly the impact of court decisions. Court delays include: Time to adjudication hearing; inability to change permanency goal before 9 months past adjudication (if using failure to make progress grounds for TPR); limited sense of urgency; lots of continuances; concentration on risk versus safety preventing reunification.

Unlike other reports we see in our system which indicate that in FY25 the state achieved permanency at 35% (APME Dashboard for cases where children/youth placed in a traditional or relative/kin placement), in the CFSR Item 6 we are not measuring rates of permanency, but rather whether how well we are making timely and progressive movement toward permanency. The focus in this item is on the agency AND the court, not on the parent's efforts. We are challenged in this item by the length of time we keep children in care, lack of engagement of parents in appropriate services and decision-making, and court delays. So the 50% drop in performance is reflective of agency efforts to move things along and court delays.

Permanency 1 Partner Feedback/ideas could help DCFS engage fathers:

1. Identify and Engage Fathers from Day One

- **Problem:** Fathers are often left out early in the process—reports and case reviews focus primarily on mothers.
- **Solution:** Require that father's information be collected and included in the State Central Register (SCR) and in peer review engagement. At the hotline or intake level, ensure both parents are identified for each child and that there is a structured process for documenting and reaching out to fathers immediately.
- **Key Action:**
  - Update protocols to include father identification as a mandatory step in all investigations.
  - Integrate automated prompts in case management systems to ensure paternal information is collected and followed up on.

2. Provide Targeted Training to Address Bias and Build Skills

- **Problem:** Implicit biases lead to assumptions that fathers are uninterested or unavailable, and staff may lack tools to effectively engage them.
- **Solution:** Implement **ongoing implicit bias training** focused specifically on father engagement, along with **training on family dynamics** (especially in blended families) and **the impact of fathers on child wellbeing**.
- **Key Action:**
  - Include real father engagement stories in trainings to build empathy and understanding.
  - Offer supervision training to ensure leaders reinforce inclusive practices.
  - Educate staff on legal definitions and rights related to fathers (e.g., paternity, custody).

3. Tailor Engagement Strategies to Fathers' Realities

- **Problem:** Engagement strategies often don't account for fathers' schedules, work commitments, or roles (especially when they weren't the primary caregiver).
- **Solution:** Create flexible, father-specific engagement approaches, meeting dads where they are—at their workplaces, community centers, or virtually. Recognize and accommodate their schedules and needs.
- **Key Action:**
  - Adjust meeting times, communication styles, and expectations to better align with fathers' availability.
  - Encourage co-parenting approaches that include both parents from the start.

4. Strengthen Partnerships with Father-Focused Community Programs

- **Problem:** DCFS often works in isolation from community supports that specialize in father engagement.
- **Solution:** Expand collaboration with community-based fatherhood initiatives such as Brightpoint's father coalition, Family Focus, and Primed for Life. These partnerships can provide mentorship, peer support, and resources tailored for fathers.
- **Key Action:**
  - Formalize partnerships with father-serving organizations statewide.
  - Invite community partners to participate in training and case staffings.
  - Use these collaborations to offer fathers accessible, stigma-free entry points for support.

5. Foster a Culture of Inclusion and Continuity

- **Problem:** Even when fathers are initially engaged, follow-up and consistent involvement are often lacking.
- **Solution:** Establish a culture of continuous engagement—listen to fathers' stories, maintain contact, and include them in Child and Family Team Meetings (CFTMs) and ongoing service planning.
- **Key Action:**
  - Require ongoing follow-up with fathers, not just initial contact.
  - Reinforce through supervision and case reviews that both parents should be engaged at every stage.
  - Promote success stories where father involvement led to positive outcomes.

Here are five top solutions that could help DCFS **ensure placement quality and stability**:

1. Expand and Diversify the Pool of Foster and Relative Caregivers

- **Problem:** There is a shortage of both traditional and licensed foster homes, particularly bilingual and culturally matched placements.
- **Solution:** Launch targeted recruitment and retention campaigns to attract more diverse foster families who reflect the cultural, linguistic, and community backgrounds of children in care.
- **Key Actions:**
  - Develop bilingual and multicultural recruitment initiatives (Spanish, Polish, Arabic, etc.).
  - Partner with community-based organizations, faith groups, and cultural associations to identify and support potential foster families.
  - Streamline licensing and support processes for kinship and traditional homes to reduce barriers to approval.

2. Strengthen Financial and Practical Supports for Foster Families

- **Problem:** Many foster parents struggle with the costs of care and the lack of material or emotional support, leading to placement disruptions.

- **Solution:** Provide consistent, adequate financial assistance and ongoing supports to ensure caregivers can meet the needs of children in their care.
- **Key Actions:**
  - Maintain and expand higher stipends for all levels of foster care, including bilingual and specialized homes.
  - Offer respite care, childcare, and transportation assistance to reduce caregiver burnout.
  - Create peer mentoring programs linking new foster parents with experienced caregivers.

3. Increase Access to Trauma-Informed and Developmental Training

- **Problem:** Caregivers and staff often lack sufficient understanding of trauma and normal child development, which affects placement stability.
- **Solution:** Implement robust, trauma-informed and child development training for both staff and caregivers to improve understanding, empathy, and behavioral response strategies.
- **Key Actions:**
  - Make trauma-focused care and normal developmental behavior training mandatory for all foster parents and staff.
  - Provide refreshers and advanced modules on topics like attachment, grief, and secondary trauma.
  - Include real-life simulations or role-play to strengthen skill application.

4. Improve Collaboration, Communication, and Support Between DCFS and Caregivers

- **Problem:** Caregivers often feel disconnected from DCFS staff and unsupported in their roles, leading to frustration and turnover.
- **Solution:** Foster stronger communication and partnership between caseworkers and caregivers to build mutual respect and shared responsibility for the child's well-being.
- **Key Actions:**
  - Hold regular check-ins between DCFS staff and caregivers to discuss child progress and needs.
  - Develop caregiver feedback loops to inform policy and improve caseworker responsiveness.
  - Provide clear, consistent communication about resources, expectations, and changes in care plans.

5. Build Stability Through Trauma-Focused, Relationship-Based Placement Practices

- **Problem:** Frequent placement changes disrupt children's stability and healing, often due to unmet emotional or behavioral needs.
- **Solution:** Use trauma-informed placement matching and ongoing therapeutic supports to strengthen stability and help children thrive.
- **Key Actions:**
  - Match children to homes based on trauma history, language, and cultural compatibility.
  - Expand partnerships with mental health providers to offer in-home or community-based support.
  - Provide coaching and crisis intervention resources for caregivers to prevent placement breakdowns.

Here are five top solutions that could help DCFS **engage with courts**:

1. Leverage CASA Programs and University Partnerships

- Use CASA volunteers strategically to advocate for parents and children statewide, recognizing differences between CASA programs.
- Partner with law schools and universities to develop multidisciplinary trainings for caseworkers, court personnel, and parents.

- Trainings can include courtroom preparation, roles, and cross-disciplinary collaboration to improve mutual understanding.

2. Parent-Centered Court Preparation

- Provide pamphlets and clear materials to help parents understand court processes and expectations.
- Walk parents through court reports and logistics (time, location, how to navigate courthouse) to reduce fear and build trust.
- Utilize Family Resource Organizations (FROs) and Family Advocacy Centers (FACs) to mentor and support parents before and during court involvement.

3. Intensive Training for Caseworkers and Court Staff

- Implement hands-on, multi-day training modeled on legal cross-examination and courtroom procedures.
- Focus on court report preparation, testimony, timelines, and professional presentation, reducing continuances and improving credibility.
- Encourage cross-county and multi-agency participation to strengthen relationships between DCFS, courts, attorneys, and CASA.

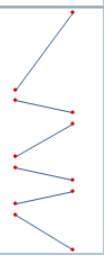
4. Align Court-Ordered Services with Community Resources

- Develop virtual services and expand service availability where gaps exist.
- Adopt a tiered service model instead of front-loading, starting with foundational services and building on progress.
- Create a centralized clearinghouse or community asset map (e.g., using BEACON) to identify local and cross-county services accessible to families.
- Accelerate availability of Trauma-Informed Services (TIS) and allow early engagement without waiting for full service plans.

5. Strengthen Collaborative Court Relationships

- Participate in roundtables, partner meetings, and Child & Family Team Meetings (CFTMs) to promote transparency and shared decision-making.
- Engage judges and court leadership in informal discussions to understand court priorities and identify ways DCFS can support them.
- Use community asset mapping and parent feedback to guide service decisions and align DCFS actions with court and family needs.
- Publicize successful collaborations to build a shared vision across courts, agencies, and families.

Permanency 2

ILLINOIS CFSR 4 Outcomes & Items (State)	9/24 - 2/25			3/25 - 8/25 *(preliminary data)*			Trends
Performance*	**%S/SA**	#S/SA	#Appl	**%S/SA**	#S/SA	#Appl	
Outcome P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN	**77.6%**	52	67	**78.5%**	5	65	
Item 7: Placement With Siblings	**92.0%**	46	50	**90.6%**	48	53	
Item 8: Visiting With Parents and Siblings in Foster Care	**62.3%**	33	53	**71.2%**	37	52	
Item 9: Preserving Connections	**92.5%**	62	67	**87.7%**	57	65	
Item 10: Relative Placement	**89.2%**	58	65	**90.8%**	59	65	
Item 11: Relationship of Child in Care with Parent(s)	**55.0%**	22	40	**50.0%**	20	40	

The aggregate IL CFSR 4 data for September 2024 – August 2025 indicates that Outcome Permanency 2 was rated Substantially Achieved in 77.6% of the cases in the first measurement period (September to February), and most recently in 78.5% of the cases reviewed from March -August 2025. With the exception of Items 8 and 10, there has been a slight decline in performance between measurement periods. These data reflect general improvement over our CFSR 3 PIP Measurement data

CFSR 3 findings:

- Illinois received an overall rating of Area Needing Improvement for Item 7 because 87% of the 30 applicable cases were rated as a Strength
- Illinois received an overall rating of Area Needing Improvement for Item 8 because 62% of the 29 applicable cases were rated as a Strength
    - In 53% of the 15 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation with a sibling(s) in foster care who is/was in a different placement setting was sufficient to maintain and promote the continuity of the relationship
    - In 81% of the 21 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her mother was sufficient to maintain and promote the continuity of the relationship
    - In 43% of the 7 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her father was sufficient to maintain and promote the continuity of the relationship
- Illinois received an overall rating of Area Needing Improvement for Item 9 because 69% of the 39 applicable cases were rated as a Strength
- Illinois received an overall rating of Area Needing Improvement for Item 10 because 65% of the 37 applicable cases were rated as a Strength
- Illinois received an overall rating of Area Needing Improvement for Item 11 because 52% of the 21 applicable cases were rated as a Strength.
    - In 70% of the 20 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother.
    - In 13% of the 8 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.

Illinois did not have to develop or implement a PIP for Permanency 2.

Systemic trends specific to Outcome Permanency 2 noted in the IL CFSR 4 reviews include:

- Youth placed with siblings unless it was necessary to place them separately due to needs of the youth or a sibling
- Youth placed with a relative
- Children were visiting with extended family, participating in family events like holidays and birthday celebrations. Many were living in the same community and attending the same schools they were before coming into care.
- The agency did not seek enough placements that would accommodate a sibling group
- Barriers to sibling and parent-child visitation were not addressed (e.g., transportation, coordination among several foster parents/agencies to arrange for sibling visits, parental incarceration, accommodation of parent medical needs, etc.)

- For youth in care who were not placed with a relative, during the PUR relatives were not regularly re-evaluated as placement resources.
- Parent(s) not being invited, encouraged, or been given the opportunity to participate in the child's activities, medical appointments, extra-curriculars, or school functions outside of visits. The agency lacked promotion of the parent-child relationship outside of visits or did not offer resources to ensure a meaningful relationship was being promoted.

Permanency 2 Partner Feedback/ideas: Five top solutions that could help DCFS preserve children's relationships with their family (immediate and extended, maternal and paternal, important friends and other connections):

1. Expand Transportation and Visitation Access

- **Problem:** Transportation barriers prevent consistent contact between children and their families, especially when placements are far away or in different regions. Visits are also too limited in time and scope.
- **Solution:** Partner with transportation providers and community organizations (e.g., churches, libraries, CASA offices) to create safe, accessible spaces and reliable transport options for family visits and events. Increase funding for visitation-related travel and activities.
- **Key Action:**
  - Expand contracts for supervised visitation and transportation.
  - Provide financial support to foster parents for facilitating visits and family activities.
  - Extend visit times and allow participation in daily routines (meals, homework, bedtime).

2. Build Trust and Strengthen Family–Agency Relationships

- **Problem:** Deep distrust exists between DCFS workers and families—both feel judged or unsupported—which undermines meaningful engagement.
- **Solution:** Prioritize relationship-building as part of the casework process through empathy, transparency, and consistent communication. Implement trauma-informed engagement models (e.g., CARE or Cornell Trauma-Informed Model) to guide interactions.
- **Key Action:**
  - Train staff in trauma-informed practice and family-centered communication.
  - Create roles for family advocates or navigators to help parents and children understand and navigate DCFS processes.
  - Embed regular family feedback loops into case planning.

3. Begin Family Finding and Connection Work Early

- **Problem:** Family connections are not always explored or prioritized early in the case process.
- **Solution:** Start family finding at the investigation stage—not after placement—using family trees, genograms, and ecomaps to identify extended relatives and other supportive adults. Include the child in identifying important connections.
- **Key Action:**
  - Make family mapping a required part of every case.
  - Train staff to use tools that identify both maternal and paternal kin early.
  - Ensure all identified family members are contacted and considered for involvement or placement.

4. Strengthen Cultural and Sibling Connections

- **Problem:** Children in substitute care, especially those under ICWA or in split placements, often lose touch with their siblings and cultural communities.
- **Solution:** Create policies and supports to maintain sibling bonds and honor cultural identity through regular contact, joint activities, and community events.
- **Key Action:**

- Support ICWA compliance and collaboration with tribes for Native American youth.
- Facilitate sibling visits through shared events (dinners, parties, community gatherings).
- Provide access to phones, letter-writing materials, and photo exchanges for ongoing sibling contact.

5. Strengthen Training and Policy on Family Rights and Support

- **Problem:** Staff often lack clarity or training on family rights, the KIND Act, and best practices for maintaining family relationships.
- **Solution:** Offer mandatory training on birth parents' rights, KIND Act requirements, and how to apply trauma-informed, family-inclusive practices.
- **Key Action:**
  - Require KIND Act awareness and implementation in all foster care cases.
  - Train staff and foster parents on co-parenting approaches and maintaining healthy family contact.
  - Encourage foster parent support groups that focus on collaboration with birth families.

2. Information Regarding CQI Change and Implementation Activities, As Applicable

Permanency 1: CFSR data are communicated monthly by outcome in the SPICE Meetings (Strategy, Performance, Improvement, Communication Exchange), as well as at intact and permanency meetings statewide. Underlying reasons are also communicated, based on case type for the purposes of using the information in CQI cycles of improvement.

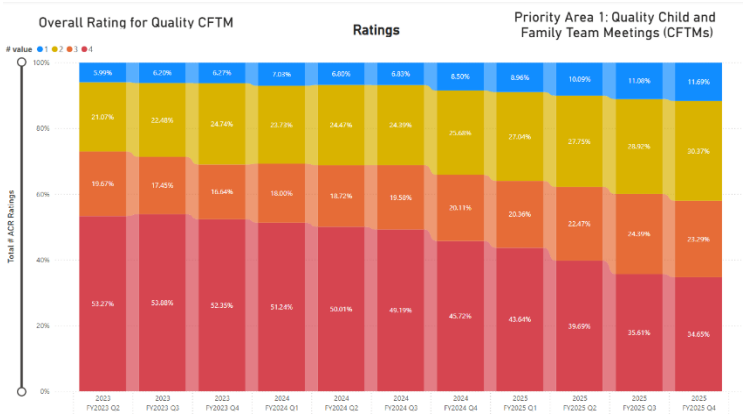
To address placement stability specifically, DCFS' Assistant Director of Youth and Families in Care issued several calls to action for DCFS and CWCA staff to address the issue of placement stability for specific at-risk youth populations (2024 and 2025). These calls to action included: including placement stability as a permanency priority for DCFS, sharing of research supporting why ensuring and supporting placement stability was so critically important to youth in many important outcomes, issue official memos to DCFS and CWCA staff, developing an audit process for the APME division to implement to assess the implementation of the memo and identify progress, as well as providing staff with a self-assessment tool to get started with.

Other CQI Change/Improvement activities: Increase the use of (and ease of use of) Flex Funds, increase the use of Intensive Placement Stabilization, KIND Act (allow for a more equitable process to certify relative/kin caregivers, thus reducing placement moves and improving placement stability), increase the use of Subsidized Guardianship as a permanency option, reduce the number of youth in residential placements beyond medical necessity, and implementation of the SAFE Model and Motivational Interviewing.

Regional Support Teams (RSTs) are workgroups of DCFS and Child Welfare Contributing Agencies (CWCAs) that support field staff in the region in developing small strategies to help achieve timely and safe permanency outcomes for the children and families we serve. The RSTs are a collaborative and structured way to operationalize achievement of regional priorities using the Continuous Quality Improvement (CQI) process of Plan, Do, Check, Act (PDCA), and are facilitated by the DCFS Quality Assurance Specialist Team. Child and Family Team Meetings have been the priority focus area for the RSTs across Illinois the past year, and this was selected because of the known impact that quality CFTMs can have on increasing timely permanency, especially for those with reunification goals who have been in care less than 12 months.

At the monthly RSTs, DCFS and CWCA staff review Administrative Case Review (ACR) data through PowerBI, specifically focusing on Priority Area 1: Quality CFTMs. Based on the results, they develop action

plans involving small acts of change aimed at improving the quality ratings with each region tailoring their plans to what their specific data showed. As demonstrated by the below data, there have been improvements in the quality of CFTMs statewide. With a 17% decrease in ratings of 4 (Unsatisfactory) since FY24 began, there are now over 65% of families who have had some semblance of a CFTM throughout their ACR PUR. There has also been an increase in ratings of 1s (Outstanding) and 2s (Good), shifting from 31% to 42% of all CFTMs, showing preparation, engagement, and frequency in accordance with policy.



Chapin Hall evaluation (of statewide data from 9/1/22 - 3/31/25, reported on 6/24/25) of the ACR Workplan Logic Model (for the B.H. SIP) indicates that cases in which Child and Family Team Meetings were rated a 1 or a 2 (Outstanding or Good performance/implementation[2]), the CFTMs were most effective at supporting achievement of permanency for cases with a Return Home goal and open 12 months or less. The longer the case is open, the greater the chances are of a goal change to Adoption or Subsidized Guardianship, and the lower the ratings of the CFTMs. Based on anecdotal data collected from staff over many years, in practice, CFTMs are less likely to occur in cases with these goal types because many staff do not see the purpose of continuing them. See Chapin's findings below:

Permanency Goal at ACR:

- For children with a return home goal, stronger CFTM ratings were associated with better reunification rates. See Figure 2.
- For children with adoption or guardianship goals, however, stronger CFTM ratings were not clearly linked to better adoption/guardianship rates. In some cases, adoption/guardianship rates were higher when CFTM ratings were weaker. See Figure 2.

Quality of CFTM and reunification for youth in care less than 12 months:

- Statewide, among 10,985 ACRs conducted for youth in care for less than 12 months with a return home goal, 40% (n = 4,369) were scored "Unsatisfactory Implementation" and only 11% (n = 1,241) were scored "Full Implementation" on CFTM quality.
- However, youth scoring "Full Implementation" on these ACRs on CFTM quality had a 6% higher rate of achieving their reunification goal in the following 12 months compared to those scoring "Unsatisfactory Implementation."

[2] Outstanding performance means that all 5 essential elements of a CFTM were present (preparation with the family, inclusion of family voice & choice, formal and informal team members, case planning, and care coordination are all evident). Good performance is all that MINUS the prep meeting.

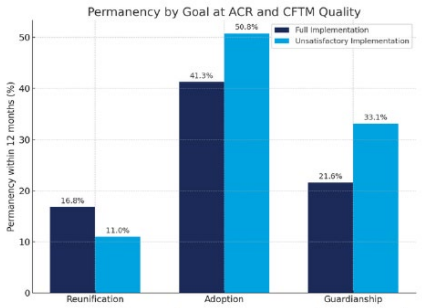


Figure 2. Permanency by Goal at ACR and CFTM Quality

Permanency 2: CFSR data are communicated monthly by outcome in the SPICE Meetings (Strategy, Performance, Improvement, Communication Exchange), as well as at intact and permanency meetings statewide. Underlying reasons are also communicated, based on case type for the purposes of using the information in CQI cycles of improvement.

Other CQI Change/Improvement activities: Implementation of the KIND Act, implementation of the SAFE Model and Motivational Interviewing, increased use of Flex Funds (to support visitation in particular), and an effort to increase the number of available homes for large sibling groups.

WELL-BEING OUTCOMES 1, 2 and 3

Well-Being Outcome 1 Performance Data Highlights & Brief Analysis

WB1: Families Have Enhanced Capacity to Provide for Their Children's Needs

ILLINOIS CFSR 4 Outcomes & Items (State)	9/24 - 2/25			3/25 - 8/25 *(preliminary data)*			Trends
Performance*	**%S/SA**	#S/SA	#Appl	**%S/SA**	#S/SA	#Appl	
Outcome WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS	**49.4%**	39	79	**63.2%**	55	87	
Item 12: Needs and Services of Child, Parents, and Foster Parents	**54.4%**	43	79	**64.4%**	56	87	
Item 12a: Needs Assessment and Services to Children	**89.9%**	71	79	**94.3%**	82	87	
Item 12b: Needs Assessment and Services to Parents	**43.4%**	23	53	**58.7%**	37	63	
Item 12c: Needs Assessment and Services to Foster Parents	**81.7%**	49	60	**85.9%**	55	64	
Item 13: Child and Family Involvement in Case Planning	**56.2%**	41	73	**68.8%**	53	77	
Item 14: Caseworker Visits with Child	**83.5%**	66	79	**93.1%**	81	87	
Item 15: Caseworker Visits with Parents	**34.0%**	18	53	**52.4%**	33	63	

The aggregate IL CFSR 4 data for September 2024 – August 2025 indicates that Outcome Well-Being 1 was rated Substantially Achieved in 49.4% of the cases in the first measurement period (September to February), and most recently in 63.2% of the cases reviewed from March -August 2025. Between the two 6-month measurement periods there has been significant improvement in all Items. These data reflect general improvement over our CFSR 3 PIP Measurement data, particularly as it relates to the Quality of Caseworker Visits with Children and Parents.

Green shaded cells = PIP Goal Met						2023 - 2024								
		2019	2020	2021	2022	April - Sep	May - Oct	June - Nov	July - Dec	Aug - Jan	Sept - Feb	Oct - March		
Item		Baseline	MP1	MP2	MP3	MP4	MP5	MP6	MP7	MP8	MP9	MP10	TREND	Overall Direction
WB1	**Families have Enhanced Capacity to provide for Children's Needs**	40	38.5	33.8	49.2	50/77	49.2	50.8	50.8	56.9	55.4	56.9		↑
12 (Goal=54%)	Needs and Services of Child, Parents, and Foster Parents (3 sub-items)	49.2	41.5	33.8	52.3	53.9	52.3	53.9	55.4	61.5	58.5	63.1		↑
13 (Goal=51%)	Child and Family Involvement in Case Planning	46.7	44.4	46	57.1	65.6	62.3	62.3	65.6	68.9	68.9	68.9		↑
14 (Goal=78%)	Caseworker Visits with Children	73.8	78.5	83.3	84.6	89.2	87.7	87.7	86.2	84.6	81.5	83.1		↑
15 (Goal=44%)	Caseworker Visits with Parents	39.3	32.8	40.4	49.1	49.2	47.5	49.2	44.8	47.4	45.6	45.3		↑

1. *Well-being Outcome 1 Results of Deeper Data Exploration for Priority Focus Areas*

Item 12: **Needs and services of child, parents, and foster parents**

Illinois achieved its CFSR 3 PIP Goal for this Item during Measurement Period 7 and sustained through to the completion of the PIP, Measurement Period 10. The evaluation of Item 12 is based on its sub-items (Needs Assessment and Services to Children [12A], Needs Assessment and Services to Parents [12B], and Needs Assessment and Services to Foster Parents [12C]). Regardless of case type (foster care or in-home), performance is always highest for Children (12A). Performance for Parents is always highest among the in-home cases (although there has been steady improvement in the foster care population related to mothers and particularly fathers). In the foster care population, more cases are rated a Strength for Foster Parents than for Parents. Changes in expectations around practice specific to parents is contributing to improved practice in Item 12 overall. Despite the low performance in parent-focused Items 12B, 13 and 15, there has been steady improvement observed in the data above.

ACR data also provides context about timely and appropriate services/supports provided to mothers, fathers, and youth in care and whether services/supports were effective in resolving the reason for involvement or increasing strengths for mothers, fathers, and youth in care. These two ratings roll up into a subsection rating for the quality and effectiveness of services and supports, which was rated as a strength in 68.2% of cases reviewed during state fiscal year 2025 (previously: 67.5% in FY24, and 65.7% in FY23). This subsection rating is relatively consistent with the PIP measurement performance data in the table above. Concerns about service delivery identified during ACR's are included in the ACR feedback reports that are distributed after each ACR to the caseworker, casework supervisor, agency monitor, and other relevant entities depending on the nature of the concerns. Agency monitors follow up with the assigned team/agency during monthly monitoring visits.

CFSR 3 Findings:

- Illinois received an overall rating of Area Needing Improvement for Item 12 because 32% of the 65 cases were rated as a Strength
- Illinois received an overall rating of Area Needing Improvement for Item 12A because 63% of the 65 cases were rated as a Strength
- Illinois received an overall rating of Area Needing Improvement for Item 12B because 29% of the 52 applicable cases were rated as a Strength.

  - Item 12B was rated as a Strength in 33% of the 27 applicable foster care cases and 24% of the 25 in-home services cases.
  - In 43% of the 47 applicable cases, the agency made concerted efforts both to assess and address the needs of mothers.
  - In 30% of the 37 applicable cases, the agency made concerted efforts both to assess and address the needs of fathers.
- Illinois received an overall rating of Area Needing Improvement for Item 12C because 72% of the 36 applicable foster care cases were rated as a Strength
- As a result of the many PIP Activities, Illinois met its CFSR 3 PIP Goal of 54% Strength for Item 12 in Measurement Period 7, and sustained it to Measurement Period 10.

Item 13: Child and family involvement in case planning

Illinois achieved its CFSR 3 PIP Goal for this Item during Measurement Period 3 and sustained for the rest of the CFSR 3 PIP. As with Item 12, improved performance in Item 13 is connected to improved practice with parents, particularly with fathers.

Data collected through the Administrative Case Review system (ACR; only for foster care cases) confirms improvement in ensuring case plans are developed with parents and youth from FY23 to FY25:

Case Plans developed w/:	FY23 % Yes	FY24 % Yes	FY25 %Yes
Mother	46.7%	48.8%	49.2%
Father	37.3%	41.7%	41.0%
Youth	42.3%	44.4%	46.3%

In SFY 2025, the Division of Quality Assurance's Quality Enhancement Support Team (QEST) expanded its new, qualitative case review process to include all Intact cases statewide, DCFS and CWCA. The new tool and associated process mimicked the qualitative ACR review tool in that the practice priorities are CFTM, Case Planning, Caseworker In-Person Visits, and Quality of Supervision. In FY25, reviewers began interviewing caseworkers assigned to cases being reviewed, to further understand the quality of the work beyond documentation. In FY26 the team is working toward interviewing parents on cases as well, but this is a work in progress.

Data from this new review process for 1230 Intact cases reviewed in FY25:

- Quality of CFTMs (overall rating): **18.1%** of cases were of "passing" quality, rated as either "Outstanding Performance" (all essential elements of a quality CFTM were observed in case notes) or "Good Performance" (only the "Prep" meeting was not observed in case notes, otherwise all other elements were observed). Passing performance in FY24 was 17.9% (of 1258 total cases reviewed in FY24) are used in Coaching and CQI activities to refine areas of support at each individual agency/DCFS team. Regions with the greatest improvement were Central and Southern; Cook declined, and Northern was mixed.
- Quality of Case Planning (overall rating): **33.8%** of cases were of "passing" quality (as defined above). This is an improvement over FY24, where the passing percentage was 15.9%. In this area, Northern region observed the greatest improvement during FY25, followed by Southern, Central and then Cook.

CFSR 3 Finding:

- Illinois received an overall rating of Area Needing Improvement for Item 13 because 35% of the 63 applicable cases were rated as a Strength.
  - Item 13 was rated as a Strength in 45% of the 38 applicable foster care cases and 20% of the 25 in-home services cases.

- In 48% of the 42 applicable cases, the agency made concerted efforts to involve child(ren) in case planning.
- In 55% of the 47 applicable cases, the agency made concerted efforts to involve mothers in case planning.
- In 23% of the 35 applicable cases, the agency made concerted efforts to involve fathers in case planning.
- As a result of the many PIP Activities, Illinois met its CFSR 3 PIP Goal of 51% Strength for Item 13 in Measurement Period 3, and sustained it to Measurement Period 10.

Item 14: Caseworker visits with child

Illinois achieved its CFSR 3 PIP Goal for this Item during Measurement Period 1 and sustained that for every Measurement Period that followed. As of the most recent 6-month reporting period (3/25 - 8/25), performance is at 93.1%. As with all previous years, the data is better for foster care cases than for in-home cases, typically because the foster care cases in the sample are focused on a singular child versus all children in the family for the in-home cases. For required federal monthly visits reporting, Illinois was able to achieve 97% of all children in foster care seen at least monthly for FFY25, and 95% for FFY24. Tracking this data and improving performance throughout the year is an ongoing CQI activity for Strategy Performance and Innovation, Permanency, and APME.

ACR data evaluating the ***quality*** (not frequency) of **in-person caseworker contacts with children in foster care** looks similar to the PIP Measurement data above:

ACR Data Region	FY21 Total	FY22 Total	FY23 Total	FY24 Total	FY25 Total
	%Strength	%Strength	%Strength	%Strength	%Strength
Central	83.3%	84.7%	89.4%	92.6%	94%
Cook	88.8%	86.5%	84.5%	85.9%	91.4%
Northern	84.5%	87.0%	87.6%	89.6%	91.3%
Southern	80.3%	79.2%	81.7%	84.4%	92.9%
STATE	**84.6%**	**84.6%**	**86.1%**	**88.5%**	**92.6%**

In-Home data for this Item reflects improvement in performance (see visual below).:

ILLINOIS CFSR 4 Outcomes & Items (In-Home)	9/24 - 2/25 (5 months)			3/25 - 8/25 (6 months) *(preliminary data)*			Trends
Performance*	%S/SA	#S/SA	#Appl	%S/SA	#S/SA	#Appl	
Item 14: Caseworker Visits with Child	75.0%	9	12	90.9%	20	22	

CFSR 3 Findings:

- Illinois received an overall rating of Area Needing Improvement for Item 14 because 55% of the 65 cases were rated as a Strength.
- As a result of the many PIP Activities, Illinois met its CFSR 3 PIP Goal of 78% Strength for Item 14 in Measurement Period 1 and sustained it to Measurement Period 10.

Item 15: Caseworker visits with parents

Illinois achieved its CFSR 3 PIP Goal for this Item during Measurement Period 3 and sustained that for the duration of the PIP Measurement periods. As with Item 14, The BH SIP includes a workplan focused on

improving caseworker engagement with families, and work continues to improve performance. This workplan was developed with the court-appointed BH Experts. The Permanency leadership is very focused on improving the quality of caseworker contacts with parents, as is DCP and Intact.

The current IL CFSR 4 data for Item 15 is at 52.4% Strength for the state (see table at beginning of this section). This reflects the significant challenges observed with staff efforts to meet with and engage with parents and specifically with fathers. The data is more positive for intact cases than for foster care cases:

ILLINOIS CFSR 4 Outcomes & Items (In-Home)	9/24 - 2/25 (5 months)			3/25 - 8/25 (6 months) *(preliminary data)*			Trends
Performance*	%S/SA	#S/SA	#Appl	%S/SA	#S/SA	#Appl	
Item 15: Caseworker Visits with Parents	50.0%	6	12	86.4%	19	22	

ILLINOIS CFSR 4 Outcomes & Items (Foster Care)	9/24 - 2/25 (5 months)			3/25 - 8/25 (6 months) *(preliminary data)*			Trends
Performance*	%S/SA	#S/SA	#Appl	%S/SA	#S/SA	#Appl	
Item 15: Caseworker Visits with Parents	29.3%	12	41	34.2%	14	41	

CFSR 3 Findings:

- Illinois received an overall rating of Area Needing Improvement for Item 15 because 29% of the 52 applicable cases were rated as a Strength.
  - Item 15 was rated as a Strength in 33% of the 27 applicable foster care cases and 24% of the 25 in-home services cases.
  - In 51% of the 47 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient.
  - In 23% of the 35 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient.
  - As a result of the many PIP Activities, Illinois met its CFSR 3 PIP Goal of 44% Strength for Item 15 in Measurement Period 3, and sustained it to Measurement Period 10.

ACR data evaluating the ***quality*** (not frequency) of **in-person caseworker contacts with mothers and fathers** on foster care cases looks better than the IL CFSR 4 Item 15 data above:

	FY24 Total		FY25 Total	
	Mom %Strength	Dad %Strength	Mom %Strength	Dad %Strength
Central	55.8%	42.0%	57.1%	45.7%
Cook	56.1%	45.5%	56.5%	42.4%
Northern	60.5%	45.2%	58.4%	43.8%
Southern	60.3%	50.8%	68.0%	59.0%
STATE	**57.7%**	**45.1%**	**59.4%**	**47.1%**

The agency performance dashboard data includes compliance metrics for ongoing monthly parent worker visits for intact family cases and statewide performance for state fiscal year 2024 was at 95.7%; FY26 is currently at 95.99%. The agency performance dashboard for traditional and relative foster care cases includes compliance metrics for monthly in-person caseworker contacts with parents with a goal of reunification for the child in care and statewide performance for state fiscal year 2024 was at 52.8%; FY26 is currently at 61.23%.

Systemic trends noted in the IL CFSR 4 reviews for WB1:

- Assessments tend not to be ongoing, truly comprehensive, accurately identifying service needs (e.g., knowing what after-school activities a child might be in, don't assess foster parents, lack of observations such as attachment/non-verbal behaviors, etc.)
- Lack of follow-up on services needed
- Inconsistent concerted efforts to actively engage parents in case planning (giving vs. developing jointly), including using CFTMs; lack of all children in Intact cases
- Lacking intentional & ongoing planning at critical junctures (e.g., reunification, adoption, TPR, etc.)

- In-person visits with children: frequency usually adequate, but the quality of visits lack intention and purpose
- In-person visits with parents, especially fathers: frequency inadequate, visits lack intention and purpose
- Newer, younger staff / different generation / different priorities (fear, lack of experience, texting/emailing versus talking); supervisors who are also new and lack experience

Partner Feedback/Ideas five top solutions that could help strengthen the **quality of caseworker visits** with children and parents (other ideas included in the safety and permanency outcomes could also have a positive impact in Well-Being 1):

1. Build Trusting, Empathic, and Culturally Responsive Relationships

- **Problem:** Parents and youth often feel judged, unheard, or fearful that what they share will be used against them. Bias and lack of cultural awareness undermine engagement.
- **Solution:** Create a safe, nonjudgmental space for families and youth by focusing on empathy, active listening, and cultural humility. Caseworkers should engage as partners, not monitors—showing genuine interest in family stories, strengths, and goals.
- **Key Actions:**
  - Integrate cultural responsiveness and soft-skills training (e.g., how to address families from different cultural groups, engage fathers, and work with diverse communities).
  - Partner with cultural community organizations (Asian American, Polish, Arabic, Deaf/Hard of Hearing, etc.) to inform culturally competent practice.
  - Highlight parent and youth voices in documentation—capture needs, desires, and progress in their own words.

2. Strengthen Engagement Training and Simulation-Based Skill Building

- **Problem:** Workers often lack hands-on experience building rapport, asking the right questions, or managing complex conversations under time pressure.
- **Solution:** Provide experiential, skills-based training that allows staff to practice engagement before fieldwork. Use simulations, role-play, and mentoring from seasoned workers who model quality engagement.
- **Key Actions:**
  - Expand simulation labs focused on engaging parents and youth.
  - Require motivational interviewing and relationship-building training before fieldwork.
  - Implement refresher courses and integrate engagement coaching into supervision.
  - Pair new workers with experienced mentors skilled in authentic, strength-based engagement.

3. Ensure Consistent and Quality Contact with Children and Youth

- **Problem:** Limited worker availability and rushed visits hinder meaningful connection; older youth report infrequent contact or uncomfortable visit settings.
- **Solution:** Prioritize consistent, individualized contact that fits each youth's comfort level and developmental needs. Shift from compliance-based to quality-based visit standards.
- **Key Actions:**
  - Encourage nontraditional visit settings (parks, community spaces, cafes) to build comfort and normalize interactions.
  - Tailor engagement by age and development—use age-appropriate language when discussing safety, trauma, or life plans.
  - Include discussions about health, sexuality, and adulthood preparation for older youth.
  - Track quality indicators for visits (not just timeliness), emphasizing relational depth.

4. Expand Mental Health, Mentorship, and Advocacy Supports

- **Problem:** Families and youth face long waitlists for counseling and lack advocates to navigate DCFS processes.
- **Solution:** Strengthen partnerships and contracts with mental health providers, mentorship programs, and parent/youth advocacy groups.
- **Key Actions:**
  - Increase counseling contracts and mentorship capacity to avoid service delays.
  - Strengthen programs like Partnering with Parents and Amplified Fathers to ensure both parents are supported.
  - Provide each family with an advocate or peer mentor to help them navigate the system and model positive caseworker interactions.

5. Embed Hope, Strength-Based Practice, and Motivational Interviewing into Casework Culture

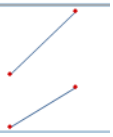
- **Problem:** Engagement often feels compliance-driven, with focus on problems instead of progress. Parents and youth need encouragement and validation to stay motivated.
- **Solution:** Normalize strength-based, motivational practice that highlights family progress and builds hope. Workers should connect behaviors to family outcomes in a positive, constructive way.
- **Key Actions:**
  - Use motivational interviewing consistently in supervision and field practice.
  - Document progress in a way that shows growth, not just compliance.
  - Reinforce the message that "People start to heal the moment they feel heard."
  - Encourage staff to recognize and celebrate small successes with families and youth.

Well-Being Outcome 2 Performance Data Highlights & Brief Analysis

WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

Item 16: Educational Needs of the Child

Of all CFSR 4 items, Illinois performs best on Item 16:

ILLINOIS CFSR 4 Outcomes & Items (State)	9/24 - 2/25			3/25 - 8/25 *(preliminary data)*			Trends
Performance*	**%S/SA**	#S/SA	#Appl	**%S/SA**	#S/SA	#Appl	
Outcome WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS	**84.1%**	53	63	**98.4%**	60	61	
Item 16: Educational Needs of the Child	**84.1%**	53	63	**98.4%**	60	61	

The aggregate IL CFSR 4 data for September 2024 – August 2025 indicates that Outcome Well-Being 2 was rated Substantially Achieved in 84.1% of the cases in the first measurement period (September to February), and most recently in 98.4% of the cases reviewed from March -August 2025. Between the two 6-month measurement periods there has been significant improvement. During the CFSR Round 3 PIP Measurement period, there was fluctuation in performance from measurement period to measurement period, similar to the above. Illinois will continue to watch this Item/Outcome and continue efforts to ensure that educational/developmental needs are met when applicable.

CFSR 3 Findings:

- Illinois received an overall rating of Area Needing Improvement for Item 16 because 83% of the 40 applicable cases were rated as a Strength
- Illinois was not required to develop or implement a CFSR 3 PIP for this Outcome.

2. Well-being Outcome 2 Results of Deeper Data Exploration for Priority Focus Areas

Not every Intact or Trial Home Visit case is evaluated for this item, depending on the reason for case opening, so performance is always subject to a varying number of applicable cases. Reviewers note that caseworkers are aware of specific, identified educational or developmental needs, and they document these. There is not a significant difference in the data for foster care cases versus in-home cases. For cases rated an Area Needing Improvement, it has been noted that there is a lack of follow-up to ensure that the child's needs are met through appropriate services:

- Caseworkers and foster parents failed to follow up with schools to ensure that children's needs were continually assessed and services provided to meet identified needs. For children who had existing Individualized Education Plans (IEPs), those plans were not re-evaluated annually. Some children were truant without follow-up.

These data have been communicated quarterly by outcome in the SPICE Meetings (Strategic Plan Implementation Communication Exchange), as well as at permanency statewide meetings. Underlying reasons are also communicated, based on case type, for the purposes of using the information in CQI cycles of improvement.

Well-Being Outcome 3 Performance Data Highlights & Brief Analysis

WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

Item 17: **Physical Health of the Child** In Item 17, assessment of physical and dental health needs is evaluated, along with whether appropriate services were provided for any identified needs. Not every case is evaluated for this item, depending on the reason for case opening, so performance is always subject to the number of applicable cases.

Item 18: **Mental/Behavioral Health of the Child** In Item 18, assessment of mental and/or behavioral health needs is evaluated, along with whether appropriate services were provided for any identified needs. Not every case is evaluated for this item, depending on the reason for case opening, so performance is always subject to the varying number of applicable cases.

Statewide, performance is at:

ILLINOIS CFSR 4 Outcomes & Items (State)	9/24 - 2/25			3/25 - 8/25 *(preliminary data)*			Trends
Performance*	**%S/SA**	#S/SA	#Appl	**%S/SA**	#S/SA	#Appl	
Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS	**66.2%**	51	77	**82.9%**	63	76	
Item 17: Physical Health of the Child	**74.6%**	53	71	**87.5%**	63	72	
Item 18: Mental/Behavioral Health of the Child	**62.2%**	28	45	**82.5%**	33	40	

The aggregate IL CFSR 4 data for September 2024 – August 2025 indicates that Outcome Well-Being 3 was rated Substantially Achieved in 66.2% of the cases in the first measurement period (September to February), and most recently in 82.9% of the cases reviewed from March -August 2025. Between the two 6-month measurement periods there has been significant improvement. Round 4 data is improved from data collected during the CFSR Round 3 PIP Measurement period.

There is not a significant difference in performance between foster care versus in-home for Item 17; the small sample size for in-home in Item 18 for the most recent measurement period may be skewing performance:

ILLINOIS CFSR 4 Outcomes & Items (Foster Care)	9/24 - 2/25 (5 months)			3/25 - 8/25 (6 months) *(preliminary data)*			Trends
Performance*	**%S/SA**	#S/SA	#Appl	**%S/SA**	#S/SA	#Appl	
Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS	**65.7%**	44	67	**81.5%**	53	65	
Item 17: Physical Health of the Child	**64.6%**	50	67	**87.7%**	57	65	
Item 18: Mental/Behavioral Health of the Child	**62.2%**	23	37	**79.4%**	27	34	

ILLINOIS CFSR 4 Outcomes & Items (In-Home)	9/24 - 2/25 (5 months)			3/25 - 8/25 (6 months) *(preliminary data)*			Trends
Performance*	**%S/SA**	#S/SA	#Appl	**%S/SA**	#S/SA	#Appl	
Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS	**70.0%**	7	10	**90.9%**	10	11	
Item 17: Physical Health of the Child	**75.0%**	3	4	**85.7%**	6	7	
Item 18: Mental/Behavioral Health of the Child	**62.5%**	5	8	**100.0%**	6	6	

CFSR 3 Findings:

- Illinois received an overall rating of Area Needing Improvement for Item 17 because 63% of the 51 applicable cases were rated as a Strength
- Illinois received an overall rating of Area Needing Improvement for Item 18 because 66% of the 38 applicable cases were rated as a Strength
- Illinois was not required to develop or implement a CFSR 3 PIP for this Outcome.

2. *Well-being Outcome 3 Results of Deeper Data Exploration for Priority Focus Areas*

Systemic trends noted in the IL CFSR 4 reviews for WB3:

- Where physical/dental health needs were identified, there was a lack of follow-up for services and other ongoing assessments
- Dental cleanings did not occur every 6 months on eligible children per state policy
- Where there were mental/behavioral health needs identified, there was either a lack of assessments and/or follow-up to service needs, or psychotropic medication was not monitored or logged.

For Item 18, problem areas were related to a lack of follow up on identified mental/behavioral health needs, specifically for youth with Autism and/or very challenging behavioral needs.

2. Well-Being Outcomes 1, 2 and 3: Information Regarding CQI Change and Implementation Activities, As Applicable

The IL CFSR 4 data for the Well-Being outcomes have been communicated quarterly by outcome in the SPICE Meetings (Strategic Plan Implementation Communication Exchange), as well as at permanency statewide meetings. Underlying reasons are also communicated, based on case type, for the purposes of using the information in CQI cycles of improvement.

In order to improve the quality of case planning with families, caseworkers need to be able to refer families to the supports and services they need. Those services must be relevant, available, and accessible where and when families need them. The DCFS partnership with HFS and YouthCare is beginning to result in expanded access to services for youth in care. Collaboration with community providers over the next five years will be necessary to encourage expansion of needed services into communities where they are currently needed, but not available for parents to maintain children safely at home or achieve safe reunification with children in foster care. Ongoing implementation of Motivational Interviewing and the future implementation of the SAFE practice model are expected to improve the well-being of children served by DCFS and CWCA partners.

The B.H. Superseding Implementation Plan (SIP) was approved in 2023 by Judge Alonso, the federal judge overseeing the BH Consent Decree. The BH SIP includes a workplan focused on improving caseworker engagement with families (Items 14 and 15). This workplan was developed with the court-appointed BH Experts. The Permanency leadership is very focused on improving the quality of caseworker contacts with children, as are DCP and Intact.

Item 16: DCFS' K-12 Education Services remains committed to supporting the educational success of youth in care from kindergarten to 12th grades. During fiscal year 2025, the Office of Education and Transition Services (OETS) continued in our partnership with Northern Illinois University Educational Access Program (NIU EAP) for students identified as needing additional support due to academic challenges, behavioral concerns, placement changes, or attendance issues. The advisors are located in the four regions of the State and are assigned to work collaboratively with the student, casework staff, foster parents, and school personnel to ensure programs are in place to promote academic success and stability. The impact of these programs is tracked through monthly reports documenting efforts and progress. In addition:

- OETS added an additional layer of support by creating the position of Education Service Reviewer whose responsibilities include working with school officials in identifying our youth in care to ensure they receive appropriate services, provide oversight of the contract with NIU by guaranteeing that problem areas have been fully addressed and no other needs are present for students in care, and by tracking our students who may be hospitalized or placed out of state to facilitate that their educational needs are met appropriately.
- OETS has also been in the process of rolling out an educational portal that will provide our school partners a way to readily identify our youth in care and notify us of any issues that may exist through a direct link to NIU.
- Plans for Fiscal year 2026 include developing an informational transmittal, in partnership with the Guardian's Office reiterating the importance of timely school enrollment and supporting the coordination with school districts to ensure that the best interest of our youth is being met at the previous school or in the new school environment.
- Providing training to new caseworkers on the importance of education to the well-being of youth in care in foundation training classes.

- Plans in motion to ensure that the education portal is rolled out to all districts in the state by the end of the fiscal year.

In response to concerns expressed by DCFS to YouthCare since 2022, YouthCare has been responsive. Provider networks have been substantially expanded at our request to ensure children and youth can be seen timely for physical and behavioral health needs. This network expansion remains a work in progress in the more rural areas of the state. The expectation is under 30-minute travel time for specialty care in urban areas and 90 minutes in rural areas. There are currently 29,000 Behavioral Health providers under contract with YouthCare to provide services to youth in care. Applied Behavioral Analysis (ABA) was recently added to the services approved for payment by YouthCare. There are currently 33 dedicated Autism Treatment providers in 54 locations around the state. YouthCare has approved 99% of behavioral health treatment requests and 95% of physical health treatment requests.

Medical and behavioral health needs of youth in care are monitored and supported by different staff roles in separate divisions of DCFS. Efforts are underway to streamline and consolidate these duties under one program area, although a definitive plan has not yet been finalized. The effort is intended to result in better monitoring and continuous improvement around healthcare delivery for youth in care and healthcare consultation for intact families served that include a child or children with medical or behavioral health needs.

SYSTEMIC FACTORS

SYSTEMIC FACTOR 1: Statewide Information System (Item 19)

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Response: Illinois considers this item a strength. Illinois' statewide child welfare information system is functioning effectively to ensure that the state can readily identify the status, demographic characteristics, placement location, and permanency goals for every child who is currently in foster care or who has been in foster care within the preceding 12 months.

The statewide information system is comprised of multiple integrated components, including IllinoisConnect (the state's CCWIS), SACWIS, supporting legacy systems (including CYCIS and MARS), approximately 50 smaller ancillary or "side" systems that support specialized data collection functions, the enterprise data warehouse and reporting environment, and authorized business intelligence and analytics tools. Collectively, these systems support the capture, maintenance, analysis, and reporting of child-level data across the full continuum of child welfare services.

The Illinois statewide information system meets federal requirements and standards for data collection, management, and reporting, and provides authorized staff with timely access to accurate and comprehensive information needed to support child safety, permanency, and well-being.

Data Entry and Update Processes
Illinois has established structured and standardized processes to ensure that child-level information is entered accurately and updated timely across the statewide information system. All data entries are date-stamped for both creation and modification, allowing users and administrators to readily identify the most current information.

Automated system features, including ticklers and alerts, notify staff of required actions, upcoming deadlines, and critical case milestones. These tools support consistent data maintenance and help ensure that key information related to children's status, placement, and permanency planning is not overlooked.

Primary responsibility for data entry rests with designated caseworkers and administrative staff who receive ongoing training on system use and data standards. System changes—such as enhancements to data fields, workflows, or user interfaces—are managed by the Illinois Department of Innovation and Technology (DoIT) staff embedded within Illinois Department of Children and Family Services, in close collaboration with agency program leadership. All changes are prioritized through established governance processes and are subject to testing and validation prior to implementation to ensure system stability and data integrity.

System Capacity and Technology
Illinois' information systems are built on technology capable of supporting large-scale administrative data collection, storage, and analysis. The systems are designed to be scalable and reliable, supporting statewide operations across multiple program areas and user roles.

Robust reporting and analytics tools allow data to be used effectively at all organizational levels—from

frontline caseworkers to executive leadership—supporting case management, program oversight, performance monitoring, and policy development.

Key Functional Capabilities
The statewide information system enables Illinois to readily identify and report on critical information for all children in foster care, including those who exited care within the previous 12 months. Specifically, the system captures and maintains:

- **Status:** The system provides current information on whether a child is actively in foster care or has exited care, ensuring accurate and timely case status identification.
- **Demographic Characteristics:** Comprehensive demographic data are maintained, including date of birth, sex, race, ethnicity, disability status, and medically diagnosed conditions that may require specialized services or supports.
- **Placement Location:** The system records each child's placement type and physical placement location, including address information, allowing staff to readily identify where a child resides and to support monitoring and visitation activities.
- **Permanency Goals:** Permanency goals—including reunification, adoption, guardianship, or other planned permanent living arrangements—are documented and tracked within the system. For children without an established permanency goal, system alerts prompt staff for timely follow-up to ensure that permanency planning remains an active and ongoing process.

Continuous Improvement and Federal Compliance
Illinois is committed to the continuous improvement of its statewide information system. The state routinely evaluates system performance, data quality, and alignment with federal requirements and best practices. Regular reviews, audits, and feedback mechanisms are used to identify opportunities for enhancement and to support ongoing compliance.

In 2022, Illinois initiated its CCWIS modernization effort, known as **IllinoisConnect**, a multi-year project designed to replace and modernize the majority of legacy child welfare systems. Illinois Connect is being developed in full compliance with CCWIS requirements and is intended to deliver a modern, integrated platform with improved usability, data quality, and reporting capabilities. The project includes extensive data cleansing and migration efforts to ensure the integrity of information transitioned from legacy systems.

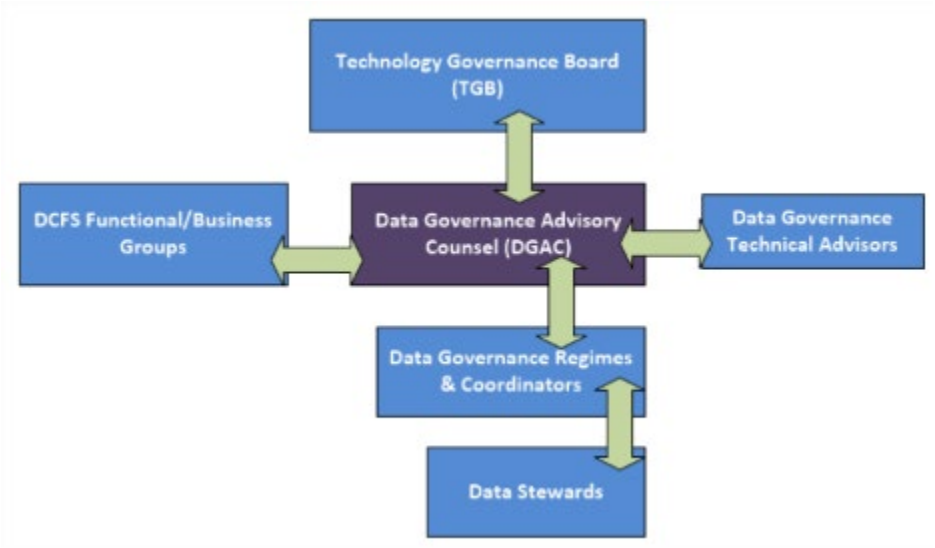
The Illinois Connect implementation is scheduled to continue through Fall 2029. To date, the Intake module has successfully transitioned to Illinois Connect, with additional functional modules currently under active development by a dedicated project team.

Integration of Data Management and Data Governance Plans
As part of the CCWIS transformation, Illinois is implementing a comprehensive Data Management Plan and Data Governance Plan to further strengthen data quality, security, and accountability across the child welfare system.

The Data Management Plan establishes standardized processes for data collection, validation, storage, and retrieval, ensuring that data used for case management, oversight, and reporting are accurate, complete, and timely. Regular data quality monitoring and validation processes support the ongoing reliability of statewide information.

The Data Governance Plan defines policies, roles, and responsibilities for data stewardship, data access, privacy, and security. It establishes accountability structures that treat data as a strategic asset while ensuring compliance with federal and state requirements. As emerging technologies such as artificial intelligence are explored, governance related to AI use is being incorporated into the broader data

governance framework to ensure responsible, ethical, and secure application of these tools in support of child welfare outcomes. See visual below for a broad overview:



Sample Data (all as of 1/23/2026):

Illinois Department of Children and Family Services

Youth in Foster Care in Previous 12 Months

by Status, Race and Gender

Status and Race	Female	Male	Grand Total
Closed	3,407	3,586	6,993
Asian	5	8	13
Black / African American	1,350	1,361	2,711
Could not be verified	3	1	4
Declined to Identify	1	4	5
Native American / Alaska Native	2	1	3
Native Hawaiian / Other Pacific Islander	1	1	2
Not Reported	12	21	33
Unknown		1	1
White	1,961	2,108	4,069
Missing	72	80	152
Open	7,990	8,148	16,138
Asian	28	23	51
Black / African American	3,494	3,478	6,972
Could not be verified	4	6	10
Declined to Identify		1	1
Native American / Alaska Native	12	8	20
Native Hawaiian /	3	3	6

Other Pacific Islander			
Not Reported		2	2
Unknown	39	61	100
Unknown Due To Abandonment	4,225	4,394	8,619
White	185	172	357
Missing	11,397	11,734	23,131
Grand Total	3,407	3,586	6,993

Illinois Department of Children and Family Services
Youth in Foster Care in Previous 12 Months

by Status, Permanency Goal and Gender

Status and Permanency Goal	**Female**	**Male**	**Grand Total**
Closed	3,407	3,586	6,993
ADOPTION	1,127	1,204	2,331
GUARDIANSHIP	296	322	618
INDEPENDENCE	371	339	710
Missing	445	444	889
OUT OF HOME CARE	10	12	22
REMAIN AT HOME	13	11	24
RETURN HOME PEND STATUS HEARING	85	88	173
RETURN HOME WITHIN 1 YEAR	600	709	1,309
RETURN HOME WITHIN 5 MONTHS	399	404	803
CONTINUING FOSTER CARE	5	6	11
SUBSTITUTE CARE PEND COURT	56	47	103
Open	7,990	8,148	16,138
ADOPTION	1,097	1,146	2,243
GUARDIANSHIP	590	641	1,231
INDEPENDENCE	1,077	943	2,020
Missing	1,238	1,167	2,405
OUT OF HOME CARE	113	169	282
REMAIN AT HOME	7	5	12
RETURN HOME PEND STATUS HEARING	197	213	410
RETURN HOME WITHIN 1 YEAR	2,637	2,757	5,394
RETURN HOME WITHIN 5 MONTHS	298	311	609
CONTINUING FOSTER CARE	28	42	70
SUBSTITUTE CARE PEND COURT	708	754	1,462
Grand Total	11,397	11,734	23,131

Illinois Department of Children and Family Services

Youth in Foster Care in Previous 12 Months

by Status, Age Group and Gender

Status and Age Group	Female	Male	Grand Total
Closed	3,407	3,586	6,993
0-3	383	447	830
4-12	1,893	2,023	3,916
13-17	592	619	1,211
18+	539	497	1,036
Open	7,990	8,148	16,138
0-3	1,583	1,569	3,152
4-12	3,619	3,985	7,604
13-17	1,613	1,570	3,183
18+	1,175	1,024	2,199
Grand Total	11,397	11,734	23,131

CFSR 3 Findings: Illinois was found to be in substantial conformity with the systemic factor of Statewide Information System. The one item in this systemic factor was rated as a Strength. Illinois was not required to develop or implement a CFSR 3 PIP for this Systemic Factor

SYSTEMIC FACTOR 2: Case Review System

General Illinois Courts note for this Systemic Factor: Illinois courts intersect with Items 21-24 of the CFSR Case Review System, focusing on the court's role in periodic reviews (Item 21), permanency hearings (Item 22), termination of parental rights (TPR-Item 23) proceedings and ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are receiving notice and have the right to be heard (Item 24). Illinois' juvenile courts operate at the county (of which there are 102) level, and there is no uniform statewide court practice across all court jurisdictions. For many questions in this Systemic Factor, the most accurate answer really is, "it depends". It depends on local court structure, case volume, staffing, resources, and long-standing court culture.

Illinois does not have a statewide court case management system that can provide reliable court data across all jurisdictions for Items 21-24. The AOIC Courts, Children and Families Division's (CCFD's) Illinois Court Improvement Program (ICIP) *Child Protection Data Courts (CPDC) Project* collects demographic data and 18 of the 32 national child protection court performance measures in eight (8) counties. CPDC data reports are very useful at the local level, and for ICIP statewide initiatives to help identify trends, barriers, and areas needing improvement across participating sites. However, CPDC has limitations as it is not a statewide project, Cook County is not a project site, and some larger CPDC counties rely on sample cases.

AOIC-ICIP is working towards collecting statewide court timeline data. Since Illinois does not have a statewide court case management system, circuit clerks submit statistical reports to the AOIC quarterly. Historically, those reports have provided very little juvenile abuse and neglect court data. To address this issue, AOIC-ICIP identified eight (8) priority measures and developed a statewide reporting form called "Report O" for circuit clerks to track key juvenile abuse and neglect case timelines (including age of the child, petition, adjudication, disposition, TPR, case closure, and permanency outcome). Counties have submitted their first few quarters of Report O, but the data is not reliable yet and AOIC-ICIP is working

with circuit clerks to address data collection issues. For these reasons, the Illinois CFSR team determined CPDC and Report O data is not reliable and appropriate for this report.

Local court practice differs in how courts schedule, manage, document and monitor periodic reviews, permanency hearings and TPR proceedings. Variations across the state that may impact the functioning and effectiveness for Items 21-24 often relates to county size and case volume, staffing, docket structure, and calendaring practices, which can impact how quickly cases are brought back for review and reach permanency. In addition, courts vary in how key hearing events and outcomes are captured (e.g., the level of detail in court orders, docket entries, and recorded hearings). When local court forms, terminology and court practices vary across jurisdictions, it can make it harder to track whether required reviews and key hearings occur on time, and it limits the ability to measure and report consistent and reliable court performance data across jurisdictions.

The federal and state legal requirements support receiving notice to caregivers and the right to be heard (Item 24) and are clear; but the day-to-day practice can look different across court jurisdictions. Courts typically accomplish notice through local processes supported by the circuit clerks, publication, and agency caseworkers. Caregivers may be heard in a variety of ways including appearing in person or remotely, submitting written statements or providing brief input when the case is called. Ultimately, local courtroom culture and local practice can affect how consistently caregivers receive notice and engage in court hearings.

Overall, Illinois has a strong legal framework and shared expectations for periodic reviews, permanency hearings, TPR proceedings, and ensure caregivers receive notice of court hearing and have the opportunity for meaningfully participation in applicable court hearings. The biggest challenges remain variation across court jurisdictions and limited capacity to collect court data to consistently measure and report court performance statewide.

ITEM 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Response: Overall, Illinois notes that this item is an Area Needing Improvement. While data indicate that the majority of children have a written case plan (see tables below), in approximately half of the cases the case plans are not developed jointly with the parents.

Using our CYCIS Legacy databases to identify cases and SACWIS Service Plan tables, our data indicate that in most cases there is a written case plan (to be counted in the denominator the child had to be <18 at the start of the FFY, had to be in foster care (per AFCARS rules) during the fiscal year, and the case had to be open at least 60 days. To be included in the numerator the child had to meet the denominator criteria and have an approved service plan during the FFY):

FFY	FY Start	FY End	Denom.	Num.	%
2023	10/1/2022	9/30/2023	24,355	23,658	**97.1**
2024	10/1/2023	9/30/2024	23,977	23,085	**96.3**
2025	10/1/2024	9/30/2025	22,753	21,539	**94.7**
2026 YTD *(as of 12/31/25)*	10/1/2025	9/30/2026	17,309	11,594	**66.9**

While Agency Performance, Monitoring and Execution (AMPE) data indicate that service plans are completed in a timely manner (range: 86.4% - 100%, depending on case type – see table below), Administrative Case Review (ACR) data indicates that in less than half of cases are case plans developed

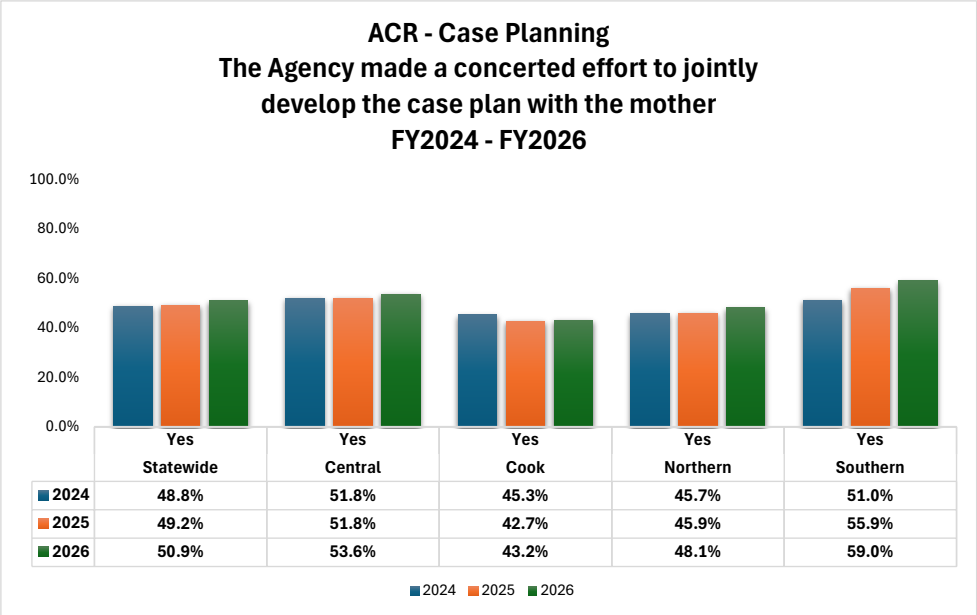
jointly with parents (particularly fathers). Data from the more comprehensive case review process (the Illinois CFSR) indicates that 56% of mothers are actively involved in the case planning process, and 48% of fathers are actively included. The sample size for this set of data is quite small, however, whereas the ACR data includes every youth in care. Feedback from our system partners further supports that parents (and in particular fathers) do not always feel engaged in case planning. Engagement is a key, core casework skill that will require strengthening in order to ensure that written case plans are developed jointly with parents and include the required provisions and that outcomes are achieved.

Analysis: Current Illinois procedure related to this item (Procedures 315, specifically 315.140) requires that assigned caseworkers develop a Service Plan: "The Service Plan is a contract between the family and the Permanency Worker (or Intact Family Specialist). This contract outlines the needs identified by the Permanency Worker and how the needs will be addressed by documenting Outcomes and Action Steps. Development of the Service Plan is a collaborative process that includes involved family members, the Permanency Worker and members of the Child and Family Team. This process is one of the ways a Permanency Worker engages the family, helps the family consider their needs and collectively formulate a plan to address those needs." Procedures 315.05(b)(13) states that one of the duties of the permanency worker is to "develop the Service Plan and Concurrent Plan with input and concurrence of the family..." Ideally the case plan is developed, monitored and adjusted regularly at Child and Family Team meetings with the parents.

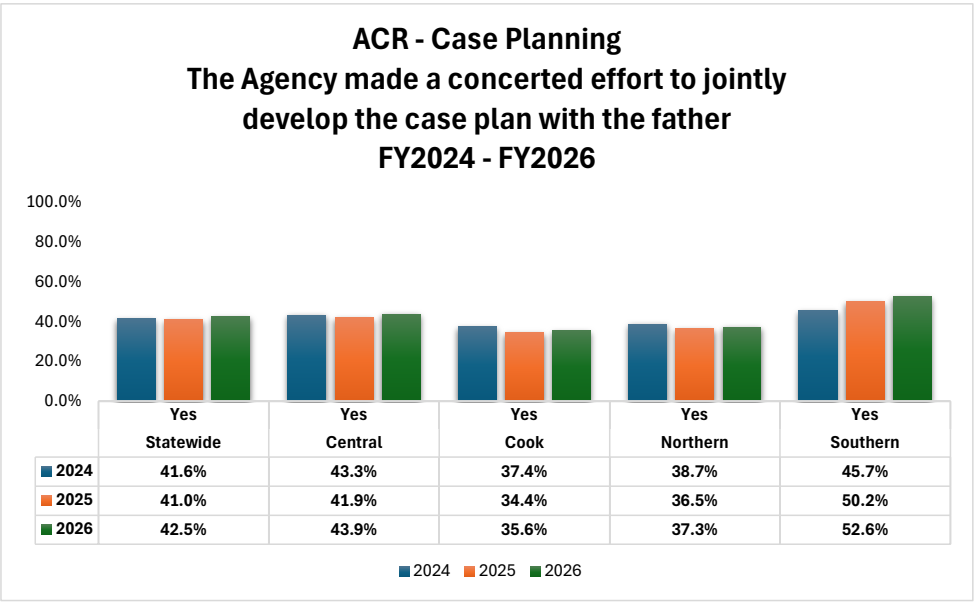
The initial service plan is expected to be completed within 45 days of child case opening (for foster care cases) and within 45 days of family case opening (for Intact cases). Agency Performance Monitoring and Execution (APME) monitors compliance with this measure monthly:

Agency Performance Monitoring and Execution (APME) Data		
% Service Plans Completed Within 45 Days	**FY25**	**FY26 as of November 2025**
Traditional/Home of Relative Foster Care Cases	84.14%	86.38%
Specialized Foster Care Cases	88.24%	100%
Intact Family Services Cases	88.74%	93.89%

Data collected through the Administrative Case Review system (ACR; only for foster care cases) confirms slight improvement in ensuring children's case plans are developed with parents from FY23 to FY26 to-date:



	Yes Statewide	Yes Central	Yes Cook	Yes Northern	Yes Southern
2024	48.8%	51.8%	45.3%	45.7%	51.0%
2025	49.2%	51.8%	42.7%	45.9%	55.9%
2026	50.9%	53.6%	43.2%	48.1%	59.0%



	Yes Statewide	Yes Central	Yes Cook	Yes Northern	Yes Southern
2024	41.6%	43.3%	37.4%	38.7%	45.7%
2025	41.0%	41.9%	34.4%	36.5%	50.2%
2026	42.5%	43.9%	35.6%	37.3%	52.6%

Data collected during internal CFSR 4 reviews indicate (as with the ACR data above) a need for Permanency leadership continue to emphasize to direct service staff the need to develop plans WITH families and not FOR them; however, the data also show improvement between measurement periods:

Illinois Child and Family Services Review (CFSR) Round 4 Data						
Did the agency make concerted efforts to actively involve the (mother/father) in the case planning process?	**9/24 – 2/25**			**3/25 – 8/25**		
	#Yes	**#No**	**%Yes**	**#Yes**	**#No**	**%Yes**
Mother	17	19	**47%**	22	17	**56%**
Father	11	16	**41%**	13	14	**48%**

Feedback from system partners collected during Partnership for Progress meetings in 2025 include

parents (and in particular fathers) not feeling engaged or a part of the process. They experience caseworkers rushing at visits and not spending time with them, caseworkers often lacking hands-on experience building rapport and asking the right questions, often feel unheard or stigmatized, and feel their insights are rarely used to shape services.

The agency is aware that the evidence about the percentage of case plans developed jointly with the parents is in need of improvement. Significant efforts are underway address this are in need of improvement, with the implementation of the SAFE Model, Motivational Interviewing, and Skills-based Coaching. The SAFE Model in particular is a huge adaptive change to a child welfare system, in the right direction toward significantly improved engagement with families, improved assessments and plans, reduced numbers of cases opened for services (foster care or intact) and for much shorter lengths of stay. Such a change takes a very long time. The model has been implemented at the hotline, and will be implemented next with Investigations on 7/1/2026. DCFS and CWCA Intact and Permanency caseworkers will have to attend training on the SAFE Initial Family Assessment and resulting plans (Present Danger or Impending Danger) as they will begin receiving those in July 2026 and will have to know what to do with them. These adaptive strategies are impressive for a public child welfare agency to adopt and implement, and take time to implement but will have impact on caseworker practice and outcomes for families.

Data Limitations: Both the ACR and CFSR data consider information learned from parents during interviews. For the CFSR reviews, interviews with parents almost always occur; with the ACR parents rarely attend their ACR so their voices are not heard directly.

CFSR 3 Findings: Illinois did not pass this Item in its CFSR Round 3 because "written case plans for children in the state's foster care system are not routinely developed jointly with parents."

ITEM 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Response: Overall, Illinois considers this item is a Strength based on our Administrative Case Review Process.

Analysis: The state provides for the periodic review of the status of each child in care. This includes the required provision of no less frequently than once every six months, either by court or administrative review. Three review processes are required by Rule and Procedures to ensure periodic review on the status of every child in the Illinois substitute care system no less than every 6 months: Administrative Case Reviews (ACR), desk reviews, and Permanency Hearings (see Item 22 for Permanency Hearings). For Illinois Court information related to this Item, please refer here.

Administrative Case Reviews (ACR): The first ACR for any case is conducted six months after a youth's placement into substitute care. Subsequent reviews are conducted every 6 months thereafter while the child/youth remains in substitute care. Ensuring that ACRs occur every 6 months for every child/youth in care is done by putting each child on a "cycle" (i.e., the 2 months of the year during which their ACRs are scheduled to occur, for example "September-March", or "October-April", etc.). The cycle is established with the first ACR. ACR Office Coordinators ensure that each child case is scheduled with an ACR reviewer twice a year based on the cycle the child case is on. System-generated invitations are mailed to parents, foster parents, and children/youth, and caseworkers and supervisors are notified electronically.

Over the past 2.5 years, data on ACRs that occur on schedule hovers in the mid-90% range:

6-month Period	# Reviews scheduled	# Reviews Held and %	# Reviews Missed and %
FY24Q1+2 ***(July 1-December 31, 2023)***	10,675	10,096 (94.6%)	579 (5.4%)
FY24Q3+4 ***(January 1-June 30, 2024)***	10,722	10,146 (94.6%)	576 (5.4%)
FY25Q1+2 ***(July 1-December 31, 2024)***	10,480	9,909 (94.6%)	571 (5.4%)
FY25Q3+4 ***(January 1-June 30, 2025)***	8,836	8,402 (95.1%)	434 (4.9%)
FY26Q1+2 ***(July 1-December 31, 2025)***	8,570	8,093 (94.4%)	478 (5.6%)

ACR has worked diligently to improve performance by routinely sharing "missed reviews" data with Permanency leadership. Prior to April 1, 2025, ACR referred to a review as being "missed" when one or more of the following occurred in relation to the scheduled review: the client service plan was not updated/approved prior to the ACR, the caseworker did not attend the ACR, the case plan had not been updated, *or* if the caseworker did not provide documentation that allowed the ACR reviewer to adequately assess the permanency, well-being, and safety for that case. While ACR had called these "missed," every effort was made to ensure they were rescheduled in the same cycle month, and many were. Beginning April 1, 2025, ACR implemented a new process to differentiate between a review that was initially missed but able to be rescheduled within the same month, versus an ACR that was missed and unable to be rescheduled until the next cycle code. With the new process, the number of missed reviews has dropped from an average of 97 missed reviews per month to now an average of 77 reviews per month, and overall compliance performance has increased as noted above for FY25 Q3-4.

DCFS Permanency executive leadership, Agency Performance Monitoring and Execution (APME) leadership, and Quality Assurance/ACR leaders are actively working to reduce the number of missed reviews by communicating directly with agencies, producing regular data reports and sharing them with their leadership, APME monitors are working directly with agency staff to meet deadlines and remove barriers, as well as exploring additional accountability measures to increase compliance.

Desk reviews are conducted by the casework supervisor for children under the legal responsibility of DCFS, who are in a living arrangement that is excluded from the ACR process, such as when they are living with a parent. (Other excluded living arrangements include Armed Services Duty, Deceased, Guardian Home, Home of Adoptive Parent and those coded as "Other," which are typically used as a final living arrangement when the child's legal relationship with DCFS ends.) DCFS does not collect data on the number of Desk Reviews required, nor whether they occurred.

In FY24, ACR updated Rule 316 which governs ACR's and Permanency Hearings. The revisions to Rule 316 were made to comprehensively update the rule to reflect current practices in the field, including conducting administrative case reviews via telephonic or video means, clarifying and updating the responsibilities that child welfare specialists have during permanency hearings in circuit court, and revising to comport with current federal regulations regarding case planning requirements. Procedure 316 is also in the process of being developed which will provide instructions/guidance of the ACR process including regular case reviews, desk reviews, and permanency hearings.

What does the evidence show with respect to stakeholders' experience with the periodic reviews process? While this specific question was not asked of attendees at our semi-annual Partnership for Progress

meetings, we have heard from them that they often do not feel a part of the case planning process. We have also heard from parents, foster parents, and youth who attend ACRs that they really appreciate the new model that includes interviews as it allows their voices to be heard. Survey results from ACR Satisfaction Survey are consistently in the 90% range, demonstrating that participants do feel heard and respected in the ACRs, and that ACRs were effective:

Quarter 1 – 4, FY25:
How well did we treat you? 97.46% rated either Excellent or Good
Total Responses 434

- Excellent 364 – 84%
- Good 59 – 14%
- Average 5 – 1%
- Poor 6 – 1%

Did ACR assist or discuss barriers moving the case towards permanency? 93.54% rather either Excellent or Good
Total Responses 434

- Excellent 330 – 76%
- Good 76 – 18%
- Average 21 – 5%
- Poor 6 – 1%
- Blank 1

CFSR 3: Illinois did not pass this Item during its CFSR 3 review. "Information in the statewide assessment and collected during interviews with stakeholders showed that Illinois is not systematically conducting periodic reviews for a sub-population of children subject to this requirement. The state is not conducting periodic reviews for children for whom the state retains placement and care responsibility during trial home visits." The CFSR 3 PIP for this Item included the Quality Hearing Court Project (and related Quality Hearing Benchcard) strategy, which was fully implemented and completed during the state 2-year PIP.

ITEM 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Response: Overall, Illinois considers this item is Strength.

Based on Rule 316.120**,** the DCFS or CWCA assigned worker will participate in permanency hearings conducted by the court at 12 months following the temporary custody hearing and every six months thereafter. Please see Illinois' 2026 APSR for descriptive information related to this Item.

For Illinois Court information related to this Item, please refer here.

Analysis: Permanency hearings are entered in CYCIS. For Cook only, there exists an automatic data sharing connection from their court system, so the Cook Permanency Hearing data is most accurate compared to other court jurisdictions in the state. Legal data has historically been problematic because a caseworker must submit a copy of the completed 1425L (after entry hearing) for data entry. Staff from the Case Assignment and Placement Unit data enter the 1425L for both DCFS and CWCAs, everywhere except in Cook County. We expect data accuracy concerns to be resolved with the complete roll-out of IllinoisConnect.

The data below illustrates that the percentage of documented Initial Permanency Hearings that occurred within 12 months of entry into care (as of 12/31/25, pulled from CYCIS) has increased since 2022 from 66.65% to 69.80% in 2025:

2022

Time Ranges	0-12m		12-24m		24+m		Not Entered	
Region	#	% By Time Ranges	#	% By Time Ranges	#	% By Time Ranges	#	% By Time Ranges
Statewide	**3226**	**66.65%**	**1175**	**24.28%**	**117**	**2.42%**	**322**	**6.65%**
Central	1276	72.29%	379	21.47%	16	0.91%	94	5.33%
Cook	551	56.57%	302	31.01%	30	3.08%	91	9.34%
Northern	551	55.32%	299	30.02%	42	4.22%	104	10.44%
Southern	848	76.74%	195	17.65%	29	2.62%	33	2.99%

2023

Time Ranges	0-12m		12-24m		24+m		Not Entered	
Region	Count	% By Time Ranges	Count	% By Time Ranges	Count	% By Time Ranges	Count	% By Time Ranges
Statewide	**3156**	**67.62%**	**1074**	**23.01%**	**90**	**1.93%**	**347**	**7.44%**
Central	1359	73.66%	376	20.38%	18	0.98%	92	4.99%
Cook	514	59.42%	207	23.93%	48	5.55%	96	11.10%
Northern	550	63.81%	214	24.83%	6	0.70%	92	10.67%
Southern	733	66.94%	277	25.30%	18	1.64%	67	6.12%

2024

Time Ranges	0-12m		12-24m		24+m		Not Entered	
Region	Count	% By Time Ranges	Count	% By Time Ranges	Count	% By Time Ranges	Count	% By Time Ranges
Statewide	**3324**	**71.32%**	**849**	**18.21%**	**18**	**0.39%**	**470**	**10.08%**
Central	1486	78.38%	265	13.98%	1	0.05%	144	7.59%
Cook	427	53.98%	220	27.81%	11	1.39%	133	16.81%
Northern	611	67.00%	197	21.60%	5	0.55%	99	10.86%
Southern	800	75.33%	167	15.73%	1	0.09%	94	8.85%

2025

Time Ranges	0-12m		12-24m		Not Entered	
Region	Count	% By Time Ranges	Count	% By Time Ranges	Count	% By Time Ranges
Statewide	**1521**	**69.80%**	**136**	**6.24%**	**522**	**24.00%**
Central	665	77.15%	31	3.60%	166	19.30%
Cook	244	59.08%	39	9.44%	130	31.50%
Northern	227	56.33%	40	9.93%	136	33.70%
Southern	385	76.85%	26	5.19%	90	18.00%

Ongoing Permanency Hearings (PHs) data (as of 12/31/25, from CYCIS) reveals that the percentage of cases with an ongoing Permanency Hearing was improving in FY24 but dropped in

FY25. Occurrence of Ongoing Permanency Hearings held every 12 months is much better than the data for them being held every 6 months:

% of cases with Ongoing PH's held every 6months

Region	EOFY22 All	EOFY22 PH in Period	EOFY22 %	EOFY23 All	EOFY23 PH in Period	EOFY23 %	EOFY24 All	EOFY24 PH in Period	EOFY24 %	EOFY25 All	EOFY25 PH in Period	EOFY25 %
Statewide	**14441**	**5709**	**39.5%**	**13899**	**4880**	**35.1%**	**12309**	**3971**	**32.3%**	**10309**	**2945**	**28.6%**
Central	4609	2347	50.9%	4404	2057	46.7%	3999	1728	43.2%	3457	1321	38.2%
Cook	4962	1145	23.1%	4695	797	17.0%	3955	496	12.5%	3199	345	10.8%
Northern	2084	948	45.5%	2078	842	40.5%	1868	705	37.7%	1620	537	33.1%
Southern	2786	1269	45.5%	2722	1184	43.5%	2487	1042	41.9%	2033	742	36.5%

% of cases with Ongoing PH's held every 12months

Region	All	PH in Period	%	All	PH in Period	%	All	PH in Period	%	All	PH in Period	%
Statewide	**13419**	**10614**	**79.1%**	**12804**	**9882**	**77.2%**	**10882**	**8075**	**74.2%**	**8625**	**6118**	**70.9%**
Central	4205	3718	88.4%	4012	3435	85.6%	3424	2830	82.7%	2761	2224	80.6%
Cook	4736	3223	68.1%	4446	2859	64.3%	3685	2226	60.4%	2925	1672	57.2%
Northern	1886	1500	79.5%	1882	1514	80.4%	1612	1228	76.2%	1288	922	71.6%
Southern	2592	2173	83.8%	2464	2074	84.2%	2161	1791	82.9%	1651	1300	78.7%

During each six-month case review ACR requests that the caseworker provides a copy of the latest permanency hearing order so reviewers can verify that permanency hearings are occurring every six months. ACR data indicates that in FY23, 77.18% of cases included evidence that a Permanency Hearing occurred every six months. In FY24, that percentage was 74.21%, in FY25 it was 70.93%, and FY26 Q1-2 it was 68.8%. Occurrence is declining; reasons are currently unknown.

Data Limitations: As noted above, there are known challenges obtaining data from all court jurisdictions across the state, thus the data may not be accurate.

CFSR 3 Findings: In the CFSR 3, this item was rated as Strength. "Information from the statewide assessment and collected during interviews with stakeholders showed that permanency hearings are routinely occurring across the state, as required." The CFSR 3 PIP for this Item included the Quality Hearing Court Project (and related Quality Hearing Benchcard) strategy, which was fully implemented and completed during the state 2-year PIP.

ITEM 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of TPR proceedings occurs in accordance with required provisions?

Response: Overall, Illinois notes that this item is an Area Needing Improvement. The state provides a process for filing of Termination of Parental Rights (TPR) proceedings in accordance with required milestones, however compliance is generally unclear. For Illinois Court information related to this Item, please refer here.

In Illinois, the entity that files TPR petitions is the State's Attorney (county-based prosecutors – each county is separate and apart and can develop their own procedures/protocols as long as they comply with statute). DCFS has a legal screening process where the assigned staff can discuss the case with a DCFS Legal staff member to determine whether the case meets the criteria to be filed with the State's Attorney. This legal screening process is not legally required. DCFS Legal does maintain a tracking document to capture basic information about the case being screened. In FY25 DCFS Legal added a column to the tracker to collect the date that the State's Attorney was notified of the outcome of the DCFS legal screening. Efforts to collaborate with the State's Attorneys vary in part because they are county-based

and operate differently. For example, some counties have Court Stakeholder Meetings, some do collaboration meetings by Court Circuit, some don't do any meetings at all. The AOIC also does not have regulatory authority to assist with ensuring timely filing of TPR petitions.

Feedback from our federal partners after the 2024 APSR submission included the recommendation that Illinois show all children in care at 15/22 months and provide breakout as follows:

- Number/percentage of child that met exception to filing TPR petition at 15/22,
- Number/percentage of child that met timely TPR filing petition requirement, and
- Number/percentage of child that did not meet timely TPR filing petition requirement

Feedback from our federal partners following the 2024 APSR also included the recommendation that DCFS provide a discussion about quality of data and any evidence that shows data reported reflects all children in state's FC system subject to the requirement.

Illinois does not have exact or comprehensive data to answer the above questions/data asks. Illinois does have ACR data, which collects some information related to ASFA, about "Child in Care 15 of 22 months, Reason for not filing TPR or for TPR Delay" (the data below is from FY25 as of 1/28/26; FY25 is not significantly different from previous years). This data indicates that in a total of 79% of the cases either the youth had not been in care for 15 of the most recent 22 months, there was a compelling reason, or TPR had occurred.

ACR data, Child in Care 15 of 22 months, Reasons for not filing TPR or for TPR Delay (FY25):

Region	Central		Cook		Northern		Southern		Statewide	
Answers	#	%	#	%	#	%	#	%	#	%
01 - Youth has not been in care 15 of the most recent 22 months	2778	17.7%	1094	8.7%	1145	18.4%	1551	19.6%	**6568**	**15.5%**
02 - The child is being cared for by a relative	3352	21.4%	2057	16.4%	1128	18.1%	1365	17.2%	**7902**	**18.7%**
03 - Perm goal of return home reunification efforts still appropriate	2663	17.0%	1954	15.6%	789	12.7%	636	8.0%	**6042**	**14.3%**
04 - Severe emotional / behavioral / medical concerns reunification remains appropriate	73	0.5%	83	0.7%	46	0.7%	32	0.4%	**234**	**0.6%**
05 - Youth over 14 does not consent to adoption	321	2.0%	487	3.9%	219	3.5%	218	2.8%	**1245**	**2.9%**
06 - TPR has occurred	2714	17.3%	1057	8.4%	725	11.7%	1116	14.1%	**5612**	**13.3%**
07 - Youth is over 18 years old	581	3.7%	1428	11.4%	397	6.4%	331	4.2%	**2737**	**6.5%**
08 - Other compelling reason	476	3.0%	449	3.6%	213	3.4%	266	3.4%	**1404**	**3.3%**
09 - No compelling reason for not filing for TPR	984	6.3%	198	1.6%	306	4.9%	456	5.8%	**1944**	**4.6%**
10 - Casework related	119	0.8%	41	0.3%	32	0.5%	282	3.6%	**474**	**1.1%**
11 - Court related	383	2.4%	119	1.0%	107	1.7%	477	6.0%	**1086**	**2.6%**
12 - AFSA form was not completed	725	4.6%	2393	19.1%	690	11.1%	455	5.7%	**4263**	**10.1%**
13 - There are no TPR delays	524	3.3%	1163	9.3%	420	6.8%	736	9.3%	**2843**	**6.7%**
Total	**15693**	**100.0%**	**12523**	**100.0%**	**6217**	**100.0%**	**7921**	**100.0%**	**42354**	**100.0%**

Data from Illinois' CFSR 4 reviews specific to Item 5, Appropriateness of Permanency Goal, and ASFA-specific questions:

(Time frame: cases reviewed from September 2024 – December 2025)

Item 5 was rated a Strength in 65 of 175 cases (37%)

- 142 of 175 reviewed foster care cases had been in care 15 of the most recent 22 months (81%)
- A petition had been filed in 53 of eligible cases (not filed in 79 cases, or 59%)
- Of the 79 cases in which a petition to TPR had not been filed, an exception to the requirement existed in 51 cases (and did NOT in 28 cases, or 35%)
    - In 38 cases, the child was being cared for by a relative at the 15 of 22-month mark

- In 20% of the 142 cases, the lack of exception and filing of a TPR petition presented a barrier to achieving permanency in a timeframe that meets the child's sense of time

These data reflect an improvement from last data sharing (September 2024 – May 2025)

Data Limitations: As noted above, there are limitations to what data the state has access to regarding timely filing of petitions for termination of parental rights.

CFSR 3: Illinois received an overall rating of Area Needing Improvement for Item 23**.** "Data and information in the statewide assessment showed that TPR petitions are not routinely filed across the state in a timely manner, as required."

ITEM 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, preadoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

Response: Overall, Illinois notes that this item is an Area Needing Improvement based on the data but recommend stakeholder interviews to learn more. The case review system is functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review; however, the state and court system lack a process for ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in care are notified of, and have a right to be heard in, any hearing held with respect to the child. For Illinois Court information related to this Item, please refer here.

IDCFS has processes in place to ensure that all caregivers, parents and youth are notified of ACRs and the notification letters include information to advise them of the right to be heard in the ACR. These notifications now also include the remote meeting information so that the recipient is not dependent on the caseworker to provide them with that information.

Fiscal Year	ACRs Held	ACRs with Notifications Sent	% ACRs with Notifications
2023	24,174	23,984	99.21%
2024	23,833	23,635	99.17%
2025	21,677	19,627	90.54%
2026*	10,334	10,151	98.23%

**as of 12/31/2025*

As noted in the last APSR, the legal hearing notifications of foster parents, pre-adoptive parents, and relative caregivers of children in foster care are not in the control of IDCFS. Legal notifications of hearings involving the child in foster care can come from the Guardian ad Litem, the court, and the caseworker. Practice of caseworkers to ensure notifications are provided for every hearing is not accurately known, but appears inconsistent based on anecdotal feedback. However, as IllinoisConnect goes live it will allow caseworkers to upload all court documents. The intention is that there will also be new data entry fields in IllinoisConnect to allow for data reports. There continues to be no data regarding notifications of court hearings although the practice of Illinois Courts is to provide notice to the parent and caseworkers in attendance of the next hearing at the conclusion of the current hearing.

The Juvenile Court Act gives foster parents the right to be heard by the court in accordance with 705 ILCS 405/1-5(2)(a).

CFSR 3 Findings: Illinois received an overall rating of Strength for Item 24 based on information from the statewide assessment and stakeholder interviews. From the Final Report: "Information in the statewide assessment and collected during interviews with stakeholders identified variation across the state in the notification process. Overall, however, stakeholders reported that the required notice is routinely provided across the state to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child." The CFSR 3 PIP for this Item included the Quality Hearing Court Project (and related Quality Hearing Benchcard) strategy, which was fully implemented and completed during the state 2-year PIP.

SYSTEMIC FACTOR 3: Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Response: Overall, Illinois considers this systemic factor to be a Strength and fully functional.

The child welfare system in Illinois is vast and complex. DCFS is state-administered, and highly privatized. In Illinois, the private sector services 70-80% of open cases; the percentage depends on daily environmental factors such as intake, caseload size, agency availability etc. IDCFS has a Statewide CQI Plan and a Risk Prevention Management Plan. These plans document policies, procedures, and practices for QA/CQI processes to occur in all areas of the state/jurisdiction. In the spirit of continuous quality improvement. this plan and the agency' annual Risk Prevention Management Plan are currently in the process of revision. These plans are the foundation of our state's CQI system.

The Division of Quality Assurance sits within the larger Division of Strategy Performance and Innovation, and 90% of its activities are case review-related. The remaining 10% is focused on implementing CQI within DCFS and the CWCAs through the development of the Regional (CQI) Support Teams. Within the Regional (CQI) Support Teams, DCFS and CWCA staff are supported through the PDCA cycle of improvement by providing data, providing tools to help teams identify their priority and development of an intervention (or small test of change), helping teams re-evaluate their progress and impact of their intervention, and helping teams adjust/adopt/abandon their intervention using data (for more information, click here).

Because the system is so vast and the capacity of Quality Assurance is limited, it is not possible for there to be DCFS CQI specialists within each Division of DCFS or within each CWCA. Therefore, CQI has become the language of the work throughout the system. From the top of the system to the bottom of the system, everyone is focused on the Department's goals, understanding our strengths and needs, and working to constantly improve through small or large tests of change

1. **Operations**
   The Illinois Department of Children and Family Services (IDCFS) maintains a **comprehensive, statewide Quality Assurance (QA) system** designed to ensure that all services outlined in the Child and Family Services Plan (CFSP) are delivered effectively, consistently, and in alignment with federal

and state standards. This system operates across all regions in Illinois and is structured around four core service domains:

a. Provision of investigations of reports of suspected child abuse and/or neglect;
b. Deflection/family support services programs (Family Advocacy Centers, Office of Community Connections and the Extended Family Support Program);
c. Voluntary or involuntary Intact Family Services; and
d. Foster Care services

2. Standards to Evaluate the Quality of Services

IDCFS has integrated standards to evaluate the quality of services in multiple ways.

- Council on Accreditation (COA) – IDCFS is accredited through the Council on Accreditation which has public agency standards for Administration and Management (of the agency), Service Delivery Administration, and Services (Child and Family Services standard). The Child and Family Services standard include Investigations, Intact Family Services, Foster Care, Adoptions and Licensing, and require evidence that meet each applicable standard (these are both compliance and qualitative).
  - The agency is currently in a new re-accreditation cycle that is expected to conclude at the end of state FY27.
  - IDCFS requires that all child welfare agencies it licenses and contracts with for Intact Family Services or Foster Care Services also be accredited, and will reimburse agencies for accreditation-related costs if accredited by the Council on Accreditation.

- Child and Family Services Review (CFSR) – IDCFS actively embraces and implements the federal Child and Family Services Reviews (CFSR; internal reviews are identified currently as the "IL CFSR 4 Reviews"; historically these have been known as the Illinois Federal Preparatory Reviews, then the Outcome Enhancement Reviews, updated in response to each round of the federal CFSR as changes were made in the federal process). DCFS identifies its IL CFSR 4 Reviews as its best, most qualitative and comprehensive case review process for the entire state.
  - Overall management and responsibility for the state CFSRs lies within the Division of Quality Assurance, and is managed by (and co-led with) a long-term and highly experienced University partner (UIUC/Foster Care Utilization Review Program, or "FCURP").
  - The case review and Statewide Data Indicator aspects of the CFSR evaluate both compliance and quality of the work and achievement of specific safety, permanency and well-being outcomes.
  - Evaluation of the CFSR Outcomes and Systemic Factors occurs at monthly Strategic Plan Implementation Communication Exchange (SPICE)[1] meetings.
  - For the statewide data indicators, there are clear definitions for each measure, including the numerator and the denominator for each (standards). IDCFS tracks its performance on all 7 of the indicators, using both internally replicated dashboards and the data profiles received from the Children's Bureau twice per year.
  - For the use of the Onsite Review Instrument (OSRI), the state must use federal guidance and instructions built into the tool (and other guides on its internet portal, i.e. standards) to apply the tool fairly and consistently to every case reviewed. To support accurate inter-rater reliability, there are multiple levels of quality assurance review built into the review process itself before a case review can be finalized. Illinois CFSR reviews occur monthly, during the CFSR cycle and when the CFSR has concluded. The state samples cases using a simple random sample (statewide), and include Intact Family cases and Foster Care services, managed by either DCFS or one of its Child Welfare Contributing Agencies (CWCAs). See

data from this review process in this document: Section III, Assessment of Child and Family Outcomes.
  - A limitation of this review process includes the small sample size (11 cases/month)

- Administrative Case Review (ACR) – ACR is DCFS' periodic case review process that meets the federal requirements of 42 U.S.C. 675(6), a review of permanency planning open to the participation of the parents of the youth in care, conducted by a person who is not responsible for the case management of, or the delivery of services to, either the youth in care or the parents who are the subjects of the review-. Please also see Item 21 for more information.

  In 2020, and as a CFSR 3 PIP Goal, ACR worked intentionally to develop a new, qualitative approach to conducting ACRs. This included identifying key, critical practices that impact achievement of permanency, developing questions for each of the practices to help evaluate the quality of the work, the development of an accompanying Intent and Instructions (I & I) document (this detailed document is available to all staff who have access to the Dnet, i.e., DCFS' intranet, via the "Data for CQI" page) that gave reviewers extensive guidance and instructions on how to answer each question and rate each section, and reorganized the ACR itself to be a series of group and individual interviews in order to best understand the implementation and quality of the practices. This new model of ACR included the development of a new dashboard so that the data collected would be easily accessible to all Illinois.gov email users for CQI purposes. In addition, ACR developed and implemented a validation process with FCURP, Chapin Hall and the Child Welfare Policy & Procedures Group ("CWG") to further increase inter-rater reliability. CWG provides coaching support to reviewers and supervisors in order to support accurate implementation of the I & I, structure/process of the new model, and developing interviewing skills of ACR reviewers during the ACR itself. Chapin Hall is also responsible for evaluating the impact of the model on identified outputs and outcomes as part of the BH Consent Decree Superseding Implementation Plan (SIP):
  - ACR data is routinely used by a wide variety of DCFS and CWCA staff in a variety of ways, for example: at Regional (CQI) Support Team meetings (to inform priority setting, and using the PDCA cycle of improvement on small tests of change); for purposes of monitoring and informing the B.H. Consent Decree Superseding Implementation Plan; by APME with agencies and teams; by Office of Research and Child Well-being Implementation Directors, when working with DCFS and CWCA teams; at SPICE meetings; and by Permanency leaders in DCFS when monitoring Regional Action Plans.

- Quality Enhancement Support Team (QEST) – QEST is a team within the Division of Quality Assurance. During the IL CFSR 3 PIP, this team was repurposed to support strategies intended to improve the implementation of Child and Family Team Meetings in Intact Family Cases. Upon completion of the CFSR 3 PIP, the team developed a new process, procedures, review tool and Intent & Instructions (I & I) guidance, coaching & interviewing support from the Child Welfare Policy & Procedures Group ("CWG"), including validation of data. The new process is intended to align assessment of key practices in Intact cases with those of foster care, and thus be able to provide similarly defined and collected data across all intact (by QEST) and foster care (by ACR) cases system-wide.
  - The new approach is modeled on the revised ACR process, in that four of the five ACR Priority Areas were adopted into the QEST tool (Quality of: CFTMs, Case Planning, In-Person Caseworker Visits, and Supervision; all adapted to reflect procedures and practices of Intact Family Services), and the introduction of completing interviews with caseworkers/supervisors, and parents to inform the quality of the practices.

- QEST data feeds into a constantly refreshing dashboard; data from this dashboard is routinely shared with DCFS and CWCA teams at quarterly Intact meetings convened by DCFS Intact leadership for purposes of CQI.

- IDCFS' Agency Performance Monitoring and Execution (APME) – APME supports and monitors both DCFS and CWCA permanency and intact teams for specific outcomes and expectations. Monitors are assigned to DCFS and CWCA teams, and monthly they meet with agencies to review compliance with dashboard measures, review agency-specific needs and progress toward resolving those (for example if an agency is struggling with turnover, the monitor will inquire as to their plans to address and resolve the turnover). A very small sample of case record reviews are completed monthly (currently 1 case per team) checking for compliance with procedural expectations (e.g., client rights; can correct deficiencies within 14 days of the review if the agency wants to improve their score), and some qualitative questions (currently 15% of starting agency caseload, minimum 1/month if a very small caseload; evaluating for example whether the father was included in the case, or diligent search completed, etc.). Data from these case reviews is provided back to the agency/team for continuous quality improvement activities and intentions.

  Performance Measures for Traditional and Home of Relative/Fictive Kin placement cases are:

Statewide Scorecard

Measure	Description	Goal
1	% of Children Achieving Legal Permanency	40%
2	% Monthly In-Person Caseworker Contact w/Children (per SACWIS)	95%
3	% Monthly In-Person Caseworker Contact w/Foster Caregiver (per SACWIS)	90%
4	% Monthly In-Person Caseworker Contact w/Parents (RH goals only) (per SACWIS)	80%
5a	% Weekly In-Person Parent/Child Visits (RH goals only) (per SACWIS)	80%
5b	Average # Parent/Child Visits Per Month (RH goals only) (per SACWIS)	4.00
6	% Absence of Maltreatment While In Foster Care	100%
7	% Absence of Maltreatment 6 Months Post Permanency	100%
8	% of HMR Foster Homes Licensed	70%
9	% of Children Placed With Less Than 2 Paid Providers over a 12 month period	90%
10	% of Cases With a Service Plan Completed Within 45 Days of Child Case Opening	95%
11	% of Children Assigned to less than 2 Caseworkers over a 12 month period	Info Only

Performance Measures for Specialized Foster Care cases are:

Statewide Scorecard

Measure	Description	Goal
1a	% of Children Achieving Legal Permanency (MD Cases)	40%
1a1	% of Children Reunified	40%
1a2	% of Children Achieving Guardianship	40%
1b	% of Children Achieving Legal Permanency (MH, MH/MD Cases)	25%
1b1	% of Children Reunified	25%
1b2	% of Children Achieving Guardianship	25%
1c	% of Children Achieving Legal Permanency (AFC Cases)	25%
1c1	% of Children Reunified	25%
1c2	% of Children Achieving Guardianship	25%
2	% Monthly In-Person Caseworker Contact w/Children (per SACWIS)	95%
3	% Monthly In-Person Caseworker Contact w/Foster Caregiver (per SACWIS)	90%
4	% Monthly In-Person Caseworker Contact w/Parents (RH goals only) (per SACWIS)	80%
5a	% Weekly In-Person Parent/Child Visits (RH goals only) (per SACWIS)	80%
5b	Average # Parent/Child Visits Per Month (RH goals only) (per SACWIS)	4.00
6	Absence of Maltreatment While In Foster Care (% of Case NOT Experiencing an Episode of Indicated Maltreatment While in Agency Care)	100%
7a	Absence of Maltreatment 6 Months Post Permanency (MD Cases)	100%
7b	Absence of Maltreatment 6 Months Post Permanency (MH, MH/MD Cases)	100%
7c	Absence of Maltreatment 6 Months Post Permanency (AFC Cases)	100%
9	% of Children Placed With Less Than 2 Paid Providers Over 12 Month Period	85%
10	% of Cases With a Service Plan Completed Within 45 Days of Child Case Opening	95%

Performance Measures for Intact Family Services cases are:

Intact Statewide Scorecard

Measure	Description	Goal
1	Families Remain Intact During Service Period	90%
2	Family Case Will Not Re-open Within 12 Months	85%
3	No Maltreatment During Service Period	100%
4	No Maltreatment 6 months post case closing.	100%
5	Weekly Child/Worker Visits first 30 Days	90%
6	Weekly Parent/Worker Visits first 30 Days	90%
7	Monthly Child/Worker Visits On-Going	100%
8	Monthly Parent/Worker Visits On-Going	100%
9	Initial Comp Assessments Completed in 45 Days	90%
10	Initial Service Plan in 45 Days	90%
11a	Tier 1 Cases Closed Within 6 Months	90%
11b	Tier 2 Cases Closed Within 12 Months	90%

Along with Permanency, APME convenes quarterly statewide meetings for DCFS and CWCA staff; review relevant data impacting permanency; divisional/programmatic updates; new services available; outside presentations (e.g., SAFE Model, CFSR); etc.

- Intact Utilization Reviews – This group of staff within the Division of Prevention, Community Connections and Intact handle all referrals/intake into the Intact programs, intake holds, assignments, unsuccessful case closing, and extension staffing, as well as payments. They establish all contracts and expansions through this division and manage the program plan. They also continue to handle all distribution of statewide information through a statewide intact meeting and set policy and procedure related to programming.

- Residential Monitoring – In 2025, a new model of Residential Monitoring was developed and implemented. The new model included a new, comprehensive evaluation tool as well as a new leveling system based on the results of the evaluation completed by the assigned Residential Monitor (DCFS staff; "Monitors"). The Monitors perform monitoring activities that include a data review, observations, attendance, and participation in a sample of child specific staffings and meetings, and file reviews to summarize their findings using the tool monthly. Thee ratings will be captured in a data system and will highlight areas of strength and identify areas of improvement within a residential contract. Based on these ratings the monitors will implement defined interventions and collaborate with the residential provider's administrative staff to develop action plans for improvement. Residential providers are evaluated on nine (9) performance standards are:

  Safety. Youth physical and emotional well-being are prioritized while receiving residential services.

  Living Environment. A living environment that provides youth with adequate food, clothing, and shelter.

  Youth Experience. Youth experience is assessed as positive by ensuring youth safety, skill building, staff engagement, and youth voice.

  Youth and Family Driven Care. Youth- and family-driven approaches are utilized where youth are empowered, and family is central.

  Staff Training. Staff are equipped with training, education, and supervision to provide quality services and supports to youth and families.

  Milieu Operations. There is a therapeutic environment that ensures safety, operational efficiency, and effective programming.

  Clinical Programs. Prescribed clinical services are provided by staff with relevant degrees, licenses, and certifications.

  Management. There are leadership and management practices that demonstrate effective communication, governance, and operational management.

  Quality Improvement Processes. A quality improvement process that includes administrative systems and fosters a culture of improvement has been implemented and maintained.

  - Data from the monthly monitoring reviews determines what Level of Performance an agency is at (Green, Yellow, Orange or Red), and whether a Quality Improvement Plan is needed (for Orange), or a Corrective Action Plan (Orange and Red). Each Level determines frequency of monitoring activities and involvement in improvement/correction.

  In addition, this tool will be used as a standardized way of assessing and providing feedback to support our residential providers across the state using our PDSA cycle.

- Licensing Agencies & Institutions (A & I) – A & I is an arm of the DCFS Licensing Division. This group of staff are focused on ensuring compliance with Rules 401 (Licensing Standards for Child Welfare Agencies), 403 (Licensing Standards for Group Homes), and 404 (Licensing Standards for Child Care Institutions and Maternity Centers). A & I Monitors visit all agencies and institutions that are licensed twice a year, and enforce compliance with above-mentioned Rules (such as the physical location/space, educational degrees of staff, ratios of staff to youth/residents, etc.). Monitors use an evaluation tool, and if needed can work with an agency/institution on a correction plan. A & I staff collaborate regularly with Residential Monitoring and APME, and will involve DCFS Legal if needed (for enforcement).

- Regional (CQI) Support Teams (RSTs) – RSTs are workgroups comprised of leaders from DCFS and Child Welfare Contributing Agencies (CWCAs) that are facilitated by the DCFS Regional Quality Assurance Specialists, who operate within the Division of Quality Assurance. RSTs aim to empower and equip direct service staff for success, which is one of the Department's key pillars, in achieving timely and safe permanency outcomes across all 4 regions in the state: Central, Cook, Northern, and Southern. The RSTs are a collaborative, structured, and data-driven way to operationalize and monitor Continuous Quality Improvement (CQI) activities, using the Plan, Do, Check, Act (PDCA) cyclical approach. RSTs are included as opportunities to help achieve two of our CFSP Goals: Goal 2 (Objective 2-2) and Goal 4 (Objective 4-3).
    - The first RST meeting of each fiscal quarter is designated for DCFS and CWCA staff to review Administrative Case Review (ACR) data in Power BI from the prior quarter, as well as trends across the past year. Through this activity the Team identifies areas of success, determines those needing improvement, and discuss barriers they have encountered to achieving the desired outcomes for the children and families we serve. The region then determines a priority area of focus for the upcoming quarter and design a "small test of change" to implement on a small scale.
    - RST meetings the second and third months of each fiscal quarter are designed to discuss the progress of the "small test of change", make any necessary adjustments, and celebrate any successes the region has seen so far.
    - The following quarter, if the data proves the "small test of change" effective, the region can continue with the same priority area and decide to scale or the region can decide to continue with the same "small act of change" on a small scale if 3 months was not enough time to determine effectiveness and/or impact. Alternatively, the region may decide to shift priority areas if the data guides them in another direction.
    - During FY24 and FY25, Child and Family Team Meetings (CFTMs) were the main area of focus in all regions across the state based on the ACR data and the known impact that quality CFTMs can have on increasing timely permanency, especially for those with reunification goals who have been in care less than 12 months. The RSTs developed their "small tests of change" aimed at improving the quality of the CFTMs taking place and tracked progress across the year. One of the "small tests of change" included identifying a clerical staff to schedule and coordinate all the CFTMs, as case worker and supervisor time was a common barrier for getting the CFTMs set up. Another test was to develop a quality CFTM meeting agenda and corresponding note template to support staff in the documentation of the work they are doing.
    - Throughout the 4 quarters CFTMs were the focus, there was a 17% decrease in ratings of 4 (Unsatisfactory), and there are now over 65% of families who have had some semblance of a CFTM throughout their ACR PUR. There has also been an increase in ratings of 1s (Outstanding) and 2s (Good), shifting from 31% to 42% of all CFTMs, showing preparation, engagement, and frequency in accordance with policy, demonstrative of how the CQI activities done in the RSTs shifted the needle in the priority area.

- Permanency Enhancement Project (PEP) – The Permanency Enhancement Project (PEP) began in 2007 to address the low rates of permanency statewide. The structure was designed around data-informed reviews: PEP included regular county- and regional-level reviews of permanency outcome data, use of focus groups to identify barriers to permanency, and regional or county-specific "action plans" developed by Action Teams to address the identified needs. The geographic design was regional rather than only local, including multiple universities and regions in partnerships with DCFS. PEP has been sustained for nearly two decades, working in partnership

with Chapin Hall, ISU, NIU, UIC, and SEIU, as well as local communities. These universities have supported PEP through research, evaluation, coordination of Action Teams, data analysis, and continuous improvement, reflecting a long-term academic–agency partnership model. Its work has included tracking permanency outcomes, facilitating action-team-driven responses, collaborating with courts, and aiming to reduce systemic disproportionalities for black children in foster care.

- DCFS Office of the Inspector General (OIG) – The DCFS OIG is (committed to the mission of strengthening the child welfare system through independent investigations that identify areas for reform and hold the Department, its employees, and contracted agencies accountable. The OIG provides "Error Reduction Training", conducts investigations, produces Annual Reports (posted on the DCFS internet site), and works with DCFS regarding recommendations. The state FY25 Annual Report notes that the "Department has implemented 42 of the 61 recommendations made in FY 2025 and has submitted an implementation plan for the pending 19 recommendations." New in SFY25, the OIG "launched a new case management system to enhance office operations. The new system was designed to improve accessibility by allowing complaints to be filed through an online portal, streamline the intake process for increased efficiency, centralize investigation records to support productivity, and strengthen monitoring of the implementation status of recommendations issued to the Department."
- Permanency Regional Implementation Plans – In all four administrative regions, Permanency Regional Administrators have developed a Regional Implementation Plan, which they are tasked with implementing and reporting out on quarterly at Permanency leadership meetings. Permanency's strategic priorities are:
  - Quality Casework that Increases Engagement (Engagement)
  - Reduction in the Length of Stay in Care (Permanency)
  - Increased Child Well Being (Well Being)
  - Decrease the number of youth who are in Congregate Care beyond medical necessity (Well-Being)

  Specific strategies being implemented in the Regional Implementation Plans include:
  - Regional Administrators, Associate Regional Administrators and Area Administrators will learn how to utilize the data from Power Bi and Subsidy unit tracking database to better inform the decision making. They should become the experts with the data to drive the priorities.
  - Area Administrators will sort youth that have been in care longer than 24 months to determine barriers and develop action plans by 2/28/26.
  - Regional Administrators will be responsible for providing continued education on the use of permanency goal of guardianship. A memo will be dispersed to subsidy workers and permanency workers. OLS has been in collaboration and will disperse one pager to court system.
  - Regional Administrators will utilize their regionals implementation plan to guide the practice and achieve objectives defined.
- Crisis Intervention Team (CIT) – DCFS, in conjunction with the Illinois Governor's office, created the DCFS Crisis Intervention Team (CIT) in 2019 to support a coordinated assessment and practice intervention response to child fatalities in Illinois. Members of the CIT include representatives from DCFS Quality Assurance, Child Protection, Intact, Permanency, Agency Performance Monitoring and Execution, Clinical, Office of Learning and Professional Development, Child Death Review Team, and Strategy Performance & Innovation.

- A weekly meeting between the CIT staff and the Clinical team occurs to discuss new cases and determine which cases may need an additional Clinical review. A CIT Workgroup[2] meets monthly where new cases are discussed (findings, recommendations).
- Cases are referred to the CIT by the DCFS Child Protection team, based on receipt of new investigations involving a child fatality or egregious acts[2] and in which there was a history of past or current involvement with the family group. In-depth reviews are completed for each case, using an established protocol and worksheet (tool). The worksheet includes elements of the Safe Systems Improvement Tool (SSIT[3]). Reports are not completed for individual cases, however if the CIT reviewer identifies information that could be useful for the assigned investigator and/or assigned caseworker, they will communicate that to them via email. Additionally, when a CIT reviewer identifies practices that warrant praise, they will communicate those directly to the assigned staff.
- Quarterly aggregate reports that identify demographic information of referred families, underlying issues, trends and other areas of focus are provided to Child Protection, Intact and Permanency teams to offer further areas of learning and support. These findings are also presented at various meetings within the DCFS divisions of Child Protection, Intact and Permanency. In addition, each quarter, CIT conducts "Grand Rounds" where a case is presented to attendees and during which rich conversation occurs. Grand Rounds are an excellent learning opportunity for all DCFS and Child Welfare Contributing Agency (CWCA) staff.

- Child Death Review Team (CDRT) – Illinois established multidisciplinary and multi-agency child death review teams throughout the state with the Illinois Child Death Review Team Act (P.A. 88-614), which was signed into law September 7, 1994. The primary goals of the Child Death Review Teams (CDRTs) are: 1) to review the circumstances of child fatalities in order to gain a better understanding of their causes, and 2) to recommend changes in practice and policy that will prevent future injuries and deaths. There are nine regional Child Death Review Teams, and there is also an Executive Council. The teams meet monthly, and there is an annual in-person Symposium. The Illinois DCFS Office of Quality Assurance provides essential administrative support and assistance to the CDRTs (i.e., the CDRT manager). In addition, the CDRT Manager serves as a direct link between the review teams and the state's child protection policy makers. The DCFS Director must review and reply to recommendations made by the CDRTs within 90 days of receipt.[4]

- Office of Research and Child Well-being oversees multiple initiatives with Universities and other partners across the state, each with built-in CQI (PDCA cycles of improvement using data) processes and expectations in order to monitor and evaluate impact.

- B.H. Consent Decree Superseding Implementation Plan (BH SIP) – DCFS has been under the BH Consent Decree since it was filed by the ACLU in 1988. In 2022 DCFS, the ACLU and the Expert Panel agreed to a Superseding Implementation that contains three (3) Satisfaction Criteria:

  Criterion 1: DCFS has met the Illinois Standard for the overarching outcome measure for Maltreatment in Foster Care or, alternatively, has demonstrated 24 months of sustained past incremental improvement that trends toward achieving the Illinois Standards within the next 18 months.

  Criterion 2: DCFS has met the Illinois Standard for the overarching outcome measure for Permanency In 12 Months for Children in Care 24 Months or More or, alternatively, has demonstrated 24 months of sustained past incremental improvement that trends toward achieving the Illinois Standard within the next 18 months.

Criterion 3: DCFS has successfully implemented its new Wellbeing Improvement Review and Linkage ("WIRL") program of enhanced assessment and service delivery, and further has improved living arrangement stability, for an identified subset of youth experiencing significant living arrangement instability due to high mental or behavioral health needs.

- The Health Services Program – Health Services operates from a simple but uncompromising principle: youth in care should never go without adequate medical, dental, or behavioral health care. Our work is grounded in system-level accountability, equity in access, and the understanding that strong health outcomes are achieved when oversight, data, and frontline practice are aligned. We focus on building a culture of healthcare delivery that is proactive rather than reactive, one that minimizes risk, reduces delays, and ensures timely, appropriate care for every child, regardless of placement or geography.
  - Health Services advances improved health outcomes through coordinated oversight, data-informed decision-making, and direct support to the field. Our efforts are aligned across four core dimensions of healthcare quality: safety, timeliness, accessibility, and effectiveness. By integrating these principles into monitoring, training, and system support, we work to ensure that health needs are identified early and addressed consistently.
  - By aligning data from sources such as ACR audits, service referrals, care coordination activity, and access challenges, Health Services is better positioned to identify root causes related to provider availability, geographic barriers, care coordination breakdowns, documentation practices, and system workflows. This approach allows the child welfare system to distinguish between individual case issues and broader, systemic drivers of unmet need.



- Partnership for Progress meetings (semi-annual, inclusive of all child welfare system partners) and push-ins to Birth Parent Advisory Council, Statewide Foster and Adoptive Parent Advisory Council, and Statewide Youth Advisory Board to share data and ensure involvement of lived experience and other system partner in the identification of strengths and needs, identification of potential solutions to identified needs, and implementation of solutions (not yet at implementation of solutions as still identifying potential solutions and making decisions about which to prioritize).

- Office of Educational Services engages in efforts to ensure all children/youth are in school and receiving a quality education; connection with placement stability (which is itself a priority for Permanency), and use of data to inform progress.
- Data Literacy Program – this QA-led initiative has resulted in the development of three (3) trainings (not yet completed) designed to develop basic data literacy skills for child welfare staff.
- Data Quality Plan – DCFS developed its federal Data Quality Plan in 2023 (approved) and submitted its biennial report in 2025.
- Targeted Reviews, for example: Maltreatment in Foster Care, Recurrence of Maltreatment, Re-Entry. Results of those shared with leaders, small tests of change developed, data validation to inform PDCA cycles for tests of change, results of implementation communicated to inform next steps. A response to the Maltreatment in Foster Care review is the development and launch of a "Maltreatment in Foster Care Review Panel" (see Section III, [insert link]), which initially appears to be positively impacting Illinois' performance on that SWDI.
- Augintel – Augintel is an AI tool that uses natural language processing to summarize narratives from case records so staff can review notes by relevant topic, view people mentioned in narrative across the entire case history and quickly search for the information they need. For each case, there are Risks and Strengths visuals, which also link directly to specific case notes that suggest risks or strengths so staff can easily see and access that information. In addition to case-specific support, Augintel has also generated several "queries" (a total of 20), organized around Safety, Permanency and Well-Being. These queries produce data visuals of aggregated status on certain topics. Examples include: cases in which there is evidence of Domestic Violence and there was an Order of Protection; cases in which human trafficking is indicated; pre-incident behaviors (that could lead to placement disruptions, which is also a query); children on medications; Spanish language needs; etc. The underlying case note data is also easily accessible from any query. Staff in Quality Assurance, ACR and APME regularly use Augintel to assist with easily finding information to inform qualitative case reviews.

3. Identifies Strengths & Needs of the Service Delivery System

The various operational aspects and associated standards of this Systemic Factor noted above, provide data on the strengths and needs of the child welfare service delivery system in Illinois. All of the CQI activities in the state identify common strengths and challenges for the state child welfare system, across specialties (investigations, permanency, intact, etc.), and providers (DCFS and CWCAs).

Common strengths include the successful implementation of the SAFE Model at the State Central Registry (SCR) in 2024, which has resulted in a significantly reduced number of new investigations (and therefore children entering foster care) and a larger number of families being referred for prevention services through the Office of Community Connections. The implementation of Motivational Interviewing is also noted as a strength that supports enhanced engagement of family members that support achievement of goals and outcomes.

ACR staff have noted how Child and Family Team Meetings have been enhanced through the efforts of the Regional (CQI) Support Teams, improved quality of supervision notes due to enhanced support from the work of APME, how consistency in the DCFS staff workforce impacts how well the family achieves goals, how DCFS Regional Administrators are holding their staff accountable for practices (as with APME leadership; there is a very hands-on feedback loop involving phone calls and in-person meetings between ACR, Regional Administrators [especially in the Southern Region], and specific

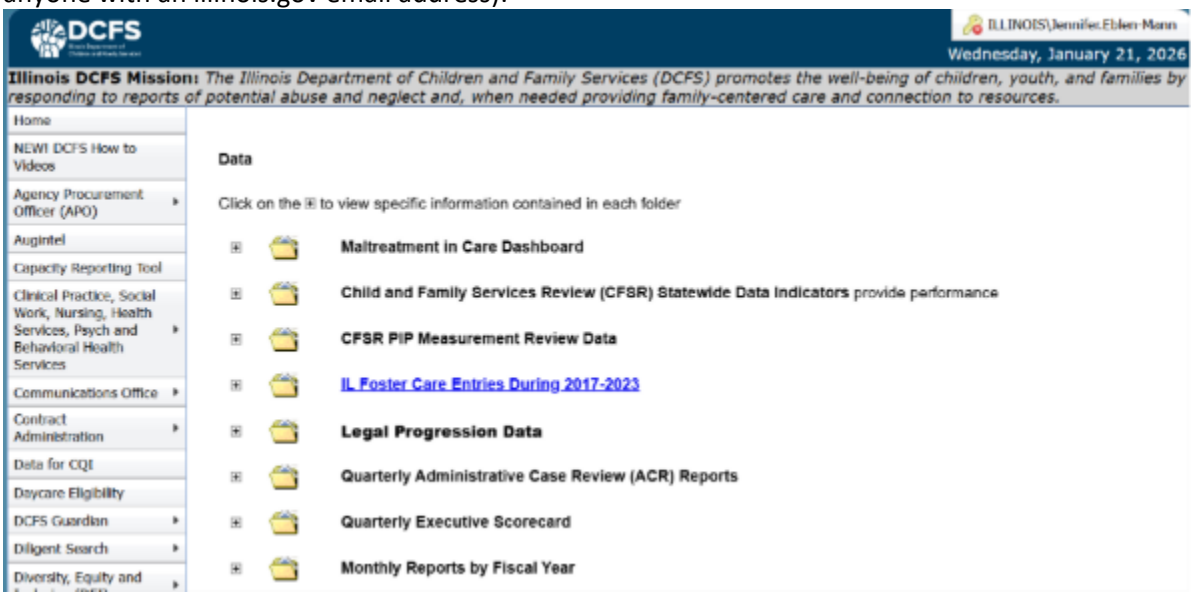
teams to improve practice). CFSR reviewers note that there is increased agency efforts to engage parents and in particular fathers (the data shows more parents and fathers are applicable in cases being reviewed whereas previously there were more rated "N/A" due to lack of efforts by the agency). Additional strengths are noted throughout this Statewide Assessment.

Common challenges include direct service staff need to enhance skills related to engagement of parents, and particularly fathers – this directly impacts all other practices and outcomes, including convening quality Child and Family Team Meetings, developing case plans jointly with family members, accurately assessing needs of the family members and then delivering services accurate to the identified need; while staff turnover has reduced significantly within DCFS, it remains a challenge in the private agencies contracted with DCFS; implementing the Child and Family Team model continues to be a challenge as a whole, and data is mixed about its effectiveness in achieving case plan goals; parent-child and sibling visitation do not adequately support, maintain or grow important connections while children/youth are in care; time frames to permanency continue to lag (however, Illinois is meeting the CFSR 3 National Performance measure for Permanency in 12 months for children in care 24 months or more).

Additional challenges are noted throughout this Statewide Assessment.

4. Provides Relevant Reports

- DCFS QA and Strategy Performance and Innovation (SPI) have made extensive use of PowerBI to provide easily accessible data and visualizations, for the purposes of informing CQI activities system-wide.
- QA has spent considerable time providing ongoing 1:1 and group training to DCFS and CWCA teams on how to locate, understand and utilize the various PowerBI dashboards.
- QA provides quarterly data reports from PowerBI to the Regional (CQI) Support Teams, pulling from a variety of existing dashboards and data warehouse data in order to illustrate a more comprehensive picture in one report. These reports help the RSTs identify gaps and develop small tests of change to improve areas needing improvement.
- SPI provides a variety of data on the "Data for CQI" page on DCFS' intranet page (accessible to anyone with an illinois.gov email address):



- Annual Reports are prepared for the Child Death Review Team, and also the Crisis Intervention Team.

- The DCFS Office of the Inspector General also provides an Annual Report.

5. Evaluates Implemented Program Improvement Measures

In Illinois' CFSR Round 3, this Item was rated as an Area Needing Improvement. It was noted that a fully integrated, cross-cutting, and statewide child welfare CQI system has not been institutionalized in Illinois. While multiple case review activities exist across the state to monitor compliance with various mandates, the process for using data to inform and monitor the implementation of key initiatives that target casework practice and systemic concerns is uneven and does not routinely occur throughout the state to promote accountability in improving practices and outcomes. Challenges of the CQI system include integrating data and information sourced from state divisions/departments (e.g., staff training; foster/adoptive parent licensing, recruitment, and retention; workforce development), as well as from purchase of service (POS) contracts/agencies and court systems, sufficiently to understand and report performance and alignment across initiatives, and ensuring that contract providers are all in alignment in achieving positive outcomes for children and families. The agency is, however, currently developing a comprehensive framework to fully integrate and streamline the multiple case review processes across both DCFS and POS agencies that will provide opportunities for the state to strengthen its CQI system. Maximizing the involvement of birth parents, youth, courts, foster/adoptive parents, and field-level caseworkers and supervisors in this initiative is strongly encouraged.

In our CFSR 3 PIP, the Quality Assurance Systemic Factor was specifically embedded in Goal 4: Strengthening an accessible service array needed by children and families, continuous quality improvement, and foster/adoption recruitment and retention systems. Strategy 4.1 ("Coordination and expansion of Continuous Quality Improvement (CQI) such that DCFS/ POS caseworkers/supervisors use case review data to improve service delivery with families") was successfully implemented and Goal 4 was achieved by the conclusion of our PIP through the implementation of 19 activities (please see IL CFSR 3 PIP, page 54). The strategies addressed all of the identified challenges from the CFSR 3. Of the 19 strategies, all but one have continued past the completion of the PIP and are still operational as of the writing of this document. The activity that stopped was the 6-month/9-month/12-month permanency case reviews. These were transitioned from Quality Assurance to the Area Administrators to complete, but they lacked capacity to continue. The project had not made a big impact, so it was discontinued.

SYSTEMIC FACTOR 4: Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant the CFSP so that:

- *Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and*
- *The system demonstrated how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties*

Response: **Overall, Illinois considers this Item to be a Strength.**
The Illinois Department of Children and Family Services (DCFS) and Child Welfare Contributing Agencies (CWCA) provide specialized initial training programs tailored to the roles of direct service staff. These programs aim to equip staff with the foundational knowledge and practical skills necessary to perform their responsibilities effectively. Training formats, duration, and delivery methods vary significantly across different roles, reflecting the unique requirements of each position.

Child Protection Specialists (CPS) take the Foundations training course over five (5) consecutive weeks. The first week is mainly eLearning trainings and is therefore, virtual. The four (4) weeks that follow are in-person instructor-led learning events. The culminating week (week 5) of CPS Foundations includes simulations training where participants can put into practice and apply all that was learned over the prior weeks. The simulators are set up as real homes where the CPS is able to complete an assessment of both safety and risk; while utilizing the skills learned during the prior weeks. The instructors are also able to provide feedback and coaching as needed.

Intact and Permanency staff participate in a four (4) week foundational training that is delivered in a hybrid format. It is also delivered on consecutive days like CPS. Week one (1) of the Foundations for Intact and Permanency are also mainly eLearnings and therefore, the delivery of content this week is virtual. The rest of the course is instructor-led, but in a hybrid format. CPS, Intact and Permanency are trained in a co-facilitation model with two instructors assigned to every class.

Foster Care Licensing staff receive their initial training through a series of seven (7) e-learnings and then they are partnered with current staff for on-the-job training.

Adoption staff participate in a three-week training, but it is not taken on consecutive weeks. Participants are trained for one (1) week a month over the course of three (3) months. These trainings are delivered in person. In addition, this staff participates in on-the-job training when they are not in class, over the course of the three (3) months.

State Central Registry (SCR) staff participate in training over the course of six (6) consecutive weeks. This six-week span starts with a week of eLearning trainings and is virtual in its delivery. Weeks 2 through 6 include instructor-led, in person training and on-the-job training as well.

Initial training for CWCA/DCFS staff is role-specific and strategically designed to balance theoretical learning with practical application. While all programs incorporate eLearning and instructor-led components, the duration, format, and sequencing differ to meet the unique demands of each position. This structured approach ensures that staff are adequately prepared to deliver high-quality child welfare services across various functions.

How does the agency track and monitor whether individual staff have met initial training requirements?

DCFS monitors staff training compliance through its Learning Management System (LMS), called the Learning and Development Center (LDC). The LDC performs three key functions:

1. Tracks completion of individual training modules to ensure all required content is completed.
2. Records attendance for each participant during instructor-led sessions.
3. Provides access to learner transcripts by their supervisors/managers so that learning can be tracked by those parties.

This system provides accurate, centralized oversight of training progress and compliance.

In addition, initial training effectiveness is also tracked through participants' performance on exams. Each of the above divisions' learners take the CWEL (Child Welfare Employee Licensure) exam, which is an exam over the fundamental knowledge required to perform child welfare direct service work in the State of Illinois. Additionally, they take a specialty exam, which tests the required knowledge for their specific area of direct service. Finally, all specialties, except SCR, take the Child Endangerment Risk Assessment Protocol exam, which is the current Illinois safety framework (which is in process of being phased out by the SAFE model framework). These three (3) exams are currently required as part of the Child Welfare Employee Licensure requirements. It is important to note that SCR has already fully-launched using the SAFE Model framework and is no longer tested on the CERAP for that reason.

Lastly, initial training effectiveness is learned anecdotally through conversations with the field supervisors and managers in terms of areas of training that need to improve.

Do staff receive initial training before they are assigned a caseload?

Staff do receive and complete initial training before being able to be assigned a caseload in SACWIS. New staff must obtain their CWEL license in order to carry cases in SACWIS. Rule 412 requires that in order to obtain a CWEL, a staff member must complete required trainings, pass associated exams with a 70% or better, among other criteria.

What percentage of persons required to complete initial staff training in a specified period actually completed the training?

Course Title	# of Enrolled Participants in Course Sessions	# of Participant Completing Course Sessions	% of Completions
Foundation for Child Protection Specialists	31	20	**65%**
Foundation Child Welfare Specialists: Intact	77	55	**71%**
Foundation for Child Welfare Specialists: Permanency	172	150	**87%**

How is effectiveness evaluated? What do the data/information show regarding how well initial training prepares new staff with the skills and knowledge needed to carry out their duties?

One hundred percent of the Office of Learning and Professional Development's (OLPD) trainings include a feedback survey at the end of the training and this includes all initial staff training. The following questions are asked in each of those surveys:

- Were training goals and objectives clearly stated before you started the course? (yes/no/I don't remember - multiple choice)
- Did the course content fulfill the stated objectives? (yes/no/I don't remember - multiple choice)
- Please rate the course content (using a 5-point Likert scale rubric)
- Please rate the flow of the content (using a 5-point Likert scale rubric)
- What was your key take away(s) from this training that you will apply in your job? (open ended question)
- Do you have any suggestions for improving the training? (open ended question)

Additionally, exam results are analyzed and evaluated using an item analysis report. The item analysis data is evaluated annually, at a minimum, to examine the effectiveness of the training content and its relationship to the competency standards on the exams. Exam scores are tracked and analyzed (but not the item analysis level) weekly, monthly and quarterly to identify trends in the data.

Pre-knowledge checks and post-knowledge checks are utilized across many of the learning modules. By including these knowledge checks, OLPD is able to analyze the efficacy of the curricula that was delivered by the trainers.

Finally, training effectiveness data is gathered anecdotally through facilitated conversations between OLPD and field supervisors and managers.

CFSR 3: Illinois received an overall rating of Area Needing Improvement for Item 26. From the Final Report: "Stakeholders reported that while new staff routinely receive initial training in a timely manner, noteworthy delays are associated with the timing of hiring new staff and the established training schedule.

Overall, stakeholders said that the skill-based component of training is not sufficient to meet the entry-level training needs of new case managers. Stakeholders reported the need for skill-based training in key areas such as interviewing, case plan development, and navigating the state's information system. Additionally, stakeholders reported that the Child Protective Services (CPS) investigator training component that incorporates simulations and peer feedback should be included in all pre-service training sessions."

CFSR 3 PIP Activities for the Training Systemic Factor:

- Goal 1 (Ensuring child safety as our first priority and maintaining children safely in their own homes whenever possible and appropriate): training to supervisors on the Model of Supervisory Practice (MoSP) to support consistent and effective safety assessments by investigators and intact caseworkers; Safety First Safety Always training to staff; Safe Sleep training; Motivational Interviewing training; CANS 2.0 training; CFTM training.
- Goal 2 (Ensuring stability, family connections, and timely permanency for children): CFTM training provided by the Child Welfare Policy & Procedure Group (CWPPG); 3-day CFTM training for Immersion site staff; eLearning training for CFTMs (3-hours, same as above); ACR training on the new model; adoption and guardianship subsidy trainings and onsite support labs; the use of Supervisory Forums to train on guardianship as a permanency goal; Quality Hearing training to judges across the state; other child welfare trainings for judges across the state developed by AOIC.
- Goal 3 (Ensuring the educational needs and physical/mental health needs of children in foster care and in-home cases are met and families have enhanced capacity to meet the needs of their children): Motivational Interviewing training; CFTM training; Core Practice Model training; Coaching to supervisors in the Immersion sites via staff from the Field Implementation Support department (a unit of the OLPD); Parent Engagement Survey training; Family First trainings; multi-tierd system of support (MTSS) training.
- Goal 4 (Strengthening an accessible service array needed by children and families, continuous quality improvement, and foster/adoption recruitment and retention systems): CQI training; PowerBI trainings; standardized training for foster home recruitment and retention staff; Foster Parent Law training; Family First training; Motivational Interviewing training.

All CFSR 3 PIP strategies and activities related to training were successfully implemented and approved as completed. Several of the activities that were implemented in Round 3 are still functional statewide and have resulted in the continued success of this Item (the state is implementing the SAFE Model of Practice, so some of the trainings implemented during the CFSR 3 PIP are now obsolete).

Item 27: Ongoing Staff Training

Ongoing training is provided to staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- *Staff receive training pursuant to the established curriculum and timeframes for the provision of ongoing training; and*
- *The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties*

Response: Overall, Illinois considers this Item to be a Strength.

What are the ongoing training requirements for staff?

The ongoing training requirements for staff include twenty (20) clock hours of staff development every

two years. This requirement is for both direct service and supervisory staff. Staff can take various trainings available to them in the Learning and Development Center (LDC), which is the current Learning Management System (LMS) utilized by the Department. There are both mandatory ongoing trainings and there are elective trainings as well.

Supervisors have access to their team's transcripts and actively monitor whether or not a staff member meets these requirements. The Office of Learning and Professional Development does not currently monitor whether these requirements have been met. The future state includes working with the Learning Management System (LMS) vendor (Learning365) and its partners to begin to track this data in the LMS itself. This information will also eventually be integrated with Illinois Connect (CCWIS) to ensure that supervisors are able to see their staffs' progress towards the 20 clock hour requirement on a dashboard that is attached to the staff's person record in that system.

How does the agency track and monitor whether individual staff, including supervisors, have met ongoing training requirements (and initial training requirements for supervisors)?

DCFS monitors staff training compliance through its Learning Management System (LMS), called the Learning and Development Center (LDC). The LDC performs three key functions:

1. Tracks completion of individual training modules to ensure all required content is completed.
2. Records attendance for each participant during instructor-led sessions.
3. Provides access to learner transcripts by their supervisors/managers so that learning can be tracked by those parties.

DCFS does rely on supervisors/managers to track their individual employees' completion of the 20 clock hours of training. Regularly, mandatory trainings such as Mandated Reporter (every 3 years), Motivational Interviewing, SAFE Model implementation trainings, etc. are enough to cover the 20-hour requirement.

What is the process for delivering ongoing training to workers and initial/ongoing training for supervisors (established curriculum and time frames)? [Note: Excerpts from the DCFS Workforce Development UIUC FY26 Q2 report were utilized in this narrative]

All supervisors are expected to attend Foundation for Supervisors (FFS). FFS is a four-day training series which focuses on providing foundational knowledge and overall supervisory practice enhancement. Day 1 and Day 2 of FFS are facilitated two consecutive days one week, there is no training the following week and training Days 3 and 4 are facilitated the subsequent week. FFS training is offered monthly. Participants are required to complete all four (4) days to complete the full training series. Participants may choose to complete the training days out of sequence for a variety of reasons. The training content for each day was intentionally designed so that taking the days out of sequence would not be a barrier to participant learning.

Supervisors are also expected to take a second training series called Model of Supervisory Practice (MoSP). This training is an 8-day training that is divided into four two-day courses. These two-day courses can be taken in any order as well, providing for flexibility in scheduling and completion.

Additionally, supervisors attend on-the-job training in their respective roles.

Are there variations across the state (or roles) in the provision of ongoing training or how well it addresses the basic skills and knowledge necessary to carry out job duties? To what degree to they impact the statewide functioning of this requirement?

There is no variation by region or role in the mandatory or the elective trainings that are offered as part of in-service training. While facilitated conversations might differ by region, the overall training content remains consistent across the state. The one outlier is the SAFE Model trainings, which are currently rolling

out to Child Protection Specialists and supervisors with a full launch date scheduled for July 1, 2026. These trainings are specialty/direct service role specific and the training plan for this roll out will allow for this.

What percentage of staff required to complete ongoing training in a specified period completed the training? What percentage of supervisors completed initial and ongoing supervisory training?

Since the Office of Learning and Professional Development does not currently monitor this data, this data is not known. The future state includes working with the Learning Management System (LMS) vendor (Learning365) and its partners to begin to track this data in the LMS itself. This information will also integrate with Illinois Connect (CCWIS) to ensure that supervisors are able to see their staff's progress towards the 20 clock hour requirement on a dashboard that is attached to the staff's person record in that system.

How is effectiveness evaluated? What do data/information show regarding how well ongoing training prepares new staff with the skills and knowledge needed to carry out their duties?

One hundred percent of the Office of Learning and Professional Development's (OLPD) trainings include a feedback survey at the end of the training and this includes all ongoing (in-service) staff training. The following questions are asked in each of those surveys:

- Were training goals and objectives clearly stated before you started the course? (yes/no/I don't remember multiple choice)
- Did the course content fulfill the stated objectives? (yes/no/I don't remember multiple choice)
- Please rate the course content (using a 5-point Likert scale rubric)
- Please rate the flow of the content (using a 5-point Likert scale rubric)
- What was your key take away(s) from this training that you will apply in your job? (open ended question)
- Do you have any suggestions for improving the training? (open ended question)

Results from the various surveys are analyzed by OLPD to determine the effectiveness of the training content and experience in the classroom. A sample below shows the data from the LGBTQIA+ training that has been offered as an in-service training. This is only one of the 300+ surveys that the Learning and Development team currently monitor for successful learning and experience.

FY26 Survey Results – LGBTQIA+ Feedback Survey – Evaluation Section					
Question	**Percentage Responses**				
	Yes		**No**		**I don't remember**
Were learning objectives clearly stated before you started the course?	97%		1%		2%
Did the course content fulfill the stated objectives?	99%		1%		0%
Question					
	Excellent	**Good**	**Satisfactory**	**Slightly Unsatisfactory**	**Unsatisfactory**

Please rate the course's content	54%	34%	10%	2%	1%
Please rate the flow of the content	58%	33%	7%	1%	1%

Pre-knowledge checks and post-knowledge checks are utilized across many of the mandatory and elective trainings offered by OLPD and its university partners. By including these knowledge checks, OLPD is able to analyze the efficacy of the curricula that was delivered by the trainers.

In March 2025, the Office of Learning and Professional Development (OLPD) conducted a learning needs survey to identify areas where additional training was required. The survey collected basic demographic data to enable analysis across subgroups (e.g., supervisors vs. caseworkers, permanency staff vs. intact staff). Insights from the survey were used to develop new elective courses, which were made available through the Learning and Development Center (LDC). OLPD plans to conduct a similar survey annually to continuously align training offerings with staff needs.

CFSR 3: Illinois received an overall rating of Area Needing Improvement for Item 27. From the Final Report: "The statewide assessment provided very limited relevant data and information to fully assess this systemic factor item. Stakeholders reported that while ongoing training is not tracked for compliance with state requirements, staff routinely meet this requirement. Most stakeholders reported that ongoing training routinely provides case managers with the knowledge and skills needed to perform their job duties. Case management supervisors, however, do not routinely receive the ongoing training needed to meet their professional development needs relative to the supervision of casework practice. Stakeholders noted that core supervisory training is currently being offered at the state's title IV-E waiver immersion sites. The state does plan to make the training available to all supervisors in the near future."

Item 28: Foster and Adoptive Parent Training

Training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- *Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and*
- *The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children*

Response: Overall, Illinois considers this Item to be a Strength.

What are the initial and ongoing training requirements for all individuals subject to this requirement? How do individuals subject to this requirement receive initial and ongoing training (established curriculum and timeframes)? [Note: Excerpts from the DCFS Workforce Development UIUC FY26 Q1 report were utilized in this narrative]

The PRIDE (Parent Resources for Information, Development and Education) program, through OLPD and in partnership with the University of Illinois Urbana-Champaign, provides education and training to foster, adoptive, relative, and non-relative caregivers throughout Illinois. It offers a wide range of training formats including in-person, eLearning, virtual instructor-led, and hybrid sessions, which are available during both daytime and evening hours. Trainings are offered in English, Spanish, and other languages upon request. Program offerings are divided into two main categories: pre-service training, required for foster home licensure, and in-service training, necessary for license renewal.

Initial licensure in Illinois requires a prospective foster parent to complete 27-30 hours of training. The

time frame is a range due to the time it takes to cover the same content in different modalities (in-person instructor-led vs. eLearning, etc.).

Annual training requires 16 hours of approved in-service training to maintain licensure. Foster parents can take these 16 hours of training on a variety of topics. These topics are offered by OLPD but training can also be taken through other approved providers and still tracked within the Department's Learning and Development Center (LDC).

How does the agency track and monitor whether applicable individuals have met their training requirements?

DCFS monitors staff training compliance through its Learning Management System (LMS), called the Learning and Development Center (LDC). The LDC performs three key functions:

1. Tracks completion of individual training modules to ensure all required content is completed.
2. Records attendance for each participant during instructor-led sessions.
3. Provides access to learner transcripts by their licensing caseworker so that learning can be tracked by those parties.

The Office of Learning and Professional Development (OLPD) does not license foster caregivers; this responsibility lies with the Foster Parent Licensing Division. However, OLPD provides licensing workers with access to training transcripts for both pre-service and in-service sessions. This enables licensing staff to monitor foster parents' training clock hours, ensuring compliance with licensure requirements.

What happens when applicable individuals do not complete training requirements?

If a prospective or current foster parent misses a required pre-service or in-service training module, make-up sessions are provided. These sessions ensure that foster parents remain on track for: First-time licensure or Licensure renewal.

This approach helps maintain compliance with training requirements while supporting foster parents in meeting their obligations.

Impact on licensure for not completing pre-service or in-service requirements is determined by the licensing team as compared to the Office of Learning and Professional Development.

What percentage of applicable individuals requiring the initial training complete the training in the required timeframes? Ongoing training?

Training Platform	# of Deliverables Offered	# of Enrolled Participants in Course Sessions	# of Participant Completing Course Sessions	% of Completions
In-Person Pre-Service	8	32	16	50%
In-Person In-Service	10	20	16	80%
1. In-Person Instructor-led Training TOTALS	**18**	**52**	**32**	**62%**
Virtual Pre-Service	389	4,535	3,487	77%
Virtual In-Service	176	1,744	1,289	74%
2. Virtual Instructor-led Training TOTALS	**565**	**6,279**	**4,776**	**76%**
eLearning Pre-Service	30	4,740	4,172	88%

eLearning In-Service	25	1,368	1,177	86%
3. eLearning Training Totals	**55**	**6,108**	**5,349**	**88%**
FY26 Q2 Combined (1, 2 & 3 above)	638	12,439	10,157	82%
FY26 Q1 Combined (comparison)	666	12,454	9,993	80%
FY26 YTD	**1,304**	**24,893**	**20,150**	**81%**

Are there variations across the state? To what degree do they impact the statewide functioning/effectiveness of this requirement?

There are not variations by role or region of the state. There is variation in the modality in which trainings are offered. There is an eLearning-only version (with required instructor-led facilitated discussions included in that delivery), instructor-led in person, and instructor-led online trainings. The content of these different trainings are aligned to ensure all pre-service foster caregivers are provided equitable content.

How is the effectiveness evaluated? What do the data/information show regarding the functioning of this requirement? What does the data/information show regarding how well ongoing training addresses the skills and knowledge needed to carry out their duties?

One hundred percent of the Office of Learning and Professional Development's (OLPD) trainings include a feedback survey at the end of the training and this includes all initial foster and adoptive caregiver training in pre-service and in-service. The following questions are asked in each of those surveys:

- Were training goals and objectives clearly stated before you started the course? (yes/no/I don't remember multiple choice)
- Did the course content fulfill the stated objectives? (yes/no/I don't remember multiple choice)
- Please rate the course content (using a 5-point Likert scale rubric)
- Please rate the flow of the content (using a 5-point Likert scale rubric)
- What was your key take away(s) from this training that you will apply in your job? (open ended question)
- Do you have any suggestions for improving the training? (open ended question)

Results from the various surveys are analyzed by OLPD to determine the effectiveness of the training content and experience in the classroom. Results from the various surveys are analyzed by OLPD to determine the effectiveness of the training content and experience in the classroom. An example of the results are provided below of the Virtual Instructor-Led Trainings (VILT). This data represents the data from Fiscal Year 2026 (FY26) Quarter 2 and a summary of FY26 Quarter 1 is also provided. Data is included for both the English and Spanish courses.

Pre-Service English VILT & E-Learning Satisfaction Survey Analysis 2nd Quarter FY-26						
Units 3, 5, & 7						
Question	**Percentage Positive Responses**					
	Unit 3		**Unit 5**		**Unit 7**	
	Attachment		**Discipline**		**Making an Informed Decision**	
	eLearning	VILT	eLearning	VILT	eLearning	VILT

Did you receive clear directions on how to navigate through the platform?	100%	95%	100%	100%	99%	100%
Were the training goals and objectives clearly stated before you started the course?	100%	98%	100%	100%	100%	100%
Did the course content fulfill the stated objectives (did it cover the content that it said it would cover)?	100%	100%	99%	100%	99%	100%
Please rate the course's content	100%	100%	100%	100%	100%	100%
Please rate the flow of the content	99%	100%	100%	100%	100%	100%
FY-26 Q2 Average % Positive Responses	**100%**	**99%**	**100%**	**100%**	**100%**	**100%**
FY-26 Q1 Average % Positive Responses	99%	98%	100%	100%	100%	100%
YTD Average % Positive Responses	**99%**	**98%**	**100%**	**100%**	**100%**	**100%**

2nd Quarter FY-26 Survey Results of Spanish PRIDE Pre-Service VILT			
Sessions 3, 6, & 9			
Question	**Percentage Positive Responses**		
	Session 3	**Session 6**	**Session 9**
	Attachment	**Discipline**	**Making an Informed Decision**
	Spanish	**Spanish**	**Spanish**
Learning objectives were clear at the beginning of the training	100%	100%	100%
The training topic held my interest	100%	100%	100%
The trainer was skilled at facilitating training content	100%	100%	100%
What I learned in this session is preparing me for specific learning topic	100%	100%	100%
FY-26 Q2 Average % Positive Responses	**100%**	**100%**	**100%**
FY-26 Q1 Average % Positive Responses	90%	95%	95%

YTD Average % Positive Responses	**94%**	**98%**	**98%**

Pre-knowledge checks and post-knowledge checks are utilized across many of the mandatory and elective trainings offered by OLPD and its university partners. By including these knowledge checks, OLPD is able to analyze the efficacy of the curricula that was delivered by the trainers.

CFSR 3: Illinois received an overall rating of Strength for Item 28.

SYSTEMIC FACTOR 5: Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- *Services that assess the strengths and needs of children and families and determine other service needs;*
- *Services that address the needs of families in addition to individual children in order to create a safe home environment;*
- *Services that enable children to remain safely with their parents when reasonable; and*
- *Services that help children in foster and adoptive placements achieve permanency.*

Response: **Overall, Illinois considers this Item to be a Strength.** DCFS remains committed to its comprehensive framework which encompasses access to medical, dental, vision and mental health services and the facilitation of seamless coordination with health care providers and community organizations. The structure of this delivery remains consistent with the partnership between The Department of Health and Family Services (HFS) (Illinois' Medicaid entity), YouthCare Health Choice Illinois, and the Health Works of Illinois.

The DCFS Division of Clinical Practice provides two district services that address assessment of strengths and needs, the Clinical Staffing and Integrated Assessment (IA).

Clinical Staffings are a structured multi-disciplinary meeting convened to analyze a youth and or family situation. The focus may include a review of service needs, safety concerns, progress toward permanency goals and well-being, problem-solving, and making a case decision. The staffing processes include pre-staffing review of case and clinical materials, conducting the staffing, and report writing and sharing of findings and recommendations. This program helps to emphasize early intervention and follow-up work to improve placement and relationship stabilization, by preserving youth and family social connections and relationships and minimizing changes in placement.

Staffings are led by a clinical team of a Regional Clinical Services Coordinator (CSC) and a Clinical Support Specialist (CSS). The youth will be followed by the same team whenever possible to support continuity and consistency. Specialty staff and other subject matter experts may also join the Clinical Team as determined by the Regional Clinical Services Coordinator.

The staffing process is trauma-informed, family-centered, and strength-based. The process will also work to support the Child and Family Team process, empowering families to identify challenges and needs, actively participate in case decision-making and building both formal and informal supports.

Currently, the Division of Clinical Practice is working with a University partner to develop systems that will allow for data collection regarding the operation side of this process band also track clinical trends (needs, strengths) and outcomes from staffing action plans.

During the period of July 1, 2024- March 30, 2025 a total of 3,468 clinical staffings and consultations referrals were received.

Integrated Assessment (IA) The IA screener is a specifically-trained licensed mental health professional. All screening and assessment activities are completed in collaboration with casework staff. In-person interviews are conducted with the use of clinical assessment tools. IA screeners, along with the permanency worker, meet with the birth parents and caregivers and conduct a clinical interview to determine their needs, strengths and support systems. The assessment identifies strengths, and service recommendations related to functioning levels and developmental, educational, behavioral/mental and physical health needs. During the period of July 1, 2024, to March 31, 2025 a total of 2,808 children received an integrated assessment and service plan.

In addition, The DCFS Division of Clinical Services conducts assessments and tailored recommendations to address behavioral and physical challenges affecting youth at risk of or experiencing mental and physical health complexities in four key areas: Behavioral Health, Nursing, Psychological and Psychiatric, and Social Work Practice.

YouthCare HealthWorks Illinois (YouthCare): All youth in care are automatically enrolled in the health management organization that DCFS contracts with, YouthCare. As part of YouthCare, youth receive assessments to determine their required level of intervention and gain access to a diverse range of services and resources. YouthCare's experienced staff members assist with selecting appropriate providers, scheduling appointments and coordinating transportation.

The HealthWorks of Illinois is a collaborative initiative managed by multiple lead agencies across Illinois. In 2020, YouthCare took over service monitoring under the HFS specialized MCO contract, replacing the previous oversight by DCFS. These HealthWorks Lead Agencies (HWLA) play a crucial role in ensuring youth in care have access to essential health services, including initial screenings, comprehensive assessments, and medical, behavioral health, dental, vision, and pharmacy care.

Initial Health Screens (IHS): Upon a youth's entry into DCFS care, a protocol ensures their immediate health and well-being. Within 24 hours of assuming legal custody and before placement, the assigned child protection worker arranges an Initial Health Screening (IHS) by a qualified provider and then provide that documentation to the HWLA servicing the youth's case. This screening gathers essential health information to support informed placement decisions, identifying urgent medical needs, particularly infectious diseases. If a youth is hospitalized at the time of custody, their discharge examination satisfies the IHS requirement.

In FY25: Across all regions served by HWLAs, a total of 3,236 cases were opened (by DCFS child protection workers) during the reporting period. Of these, 2,699 IHS exams were completed, resulting in a statewide IHS completion rate of 83.41%. Among the 2,855 non-hospitalized cases, 2,320 had IHS exams completed, with 2,229 of those occurring within the mandated 24-hour timeframe. This represents a 96.08% timeliness rate among completed non-hospitalized exams and a 78.07% compliance rate based on the total number of non-hospitalized cases.

Comprehensive Health Evaluations: Upon entering substitute care, youth receive a Comprehensive Health Evaluation (CHE) by a qualified physician within 21 days of DCFS assuming custody, in compliance with EPSDT requirements. The HWLA, in coordination with the YouthCare Care Coordinator and permanency worker, ensures timely scheduling and communication with foster parents. The DCFS and

CWCA permanency teams oversee the process, with the caregiver or permanency worker accompanying the youth to ensure participation.

Before the CHE, the HWLA provides the physician with the youth's medical history, immunizations, and relevant health details. If referrals are needed, the HWLA collaborates with the primary care physician, while the permanency worker or caregiver ensures follow-up on recommendations. Through coordinated efforts, stakeholders work to provide optimal care for youth in custody.

The average percentage of CHE completed across all health departments is 82.11%. This suggests that, on average, 82% of the cases had a completed health evaluation during the period. Overall, the average CHE completion rate across providers is 74.42%, indicating that most exams are eventually conducted. However, the average rate of timely completion—within 21 days—is significantly lower at 35.21%. This suggests that while compliance with completing exams is generally high, there remains a substantial gap in meeting the expected timeframe, highlighting a key area for improvement in service delivery efficiency and coordination.

From FY 2021 to FY 2024, both the number of youth in care and those enrolled with a Primary Care Physician (PCP) have steadily increased over the last 5 years. PCP enrollment consistently remained above 88% of total cases in care each year, with the highest PCP rate being seen in FY 2025 of 90.98%. This trend highlights ongoing efforts to maintain strong PCP linkage, even as the overall population served has gradually decreased.

In July 2025, YouthCare reported 98.4% of all youth in care were assigned to a PCP (FY24). Dental care utilization was reported to be 60%, and YouthCare acknowledged challenges of providing dental care to youth in smaller, more rural areas of the state. YouthCare indicated it was committed to increasing dental providers through Single Case Agreements when necessary. YouthCare noted that utilization of behavioral health services was essentially 0% and remained consistent since inception (data went back to FY23). Anecdotal feedback from the field indicates that the field does not find YouthCare useful for behavioral health services, and continue to use local networks versus SPIDER.

The number of youth requiring hospitalization has been increasing year over year, since FY23Q1 (15/1000 youth in care, versus 20/1000 in FY25Q1; primary driver noted as respiratory illnesses). Behavioral health hospitalizations have also increased (from 8/1000 in FY23Q1 to just under 11/1000 in FY25Q1; primary driver noted as major depressive disorder).

Asthma Program: Asthma continues to be a leading diagnosis among youth in care and it is imperative the entire care team (foster parents and schools included) have resources and education to support health management of asthma. Health Services staff collaborate with Northwestern University for the development and implementation of a server asthma education program. This designed for youth in care who have a primary diagnosis of asthma. The asthma program provides asthma education and support for youth in care and their foster parents, and permanency workers.

As of December 2024, 496 total youth were referred to this program, with 74% meeting eligibility criteria. Of all the eligible youth, 172 opted to enroll. Additionally, of the anonymous feedback surveys completed, 96% rated the quality of the services good or excellent and 91% reported that the services received will help them deal more effectively with the Asthma concerns.

Psychological & Neuropsychological Evaluation: The DCFS Psychology & Psychiatry Program plays a vital role in supporting the department's mission to promote child safety, permanency, and well-being by fostering respectful, collaborative, and supportive relationships with colleagues and stakeholders. Grounded in trauma-informed, culturally responsive, and evidence-based practices, the program provides expert clinical consultation and advocacy to ensure that children and families involved with DCFS receive

appropriate assessments, accurate diagnoses, and effective psychological and psychiatric interventions. Through in-depth case analysis, participation in departmental initiatives, and guidance on assessment and treatment planning, the program empowers caseworkers and teams to navigate complex cases with a focus on healing and ethical service delivery. During the period of July 1, 2024, to March 31, 2025, a total of 2,152 referrals were reviewed and 1,936 of these referrals were approved (cases reviewed and determined an assessment is appropriate) with only 216 deferred.

Psychotropic Medication Management & Oversight: DCFS upholds a rigorous and efficient process for reviewing and approving psychotropic medications, ensuring the highest standard of care for youth in care. This process involves thorough evaluation by UIC specialists and consulting psychiatrists, who assess and determine approval, modification, or denial of each request. Recommendations are transmitted to DCFS hourly, swiftly processed, and forwarded to prescribers and case managers, while HFS receives the same information to facilitate immediate access to approved medications. Demonstrating the scale and efficiency of this system, between July 1, 2024, and March 31, 2025, the Office of Guardianship Administration successfully processed 9,648 psychotropic medication consents, ensuring timely and appropriate treatment for youth in need.

DCFS maintains a meticulous process for reviewing and approving psychotropic medications, overseen by the psychiatric consultant of the Office of Guardianship Administrator to ensure careful monitoring. The department has an extensive contract with UIC to provide consultation and oversight over youth in care's psychotropic medication needs. UIC organizes monthly "Oversight Committee" meetings attended by their administrative staff, including the director of clinical services in psychopharmacology, the DCFS guardian, assistant guardian, medical director, DCFS chief nurse, DCFS consulting psychologist and DCFS clinical services staff. Each quarter the Oversight Committee is presented with UIC statistics related to their contract and program plan. This information is used for an annual report to the Illinois General Assembly. Monitoring of psychotropic medications is done by ongoing reviews of requests by not approving any request for more than 180 days and requiring blood work and other essential tests to be provided as recommended, usually with each renewal. Renewals can be submitted within 45 days of expiration.

The Care Oversight Treatment Committee, a collaborative effort of key stakeholders appointed by DCFS and the University of Illinois Chicago (UIC), significantly enhances oversight of medication management practices. This committee evaluates complex cases, providing valuable recommendations for assessment, treatment and placement. Children under 6 who are prescribed psychotropic medication undergo a thorough evaluation by a child psychiatrist upon entering DCFS care, ensuring the appropriateness and safety of the medication, reflecting a proactive approach to protecting youth well-being.

Behavioral Health Specialty Services: The Clinical Behavioral Health Specialty Services (BHSS) program is committed to improving the quality of care for children and families by providing expert support across a wide range of behavioral health specialties. Its mission is to strengthen staff capacity, raise awareness of available services, support the identification of new resources, and ensure practices remain aligned with current evidence-based standards. BHSS delivers high-quality clinical recommendations, educational guidance, and resources tailored to the complex and diverse behavioral health needs of those served. Behavioral Health Specialists play an integral role in the system of care by attending clinical staffings, conducting comprehensive consultations, and producing written clinical recommendations for each case. The program addresses a broad array of behavioral health concerns, including Integrated Assessments (IA), mental health, intellectual and developmental disabilities (ID/DD), services for individuals who are deaf or blind, domestic violence, substance use and recovery (SUR), and health services related to HIV/AIDS. With an average of over 700 accepted referrals each quarter of FY25, BHSS continues to be a vital resource in ensuring children and families receive informed, individualized, and compassionate care.

Congregate Care Assessment Program: The Congregate Care Assessment Program (CCAP) is a statewide initiative designed to ensure alignment with the Family First Prevention Services Act by conducting independent assessments of youth placed in Qualified Residential Treatment Programs (QRTPs) to determine the appropriateness of the level of care. During the period of July 1, 2024 - March 30, 2025 a total 293 referrals and 389 reassessments were received.

Early Childhood collaboration with Erikson Institute: The Erikson Institute DCFS Early Childhood (EC) Project supports Illinois' child welfare system by identifying and addressing the developmental needs of young children impacted by DCFS involvement. The project works closely with families and case managers to assess each child's needs and ensure timely referrals to appropriate early childhood services, including Early Intervention (EI), home visiting, early care and education, psychotherapy, and early childhood special education. Serving children in care up to age five and intact family service cases up to age three, the EC Project bridges gaps between child welfare and early childhood systems, often resolving documentation and communication challenges that hinder service access. Specialists conduct targeted outreach, attend clinical staffings, provide individualized assessments, and coordinate with professionals across sectors to overcome systemic barriers. Since July 1, 2024, the project has conducted outreach for 3,709 children, attended 188 clinical staffings, completed 564 developmental assessments, and facilitated 1,032 relationship-based referrals—including 692 to Early Intervention, 147 to home visiting, and 193 for early childhood special education. In fulfilling both state and federal mandates, the EC Project ensures that Illinois' youngest and most vulnerable children receive the critical services they need during the most formative years of life.

Nursing Consultation & Education: The DCFS Child Welfare Nurse Specialist (CWNS) program consists of licensed Registered Nurses who serve as consultants, liaisons, advocates, and expert court witnesses in child welfare cases. Child Welfare Nurses (CWNs) play a vital role in promoting the health, safety, and well-being of children involved with child protective services. During the period of July 1, 2023, to June 30, 2024 a total of 2,891 referrals were received and 2,691 of these referrals were completed.

Sexually Problematic Behavior Unit: The Sexual Behavior Problems (SBP) Program provides essential clinical consultation and assessment services to the Illinois Department of Children and Family Services (DCFS) and its community partner case management staff, supporting the effective identification, treatment, and monitoring of youth in DCFS care who present with sexually problematic behaviors. During the period of July 1, 2024 to March 30, 2025 a total of 576 assignments were made to this unit.

Youth-Driven Transition Planning: The department's transition plan for youth aging out of foster care addresses health care needs through structured processes and collaboration. Key elements like health insurance, power of attorney, and health proxies are included in the Youth-Driven Transition Plan, implemented at critical ages and within 90 days of discharge. Although youth may opt out of YouthCare insurance, caseworkers and care coordinators help review health care options for youth aged 14-21. DCFS and our partners ensures comprehensive health care through annual assessments that guide tailored care plans. Collaborative meetings like Child and Family Team and Countdown to 21 ensure stakeholder engagement.

- a2A: YouthCare, in collaboration with DCFS, ensures seamless health care support for transitioning youth through proactive measures. The annual a2A assessment completed by YouthCare care coordinators evaluates various health and social determinants, which ultimately guide tailored care plans. The assessment covers physical and behavioral health, substance use, sexual health and social determinants like education and housing. The care plan aims to facilitate a transition to independence by addressing health care needs and broader psychosocial considerations. There has been a 25% increase in a2A assessment completion between Year-to-Date Fiscal Year 2025 (7/1/2024- 3/31/2025) compared to FY2023. Additionally, from January

2024 to April 2025 there has been a 25% increase in a2A engagement at age 20 (51.31% as of 1/24 to 64.32% as of 4/2025).

Illinois has several assessment services available to staff, services to maintain children safely in their own home, services to create a safe environment, and services to support permanency for youth in care.

Services that assess the strengths and needs of children and families and determine other service needs:

- **Integrated Assessments** (IA) by an IA Screener (see above).
- **CANS** (Child Adolescent Needs and Strengths): Completed on every case open to placement or intact family services, by assigned caseworkers.
- **CERAP** (risk and safety assessment): The initial CERAP is completed by investigations; subsequent CERAPs are completed at established required timeframes (see Procedure 300 Appendix G)
- **The Safety Assessment and Family Evaluation (SAFE) Model**: The SAFE Model is a case practice model that DCFS has adopted and is implementing. The SAFE Model is a more comprehensive framework that examines family dynamics, using standardized decision-making criteria to determine child safety and child and family needs. The purpose of the SAFE Model is to keep children safe while working to restore caregivers to their protective role.

  The SAFE assessment for the hotline is known as the Intake Assessment. This assessment process incorporates gathering information related to family behaviors, conditions, and circumstances across six domains including:
  - The Extent of Maltreatment
  - The Surrounding Circumstances of the Maltreatment
  - Child Functioning
  - Adult Functioning
  - General Parenting Practices
  - Disciplinary Practices (Action for Child Protection)

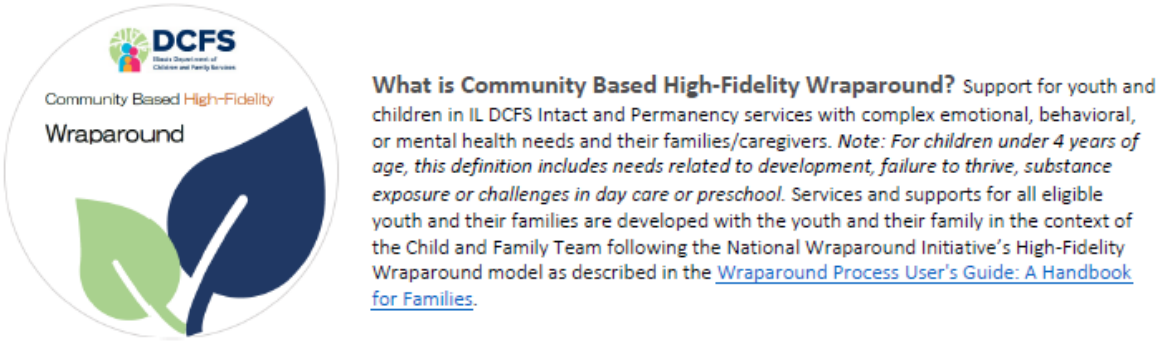
  For investigations, SAFE assessments will include Impending Danger assessments and plans, which can result in an Initial Family Assessment if children are determined to be "unsafe". The Initial Family Assessment is conducted as part of a systematic decision-making framework to properly identify families in need of ongoing child protective services. This assessment process incorporates information gathering from children, caregivers/parents, and collateral sources related to family behaviors, conditions, and circumstances across the six domains. The Initial Family Assessment is designed to ensure families in which children are unsafe are appropriately identified and provided ongoing services which might include safety management, change-focused treatment services, and other supportive services. (Action for Child Protection)
- **Clinical referrals** (see above)
- **Community High Fidelity Wrap Around**: (from: Shapiro, S., Wei, X., White-Wolfe, H., Chansiri, K., Morsch, M. S., Jacobsen, H., Burkhardt, T., Kakuyama-Villaber, R. & Chor, K. H. B. (2025). *Illinois Community-Based High-Fidelity Wraparound: Annual evaluation report*. Chapin Hall).

  The Illinois Department of Children and Family Services (DCFS) is committed to its vision that "every child and youth can grow and thrive in a family" with a mission to promote the safety and well-being of children, youth, and families by responding to reports of potential abuse and neglect and, when needed, providing family-centered care and connection to resources (Illinois Department of Children and Family Services, 2024). In service to this vision and mission, DCFS began formal implementation of High-Fidelity Wraparound services on August 1, 2022. Four

private child welfare contributing agencies (CWCA) provide these services to support youth whose families are engaged with Intact Family Services and those in DCFS care. Further, DCFS plans to apply for federal approval to add High-Fidelity Wraparound to its existing Family First Prevention Plan as a prevention service to keep families together, complementing other interventions already included in the plan, such as Motivational Interviewing, Multi-Systemic Therapy, Home Visiting, and Trauma-Focused Cognitive Behavioral Therapy.

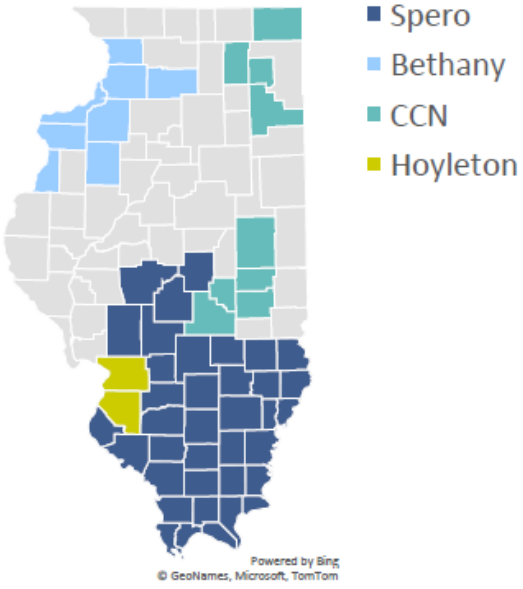
High-Fidelity Wraparound "uses an individualized, team-based, collaborative process to provide a coordinated set of services and supports for youth with complex emotional, behavioral, or mental health needs, and their families" (Title IV-E Prevention Services Clearinghouse, 2022, para. 1). The Title IV-E Clearinghouse categorizes High-Fidelity Wraparound as a mental health intervention. The theory of change of High-Fidelity Wraparound proposes two routes to achieve positive outcomes for youth with severe emotional and behavioral disorders: (1) more effective selection and coordination of individual strategies in a youth's plan of care (including evidenced-based intervention models); and (2) highly supportive, family-driven, and strengths-based planning and follow-up support that builds youth and family optimism, self-efficacy, social support, and skills (Olson et al., 2021).

DCFS calls its implementation of this program "Community-Based High-Fidelity Wraparound Illinois".



Where is Community Based High-Fidelity Wraparound available in Illinois?

- **Bethany for Children & Families (Bethany):**
  Northern Region (1A): Carroll, Lee, and Whiteside
  Central Region (1B): Henderson, Henry, Knox, Mercer, Rock Island and Warren
  - Contact: Quincy.Davis@illinois.gov
- **Conscience Community Network (CCN):**
  Northern Region (2A): DuPage, Kane, Lake, and Will
  Central Region (3B): Champaign, Coles, Douglas, Moultrie, and Shelby
  - Contact: referral@illinoisccn.org
- **Hoyleton Youth and Family Services (Hoyleton):**
  Southern Region (4A): St. Clair and Madison
  - Contact: Wraparound@hoyleton.org
- **Spero Family Services (Spero):**
  Central Region (3A): Christian, Macon, Macoupin, Montgomery, and Sangamon
  Southern Region (4A): Bond, Clinton, Randolph, and Washington
  Southern Region (5A): Alexander, Clay, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Massac, Monroe, Perry, Pope, Pulaski, Richland, Saline, Union, Wabash, Wayne, White, and Williamson
  - Contact: Wraparound@sperofs.org



Eligibility Criteria:

- Open Child or Family Case with DCFS Intact or Permanency
- Case in the Wraparound Target County (See list above)
  - Child/Family living in the Target County OR Legal case in the Target County
- Youth ages 0-21 with complex behavioral, emotional, or mental health needs of the youth as defined by specific CANS 2.0 items
- Exceptions may be made by the DCFS Wraparound Program Administrator

- IPS referrals: The **Intensive Placement Stabilization Services (IPS)** program is a state-wide, community-based system of care that provides an array of critical, intensive, in-home therapeutic interventions to clients for whom DCFS is legally responsible. Clients with trauma reactions, emotional and behavioral problems; as well as those who are at risk of losing their current placement or living situations (and their families) are considered for services within this program. Placement stability and increases in client functioning are the primary outcome goals of the IPS program.

  IPS agencies are expected to provide a mix of formal and informal support to families that promote placement stability. As such, each service array is flexible, individualized, and tailored to meet the needs of the child and family. A typical service array might include individual and/or family therapy, respite, crisis intervention, school advocacy, tutoring, and psychoeducation therapy. IPS services are accessed through referrals from DCFS and private agency casework staff on behalf of the child and family experiencing (or at risk of experiencing) placement instability. One of the primary strengths of the IPS program is the ability to quickly deliver intensive in-home services to support the family and caregivers involved in the care of a child experiencing a traumatic reaction or emotional/behavioral problems. From FY22 to FY25, the spending on IPS increased by 68% statewide (from $7.45 million in FY22 to $15.132 million in FY25).

  Contract data shows the entire state is covered by a contracted private agency to provide these services in an assigned geographical region.

  In FY24, according to the Northwestern University Quarterly Evaluation Report delivered to IPS

Administration, IPS served 1194 full-service youth throughout the fiscal year, pulled directly from the DCFS IPS Database. IPS Administration, to help address any issues with IPS Database compliance, conducted a FY24 review, where each IPS Provider compiled and delivered their self-reported youth served numbers to Administration. The results showed that, in totality, IPS self-reported as serving over 1,800 youth, where less than 1,200 were documented in the IPS Database, showcasing a significant gap between internally tracked youth served by each Provider and the DCFS IPS Database. To address this, IPS Database compliance has been a focal point in the new IPS CQI process, begun in FY26, to ensure accuracy across Provider's internally tracked youth served numbers and the IPS Database.

In FY25, efforts were in place by IPS Administration to adhere to DCFS IPS Database compliance even before the official CQI process was rolled out on July 1st 2025. Through FY25, IPS Database full-service youth numbers increased from 1,194 to 1,349. So far in FY26 (Northwestern's latest Evaluation Report gives data through FY26 Q1), IPS has served 346 full-service youth episodes. It is important to note that FY26 Q1 is the first official CQI efforts tracking IPS Database compliance and other important data sets, which operates on a 1 quarter delay (i.e. FY26 Q1 CQI Meetings will cover FY25 Q4 data), so improvement in various aspects of CQI, including IPS Database compliance and increase in youth served numbers is expected to be steady over the subsequent quarters with additional IPS Administration attention and follow up.

Youth Served

Fiscal Year	**FY24**	**FY25**	**FY26 Q1**
Episodes	1,194	1,349	346

Source: Northwestern University Quarterly Evaluation Report

Waitlist Data

Provider	**FY25 Q4 Youth put on Waitlist at any point during Quarter** *(youth who remain on waitlist from previous quarters but may have been opened/closed from waitlist during quarter included)*	**FY26 Q1 Waitlist Status** *as of 2/13/26 Report Pull*
Arrowleaf	0	0
Center for Family Services	58	11 remain on waitlist
Centerstone	0	0
Center for Youth and Family Solutions	0	0
Children's Home Association of IL	6	4 remain on waitlist
Cunningham Children's Home	0	2
Comprehensive Behavioral Health	1	7*
Egyptian Health Dept	0	0
Heritage Behavioral Health	2	12 remain on waitlist*
Jewish Child and Family Services	0	0
Kaleidoscope	1	0
Lake County Health Dept	0	0
Leyden Family Services	0	0
Livingston County Mental Health Board	0	0
Lutheran Social Services of IL	0	0

Provider	**FY25 Q4 Youth put on Waitlist at any point during Quarter** *(youth who remain on waitlist from previous quarters but may have been opened/closed from waitlist during quarter included)*	**FY26 Q1 Waitlist Status** *as of 2/13/26 Report Pull*
Metropolitan Family Services	4	5 remain on waitlist*
One Hope United- Hudelson	62	3 remain on waitlist
One Hope United- Northern	48	23 remain on waitlist
Rutledge Youth Foundation	0	0
TASC	0	0
Transitions of Western IL	0	0
Youth Services Bureau of IL Valley	5	0
Youth Services Network	30	2 remain on waitlist
Total	217	69

Source: IPS CQI Meeting and IPS Database Waitlist Report (if needed)

Asterisk* denotes any IPS Provider that has experienced significant staff turnover (i.e. losing a clinician, unable to staff positions appropriately, high amount of high-need youth, or staff on medical/other leave)

Waitlists have historically impacted IPS Providers that cover population dense (i.e. Chicagoland) or geographically significant coverage areas (i.e. One Hope United- Hudelson covering LANS 5, 7, 8, 9, 10, 12, & 14). IPS Providers that typically have held waitlists at some time in the past (FY24 or 25) include One Hope United (Northern and Hudelson), Kaleidoscope in Chicago, Metropolitan Family Services in Wheaton and DuPage county, Heritage Behavioral Health in Decatur, Center for Family Services in Joliet, and Center for Youth and Family Solutions in Rock Island/Galesburg/Bloomington Normal/Peoria. Waitlists can occur for a wide variety of reasons- including the aforementioned dense populations or significant coverage areas- as well as high amounts of referrals in a short period of time, differential team sizes (i.e. one Provider may have 5 or more IPS clinicians while another may only have 2), high need cases requiring IPS services to remain in longer than anticipated, and so on. To assist with this, IPS Administration collaborates with each IPS Provider that carries a waitlist to review if any neighboring Provider may assist if within their capability as well as review any cases with the Provider that may appropriately close if they have several youth waiting. IPS waitlists have also been a focal point of the new CQI process to track waitlist sizes and trends across the state to better assist youth waiting for IPS care.

In all, IPS waitlists are decreasing. In FY25, 10 of the 23 IPS Providers held a waitlist at some point during the fiscal year. So far in FY26, that number has not only decreased in prevalence (down from 10 to 9), but overall numbers of youth on said waitlists have decreased (Center for Family Services as high as 58 total (from previous quarters included) on waitlist as of the end of FY25 Q4, now has 11 remaining as of the end of FY26 Q1; One Hope United (N and H) as high as 110 on waitlist (from previous quarters included) as of the end of FY25 Q4, now 28 remaining on waitlist as of a FY26 Q1 IPS Database Waitlist Report pulled 2/13/26). This decrease is significant, especially considering the historical prevalence of waitlists and waitlist size that had impacted IPS Providers and is due to additional IPS CQI review and assistance, small amount of staff turnover, increase in staff satisfaction after the COLA increases/mandatory minimum salary adjustments, and Administrative/Departmental support for the IPS Program as a whole.

Despite this overall decrease in waitlists, it is notable that some Providers that have not historically held waitlists (i.e. Comprehensive Behavioral Health in East St. Louis), reported a waitlist during this latest report pull as well as some Providers (Heritage Behavioral Health) reporting an increase in the waitlist amount over previous reports. CBH has experienced a

significant turnover rate, losing two clinicians in a short period of time, causing 1 clinician and supervisor to carry the remaining caseload. Heritage has experienced an uptick in high-need referrals that have been requested to remain in services for longer than anticipated and has also experienced a turnover of a Foster Parent Support Specialist that assisted with cases and service delivery.

It is important to note, however, that several IPS Providers in various regions have reported a notable downturn in the amount of referrals received (reported during FY26 Q2 CQI Meetings so far). It is important to relay this information to higher levels of departmental influence to guide next steps in increasing the referral amounts as this has grown from a regional "concern" to one reported statewide. It is recommended that IPS Providers increase outreach to their DCFS regional offices to train DCFS staff on the IPS program, but also that IPS Administration do the same with DCFS regional coordinators/supervisors, prepare packets to assist newer DCFS Caseworkers about IPS and how to contact, and so on as a collaborative approach to increase referrals before they further decrease.

Services that address the needs of families in addition to individual children in order to create a safe home environment

When a case is accepted for investigation and before initiating contact, investigators use SBAR (Situation, Background, Assessment/Analysis, Recommendation) to assess and determine the course of action/develop an investigative plan.

If it appears that children are not at imminent risk of harm, the investigator will offer a referral of the case to Intact Family Services.

If needed (i.e., urgent and immediate need for safety), the investigator can take Protective Custody of the child(ren) and then refer the case to the State's Attorney for formal legal intervention.

Staff can use of Safety Plans (to have a relative/fictive kin assume caregiving responsibility for a short period of time to allow for parent to make immediate changes to ensure safety of the child(ren), in lieu of protective custody).

Procedure 300.120 provides for the investigator to assess for services to maintain the child(ren) safely in the home that include, but are not limited to:

- Assistance in locating and securing housing, including provision of Norma Funds;
- Flex Funds (can include cash assistance, food, clothing, furniture and other goods and services);
- Child care;
- Emergency caretakers;
- Advocacy with public and community agencies that provide social services;
- Homemaker services; and/or
- Referral to DHS, including the Temporary Assistance to Needy Families (TANF) program.

Safe Families for Children is a program originally developed by Lydia Home Association (and now it's own organization), in which families volunteer to temporarily care for a child/children while the parent(s) resolves immediate crisis/concerns. Safe Families recruits from churches and other community organizations and boasts a 98% reunification rate. In Illinois, Safe Families is available in the Cook County area, Rockford, the Quad Cities, Peoria/Bloomington, Danville, Charleston, Springfield, East St. Louis, Mt. Vernon, and Carbondale.

Placement Resources: Youth who are in a crisis resulting in a need for emergency placement (i.e., youth new to care or youth who have disrupted from placement) need timely trauma-informed temporary

placements. The Department has invested in and continues to develop Emergency Foster Placements and trauma-informed shelter placements to meet these needs. The use of office space as a temporary placement has declined both in numbers of episodes and the number of days for each episode. Data is collected each time a youth is brought to the office because of placement needs, including the time in the office and the outcome i.e. where did the youth get placed.

Contract data shows over the past 3 years our shelter capacity has doubled developing programs with increased supports and lower censuses:

Service	Population Service	Therapeutic (bed) Capacity Impact
Therapeutic Residential	Young Child complex trauma	46 beds Preserved
	DD / ASD	Preserved 33 beds
	DD	10 additional beds
	Medically Complex	10 additional beds
Lurie's Children's Hospital	ASD	4 specialty assessment and stabilization beds
Therapeutic Group Home	DD / Autism	4 additional beds
	DD / Austisim	8 additional beds (4 boys 4 girls)
	Dually Involved Youth	8 additional boys
Shelters	Younger Boys / Girls	6 additional beds
	Girls	8 additional beds
	Boys and Girls Special Needs	14 additional beds
	Boys	8 additional beds
	Boys and girls	8 additional beds
Transitional Living	Girls	12 additional beds
	Girls	8 additional beds
	LGBTQ	6 additional beds
Therapeutic Foster Care	Boys and Girls	40 additional beds (3 agencies)
Emergency Foster Care	Boys and Girls	25 additional beds (4 agencies)

Administrative data (placement codes) show during FY25 shelter utilization has dropped and the Department has increase capacity in Emergency Foster Care.

The Department continues to assess the need for, and develop, therapeutic placements which meet the needs for youth with complex needs that cannot be met in a home setting. The Department, in partnership with the Office of Children's Behavioral Health Transformation, is collecting and analyzing statewide therapeutic placement (i.e. congregate care) utilization data to assess service needs. In response to the data, providers are being sought to deliver proposals to meet those needs. The State is providing support in that development through grant funding for capital development and through a robust contracting process to support new therapeutic placements.

The Primary data source for development is the States Capacity Reporting Tool (CRT). All current providers, with state contracts, are required to report daily current capacity to serve youth using this tool.

The daily data shows what and where capacity is across the state and shows trends, over time of needed capacity / where development is needed.

Currently there are not gaps in our shelter system with the exception for youth with special needs i.e., medical, Autism Spectrum Disorder or Developmental Disabilities. Resources have been developed in the last 18 months resulting in 18 new shelter beds. The gap in the larger placement resources system is moving the youth from the Emergency Placements into longer term placements. DCFS is constantly working to remove all gaps and ensure appropriate placements for all children/youth in care.

IL CFSR 4 Data: For data collected through Illinois' internal CFSR 4 reviews, please see Item 2, Item 12(a-c), Item 16, Item 17, and Item 18. For each of those items, analysis is provided along with strengths and challenges.

CFSR 3: Illinois received an overall rating of Area Needing Improvement for Item 29. From the Final Report: "Information in the statewide assessment and collected during interviews with stakeholders showed that the availability and accessibility of services is markedly uneven across the state. Although the availability and accessibility of needed services is generally not a significant challenge in the metro areas, waitlists for mental health services for parents and children are not uncommon. Outside of Cook County and its surrounding counties, service availability and accessibility are particularly challenging. This can result in delays in achieving permanency and in the timely provision of needed services to address child and family safety and well-being needs. Stakeholders said that services such as parent and child mental health (e.g., psychological/psychiatric and trauma-informed services) and in- and outpatient adult mental health and substance abuse services had waiting lists of several weeks to months. Other services for which need exceeds availability include mentorship programs, residential treatment and placement resources for older youth; domestic violence services; parent coaching classes; prevention/community-based services; intact family-based services; parent-child visitation resources; and respite services for foster parents. Many stakeholders also reported that limited accessible transportation, distances to needed services, locating providers who accept Medicaid, and high staff/service provider turnover are barriers to accessing services in a timely manner."

All CFSR 3 PIP strategies and activities related to Service Array and Resource Development were successfully implemented and approved as completed.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

Response: Overall, Illinois considers this Item to be a Strength.

DCFS and its CWCAs prioritize individualizing case plans, goals, and services needed to address underlying issues. The Department contracts with a multitude of service providers across the state to provide commonly needed services (e.g., substance abuse testing/assessment/services; parenting coaching, education, etc.; mental and behavioral health assessments and services, domestic violence assessments and services to victims and abusers). Because a child or a family might have a need for a service that is not currently under contract or available/accessible depending on the location around the state, DCFS makes available flexible funding to access and provide needed services in two ways: Flex Funds and YES Funds.

Flexible funding (Flex Funds) may be used to purchase items and services needed to maintain and

strengthen families so children can remain safely at home, aid in permanency achievement and to support current foster families and youth in care.

Flex funds availability has been expanded to:

- Promote permanency by maintaining and strengthening the functioning of intact families.
- Promote placement stabilization and prevent foster care placement disruption.
- Provide support to youth and caregivers when stepping youth down from higher levels of care into the community.
- Provide concrete supports to youth, caregivers and parents that will result in permanency achievement through reunification, guardianship or adoption.
- Increase well-being and enrichment opportunities for youth.

Flex Funds may be used to purchase items and services needed to maintain and strengthen families so children can remain safely at home, aid in permanency achievement and to
support current foster families and youth in care.

Flex funds availability has been expanded to:

- Promote permanency by maintaining and strengthening the functioning of intact families.
- Promote placement stabilization and prevent foster care placement disruption.
- Provide support to youth and caregivers when stepping youth down from higher levels of care into the community.
- Provide concrete supports to youth, caregivers and parents that will result in permanency achievement through reunification, guardianship or adoption.
- Increase well-being and enrichment opportunities for youth.

Youth Enrichment Services (YES) Funds: Available for enrichment activities, for youth in care and those who have been reunified (for the first 6 months). The use of YES funds has increased by 138% from $4.296 million in FY22 to $23.265 million in FY25, statewide.

IL CFSR 4 Data: For data collected through Illinois' internal CFSR 4 reviews, please see Item 2, Item 12(a-c), Item 16, Item 17, and Item 18. For each of those items, analysis is provided along with strengths and challenges.

CFSR 3: Illinois received an overall rating of Area Needing Improvement for Item 30. From the Final Report: "The statewide assessment provided very limited relevant data and information to fully assess this systemic factor item. Stakeholders provided mixed views about whether services are adequately individualized. Overall, stakeholders said that services are not routinely individualized and tailored to meet the needs of children and parents across the state, referencing particular challenges in addressing the needs of non-English-speaking children and families, LGBTQ and older youth, and services to meet the needs of individuals with intellectual and developmental disabilities. Several stakeholders noted that community-based services, family advocacy centers, wraparound initiatives, and the creative use of flex-funds are promising approaches to individualizing services for children and families. Stakeholders also felt that high caseloads and staff/service provider turnover rates can be a barrier to ensuring services are individualized for children and families."

All CFSR 3 PIP strategies and activities related to Service Array and Resource Development were successfully implemented and approved as completed.

SYSTEMIC FACTOR 6: Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Response: Illinois considers this Item to be a Strength.

Partnership for Progress Meetings: DCFS is committed to engaging with child welfare system partners semi-annually, with the goal being to inform system partners of the state's 5-year strategic plan (the CFSP, or Child and Family Services Plan), identify system priorities around which to develop CFSP goals, and then to routinely stay connected to share annual updates and engage partners in implementation of strategies to address goals. Each convening builds off of the previous. Partners include CWCA staff, legal/judicial staff, service providers, law enforcement, DCFS staff, legislators, and those with lived experience (parents, foster parents, and youth).

These semi-annual gatherings began in April/May 2024, and have continued twice per year thereafter. The meetings were initially named "Joint Stakeholders" Meetings, but in April 2025 they were renamed "Partnership for Progress" to more accurately reflect the purpose. In September 2024, DCFS convened two joint stakeholder planning sessions: one was held in person on September 20 and the second was held virtually on September 21, 2024. Youth were engaged on September 22nd at the Statewide Youth Advisory Board meeting. The information collected from both the April/May and the September 2024 meetings informed the development of the five Illinois 2025-2029 CFSP Goals.

In April 2025, DCFS organized five "Partnership for Progress" virtual meetings, each one organized around one of the five CFSP goals. Each meeting involved a presentation of how partner input had shaped the development of the goal being presented, a detailed description of the goal and the related objectives and measures of success and solicited their feedback to determine whether the goals reflected their input. Attendance information: Goal 1, April 30th 10:30AM there were 95 in attendance; Goal 2, April 23rd 10AM there were 83 people in attendance; Goal 3, April 29th 2PM there were 94 people in attendance; Goal 4, April 30th 1:30PM there were 80 people in attendance; and Goal 5, April 25th at 1:30PM there were 79 people in attendance. Attendees included CWCA staff, legal/judicial staff, service providers, law enforcement, DCFS staff, legislators, tribal representatives, and those with lived experience. At these meetings, we asked each group whether the CFSP goal being presented was aligned with their feedback and input, and in each group the attendees confirmed that the goal was.

October 2025, DCFS held three "Partnership for Progress" virtual meetings. These sessions focused on the Child and Family Services Review (CFSR) with an overall theme of engagement. Sessions were offered Saturday, October 18 and Wednesday, October 22nd in the morning and in the afternoon. 101 attendees participated over these three sessions. Attendees included CWCA staff, legal/judicial staff, service providers, law enforcement, DCFS staff, legislators, tribal representatives, and those with lived experience. The purpose of these meetings was to educate regarding performance and what is being assessed, but importantly the primary intention was to receive input from our partners to integrate into

this Statewide Assessment document.

These Partnership for Progress meetings will continue semi-annually, every fall and spring. In addition, presentations and short focus groups were convened with the Statewide Foster Parent Advisory Committee, the Illinois Association of Adoptive Parents, the Birth Parent Advisory Council, and the Statewide Youth Advisory Council to ensure that we got as much lived experience voice as possible.

DCFS convenes and maintains dozens of advisory groups that advise the Department on a wide variety of missions and focuses. To bridge the communication gap between the groups, the Department hosts a monthly Advisory Group Collaborative, continuing to allow space for external stakeholders who participate in our advisory groups to collaborate with the Department. This collaborative has allowed for groups to better engage with each other, including the Youth Advisory Board. We are continuing to see an increase in interest in the advisory groups from members of the public across a variety of professions and backgrounds.

DCFS will continue to seek new and different opportunities to engage with and collaborate with stakeholders in the context of continuous quality improvement (CQI). Progress on these efforts will be measured by tracking participation in planning meetings, surveying stakeholders for feedback to better understand their concerns, and consistently providing data and feedback to stakeholders involved in joint planning. DCFS will also continue to reach out to the Prairie Band Potawatomi Nation to provide training on the CFSP, APSR, CFSR, and CFSR PIP to support their collaboration with DCFS in these efforts.

CFSR 3: Illinois received an overall rating of Area Needing Improvement for Item 31. is received an overall rating of Area Needing Improvement for Item 35. "Although DCFS reported in the statewide assessment that the state actively seeks input from an array of individuals and groups in the development of CFSP goals, objectives, and annual updates, many stakeholders interviewed had not participated in, or were not familiar with, any process whereby input is provided to inform the development of or revisions to the CFSR goals and objectives. Stakeholders reported that input from child welfare field staff and the courts to inform the development of CFSP goals, objectives, and annual updates is not routinely occurring."

All CFSR 3 PIP strategies and activities related to Agency Responsiveness to the Community were successfully implemented and approved as completed.

Item 32: Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Response: Illinois considers this Item to be a Strength.

Response: DCFS has been consistent in its pursuit of meaningful and strategic engagement and relationship building with intergovernmental agencies, as well as other stakeholders, to advance policy, programs, services, and initiatives that directly touch those we serve throughout Illinois.

DCFS partners with other state agencies via numerous Intergovernmental Agreements (IGA's). IGA's have allowed DCFS to coordinate work, share information, and continually seek improved methods of providing the children of Illinois with safety, permanency, and well-being. The agencies with whom DCFS has ongoing IGA's include, but is not limited to, the following:

- IECMHC - Infant and Early Childhood Mental Health Consultation
- HRSA - Health Resources and Services Administration

- SAMHSA - Substance Abuse and Mental Health Administration
- ACF - Administration for Children and Families
- University of Illinois at Urbana-Champaign
- University of Illinois at Springfield
- Social Security Administration

In addition, DCFS has developed agreements with the Department of Healthcare and Family Services, Department of Human Services, Illinois State Board of Education, and the Illinois Department of Juvenile Justice.

DCFS continues to serve on the Executive Task force for IECMHC. DCFS expects the partnership to develop further with the launch of the DCFS Home Visiting program, where Mental Health Consultants serve Home Visiting agencies. Federal Maternal Infant and Early Childhood Home Visiting (MIECHV) funding, along with funding from ISBE and DHS, are the primary funding streams for all Home Visiting services in Illinois.

DCFS continues to serve as representative payee for youth benefits and facilitates the social security process for verifying Social Security Numbers through the Social Security Administration (SSA). DCFS has been able to reimburse about $19M in costs of care for youth in care. DCFS has also been working on a data exchange of system information with SSA consistent with legislative changes.

DCFS has partnered with the Department of Healthcare and Family Services in the transition of Medicaid coverage for youth in care to a Medicaid Managed Care Organization, specifically YouthCare. This transition includes the assignment of Care Coordinators to assist with connecting youth in care with resources to meet their physical and emotional health needs. This partnership supports our CFSP Goal

DCFS is partnering with HFS on the IL Pathways to Success program, which provides Medicaid funded high-fidelity Wraparound services to IL youth (both DCFS involved and not) with complex emotional and behavioral health needs that meet eligibility criteria.

DCFS has engaged, consulted, and coordinated activities with stakeholders across the spectrum of child welfare to address issues of importance to children, youth and families and it will continue this effort to improve the lives of the people served across the State. Evidence of these collaborations can be found in documentation from advisory group meetings and stakeholder collaboration meetings, as well as the recommendations submitted to DCFS from these groups and the DCFS responses to those recommendations. The tracking system implemented for recommendations has improved the feedback loop to ensure stakeholders receive a response to their recommendations.

Illinois DCFS has expanded Wraparound to 57 of the 102 counties in Illinois with a goal of making it available in all areas of the state. Illinois is working toward adding Wraparound to the Family First Prevention Services Plan as a prevention intervention. Other efforts that involve collaboration across state agencies include Kinship Navigator program development and the Illinois Children's Behavioral Health Transformation Initiative. The Kinship Navigator program development involves collaboration with Department of Aging Grandparents Raising Grandchildren program, Loyola Law School, and Chicago Volunteer Legal Services. The Children's Behavioral Health Transformation Initiative has increased access to behavioral health care for Illinois families through the launch of the BEACON portal in January 2025. The Behavioral Health Care and Ongoing Navigation (BEACON) care portal is a centralized resource for Illinois youth and families seeking youth mental health services and care, including state agency support and community-based programs. The development of BEACON involved DCFS and five other state agencies (Illinois Department of Human Services, Illinois State Board of Education, Illinois Department of Public Health, Illinois Department of Healthcare and Family Services, and Illinois Department of Juvenile Justice). The state will pilot its first prevention-focused Wraparound program this year, before the program is in the Family First Five-Year Plan.

DCFS will continue efforts to expand Wraparound services to all areas of the state, as one of the strengths of this model is individualized services and supports for a child and their family. DCFS intends to continue contracting with Wraparound providers to serve children in foster care and children served through Intact Family Services. DCFS will also continue the practice of collaborating with other agencies through IGA's and contracts to best serve children and families.

The above collaborations help ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population(s).

CFSR 3: Illinois received an overall rating of Strength for Item 32.

SYSTEMIC FACTOR 7: Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

Response: Overall, Illinois considers this item a Strength. DCFS has a functioning set of standards that are applied equally.

IDCFS has several different procedures that detail standards related to licensing of licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds:

- Procedures 383, Licensing Compliance, Monitoring, Complaints and Enforcement
- Procedures 401, Licensing Standards for Child Welfare Agencies (can cover agencies with QRTPs and other residential programs)
- Procedures 402, Licensing Standards for Foster Family Homes
- Procedures 409, Licensing Standards for Youth Transitional Housing Programs

The DCFS Office of Licensing is tasked with ensuring that these standards are applied to DCFS-licensed homes/institutions during the actual licensing process (homes can only be licensed if all applicable standards are met), as well as through ongoing monitoring visits (semi-annual for foster homes and annual for childcare institutions). As of January 2026, there are about 1,800 DCFS-licensed traditional and relative/fictive kin homes, and about 8,500 CWCA-licensed traditional and relative/fictive kin homes.

The procedures describe the Department and private child welfare agency licensing unit responsibilities: to examine and monitor childcare facilities[1] to determine compliance with the Child Care Act of 1969 and licensing standards; to receive and investigate licensing complaints; and to develop and implement protective or corrective plans that assure the safety of children while allowing licensed facilities to correct noted violations. The procedures describe the processes for: concurrent child protection and licensing investigations; reexamining foster homes after an indicated report; reviewing licensing decisions; conducting enforcement actions; and surrendering a license or permit.

Data specific to compliance with monitoring visits for DCFS-licensed homes/institutions is entered into CYCIS, however our CWCAs do not have access to CYCIS for data entry and DCFS does not have capacity

to enter it for them. Thus, our data about compliance with monitoring visits is not currently comprehensive nor reflective of the entire system.

New in FY24 was the creation of a new, unified early childhood state agency (Department of Early Childhood) to house all early childhood programs and funding (effective 7/1/2024). This agency will assume all aspects of licensing of day care homes previously handled by DCFS, anticipated by July 2026.

The DCFS Office of Licensing continues to work toward ensuring that standards are applied equally to all licensed or approved foster family homes and childcare institutions receiving Title IV-B or IV-E funds by accomplishing the following since the last CFSR:

- Rules 402-Non-Safety Waivable Standards Training went live at the Virtual Training Center on 8/15/22.
- In 2023, DCFS implemented foundations training for all DCFS and CWCA licensing workers. This training provides guidance on the licensing process, with a particular focus on helping licensing staff better explain the licensing process to potential applicants. This training should help reduce errors that may cause unnecessary delays in the licensing process. This is an on-demand training available on the DCFS Learning and Development Center.
- Information Transmittal 2024.02 was issued on March 12, 2024. This transmittal informs staff of the requirement to complete Mandatory Rules 402 Non-Safety Waiver Training within 60 days of the issuance of the transmittal for current staff, and within 60 days of completion of Foundations Training for staff hired after the effective date of the transmittal. The training course Rule 402-Non-Safety Waiver Training can be accessed via the DCFS Learning and Development Center on the D-Net, or through the Learning and Development Center website at https://ilgov.sharepoint.com/sites/DCFSTraining
- To improve the collaboration between caseworkers and licensing workers, assigned permanency caseworkers and assigned licensing workers are each required to meet with and facilitate a relative's submission of an application.
- DCFS also continues to improve financial benefits to relative caregivers. In 2023, DCFS developed a process for using flex funds to alleviate barriers to licensure. DCFS increased the foster care maintenance payment to unlicensed relative caregivers in 2023 and provided an additional increase in 2024 to address inflation. In 2025 DCFS developed YES Funds for families to request to assist with enrichment needs for licensed and unlicensed homes to utilize.
- DCFS anticipates that the work of relative licensing will be transformed by Illinois's implementation of the new relative certification program. In response to a new rule issued by the Administration for Children and Families that allows states to establish separate approval standards for relative caregivers, DCFS is in the process of establishing the final legal structure that will authorize certification of relative caregivers and require that these certified relative caregivers will receive the same foster care payments as licensed caregivers. This pilot launched in December 2025 in a small number of Beta Testing sites/agencies, and as of this writing the state has successfully certified one foster parent!
- DCFS has also added a Public Service Administrator position to review all waiver requests. This will expedite the process while continuing to assure fair, consistent decision making on these requests. Safety standards are not waived. A waiver cannot be processed if there is a pending investigation or hold on the foster home. Data for the last several years about how many waivers approved is:

- **2022 DCFS -** 18 waivers approved **| CWCA -** 31 waivers approved
- **2023 DCFS -**20 waivers approved **| CWCA -** 26 waivers approved
- **2024 DCFS -**3 waivers approved **| CWCA -** 17 waivers approved
- **2025 DCFS-** 18 waivers approved/ CWCA 35 total waivers approved

Relatives achieving licensure has decreased slightly due to anticipation of the Department's roll out of separate licensing standards. Licensed relative home numbers have seen a slight decrease in percentage over the last year:

As of November 2022:

DCFS 21.9%.

CWCA 41.8 %

Combined 37.8 %

As of November 2023:

DCFS 24.0%

CWCA 43.3%

Combined 39.2%

As of November 2024:

DCFS 22%

CWCA 45%

Combined: 33.5%

(November 2025 data is not yet available)

CFSR 3 Findings: Illinois received an overall rating of Strength for Item 33. (Please click here for all CFSR 3 PIP strategies related to this Systemic Factor)

Item 34: Requirements for Criminal Background Check

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Response: Overall, Illinois considers this item a Strength.

This is governed by Rule 385 Background Checks. The purpose of Rule 385 is to ensure the safety and well-being of children cared for in an unlicensed relative home or in any facility subject to licensing by the Department of Children and Family Services by requiring that the operators of child care facilities and other persons are subject to background checks, as defined in the Child Care Act of 1969 [225 ILCS 10/4.2] and Section 385.20, be screened for a history of child abuse or child neglect, prior criminal convictions, or pending criminal charges.

In November 2022, a secure background check portal was created that went live. This portal allows

external agencies/institutions to upload documents and check on status of background checks. The portal was created to track background checks and minimize the lag that was seen.

DCFS administrative data can track the number of licensed homes and homes are not licensed until they meet all background check requirements. For placement with unlicensed relatives, DCFS requires a Placement Clearance Desk approval prior to placement and the clearance confirmation number must be recorded on the living arrangement form for data entry as a checks and balance to ensure appropriate background checks prior to a placement. A recent IV-E review in April 2024 found compliance with background checks for licensed foster and adoptive homes during the period under review.

Section 385.60 Criminal Convictions and Pending Criminal Charges outlines non-waivable bar offenses and how to request a waiver for offenses. All federal denials due to background clearance are adhered to as they are outlined at 471 of the Social Security Act. For backgrounds that are waivable, there is a recommendation made to review the offense and proceed forth or not to proceed with licensure through the Background Check Unit. There is a Director's Waiver Committee composed of a Multi-Disciplinary Team to review the Director's Waiver Request. They will review an offense that can affect hires for facilities.

Section 385.90 Records to be Maintained by the Child Care Facility The governing body or operator of a childcare facility shall maintain a copy of the authorization for background checks required by Sections 385.40 and 385.50 as part of the personnel records of the facility for a period of five years from the date of termination of the employment of the employee.

DCFS' Recruitment and Retention Unit (RRU) collects necessary data needed for background checks during the application and vetting phase and forwards that information to the Licensing division. Licensing will initiate the background checks for all potential foster parents and eligible household members.

CFSR 3 Findings: Illinois received an overall rating of Strength for Item 34.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Response: Overall, Illinois considers this item a Strength. DCFS has a functioning Foster and Adoptive Parent Diligent Recruitment Plan that is adaptive to shifting needs of youth in care.

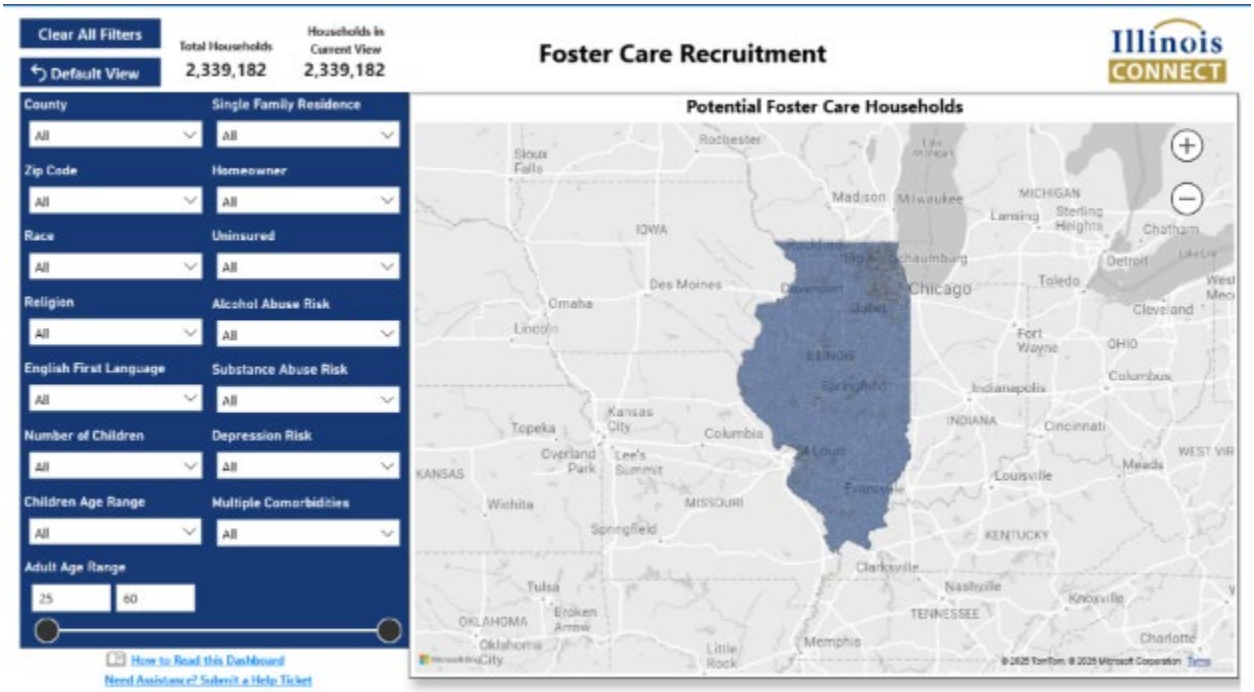
Analysis: DCFS' Recruitment and Resources Unit (RRU) coordinates, executes and monitors the foster parent recruitment plan to ensure quality foster homes for our in-care child/youth population. The RRU is organized by DCFS administrative region, which allows for flexibility to shape recruitment toward the unique needs of each community, with statewide coordination to ensure collaboration and consistency in procedures and data collection. This flexibility allows, for example, Cook County to execute an aggressive targeted recruitment campaign to meet the racial/ethnic needs of youth in Cook County while the Southern region focuses on the recruitment of foster homes for older youth.

DCFS' Recruitment and Resources Unit (RRU) develops and implements a 5-year recruitment plan (please see the 2025-2029 Illinois CFSP, Appendum A; renewed every 5 years). The RRU reports out on the plan and progress toward goals at the SPICE meeting, four times a year.

The RRU executes and monitors the recruitment plan by using available monthly data reports (found on

the DCFS internet site), first identifying the number of children in care, the geographical area where they came into care, their placements, and their demographic information to best determine what and where the need is.

In combination with the monthly reports linked above (which identify the population the state needs foster homes for), DCFS' RRU also uses the IllinoisConnect 360 PowerBI Dashboard to explore and analyze data regarding potential foster care homes using the following filters (left side of visual below):



This enables the RRU to target its recruitment events more specifically. Statewide, in calendar 2025, 24% or new foster homes came from RRU events.

The RRU has identified several priorities in its' 2025-2029 5-year plan: meet the placement needs of the children in care; improve regional recruitment; increase # staff within the RR unit; improve staff knowledge and ability to engage communities (be fully trained); improve practices for efficiency and effectiveness (reviewing internal and external data - Illinois and national); improve the level of engagement of potential recruits (FPs) which will help improve licensing rates (to improve # licensed FPs versus number of recruits); conduct more intentional recruitment (to meet licensing requirements and also the knowledge and supports to meet the needs of our youth); and improve efficiency of data systems and strategies to use data to develop improvement plans (data from IllinoisConnect, Recruitment dashboard of inquiries, assignments, status of inquiry, date assigned to licensing).

RRU schedules and conducts a lot of recruitment events across the state. Event presentations include sharing DCFS's mission and values, Intake information, the process of DCFS involvement for a family, as well as information about the population of youth we serve and available supports to foster parents. The RRU focuses on securing a variety of homes that support older youth aged 12 and up. Specifically, there is a need for homes that will support youth that have high acuity needs. To secure foster homes that can support these needs, RRU is adjusting its' approach a bit and targeting high schools, hospitals, as well as other careers that have experience with youth who have similar needs as our youth in care. Regionally, in Cook County, the RRU is targeting events in Cook Central and South communities to match incoming need, as well as to secure homes for youth who experience multiple moves and/or are needing to step down out of a hospital. In the Central region, the RRU is targeting Peoria, Springfield, Champaign communities,

also looking for homes that support older youth.

In the Southern region, RRU staff shortages within the licensing team have created delays in moving applications through the licensing process toward licensure and availability. Within the Southern region, areas with fewer foster homes like Polk County are locations where RRU is recruiting more intensively. This is because while there are not a lot of kids in this area, there is a shortage of homes for the youth who do come into care. Madison & St Clair counties are two of the most highly populated areas in the Southern region that require foster parents who are capable of caring for youth with autism and youth who have higher incidents of aggressive behaviors. The RRU recently filled the recruiter position in this area of the state to work with stakeholders.

In the Northern region, the need is highest in the following areas: The cities of Aurora, Joliet, Rockford, Waukegan; and Lake County.

Other populations that need homes to accommodate are: Hispanic and African American children as well large sibling groups. Currently, for sibling groups, the majority of available licensed homes can take groups of 2-3 siblings, but the state needs homes to take larger groups. It is often hard to find those homes. In the neighborhoods where the need is, the homes are generally not physically large enough to accommodate a large sibling group. Or the home may not have the experience/training/skill needed to care for large sibling groups. Some homes who are open to large groups often have their own children which reduces their capacity.

Traditionally RR has only recruited for traditional FHs, who we are now asking to accommodate our more specialized youth (who then don't stay long; these homes often give up their license later because this is not who they wanted to care for in part because the caseworkers are not giving the foster parents enough information or support). This then limits the available homes for non-specialized children/youth.

The last couple of years the RRU was in crisis, for example in Peoria had almost no families who wanted to care for a baby despite a high number of babies coming in via the Peoria Illinois Children's Hospital. However, this has stabilized in more recent years.

DCFS Program Plans with the CWCA require the agency to develop recruitment plans two times a year and provide them to the Department for review. The RRU maintains the task of monitoring how the CWCAs complete their recruitment plan reports.

The RRU also works closely with the DCFS Office of Communication who utilize social media for diligent recruitment of foster parents. This includes social medial material illustrating children of different races/ethnicities, the benefits of being a foster parent, and how a foster home helps youth in care. A current effort underway is "I'll never be too old for a family. Open your heart ❤ Open your home 🏠 Foster my Future"

In addition, the RRU collaborates with the following for targeted recruitment:

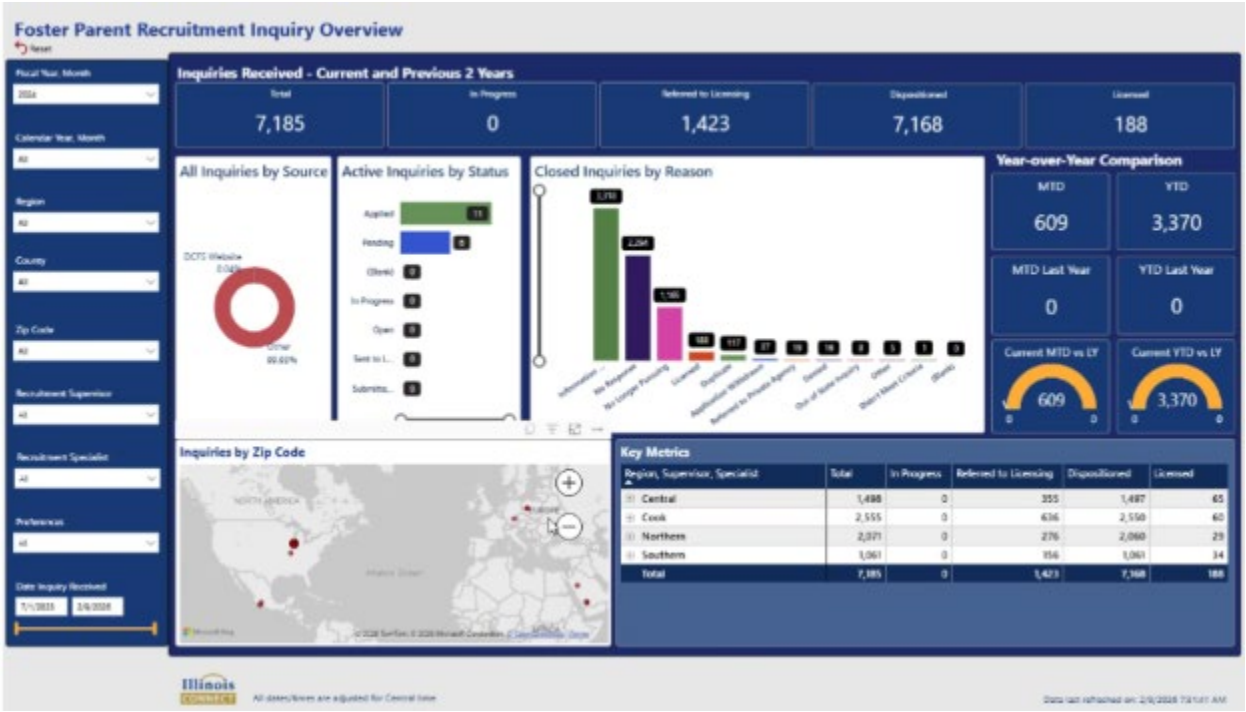
- Foster parent support has aided during recruitment, so that recruits know the level of support they will receive if they become a foster parent. The DCFS Foster Parent Support Specialist (FPSS) program continues to expand across the state and are often called upon to reach out to people who have shown interest in becoming foster parents. In addition, because they work closely with foster parents, the FPSS are important collaborators in recruitment efforts. The FPSS are in close contact with families in the community and can be good sources of new inquiries into becoming a foster parent, through their positive communication about fostering for DCFS,
- Let It Be Us who recruit adoptive families for youth ready for adoption, and

- Various offices within DCFS: The Office of Employee Services, DEI Chief of Latino Services, the Chief of Asian American Services, Chief of African American Services, Chief of LGBTQI+ services, and ICWA specialists, all of whom are experts in their community.

In the calendar year 2025, the RRU engaged in 704 recruitment campaigns across the state. These efforts resulted in 6,329 inquiries, 1,400 applications referred to licensing, and 123 new licensed homes.



In FY24 efforts resulted in:



The visuals above are from the RRU's newly created dashboard in IllinoisConnect's Recruitment and Resources database. This database is used to capture progress towards meeting the goals listed under the recruitment plan. It also allows the RRU to identify and target areas of the state that are lacking in foster homes and recruitment efforts. Furthermore, the RRU staff can utilize the dashboard to track demographics that are within DCFS targeted needs, to specifically tailor recruitment efforts.

Recent challenges to recruitment efforts include the presence of the Immigration and Customs Enforcement (ICE) officers in communities across the state, prompting community leaders/ hosts to cancel community events that RRU relied on for potential recruitment opportunities. This has significantly impacted the curettement of bilingual Spanish-speaking families. The RRU has, however, continued to collaborate with community partners to share the need for foster homes and has organized and hosted recruitment presentations in person and this brought positive reaction and engagements by the community.

Data Limitations: Prior to 2024, the data to use as evidence of how this Item is functioning was not available in a modern capacity. With the integration of Recruitment and Retention into an early module of IllinoisConnect, the RRU has access to very current and accurate data that informs needs and progress. RRU notes that the Division of Licensing is not yet fully functional in IllinoisConnect, which when complete will allow the RRU the ability to click through to status of every pending application to identify where the application is.

CFSR 3 Findings: Illinois received an overall rating of Area Needing Improvement for Item 35. According to the Final Report: "the state reported that POS agencies have been slow to implement a yearly diligent recruitment plan and that follow-through has been inadequate. No data are available that show how well the diligent recruitment plan is being implemented across the state. Stakeholders reported that an uneven practice of diligent recruitment is occurring across the state. While stakeholders noted progress by the state with implementing a centralized communication network that will positively affect recruitment efforts, they pointed out that a lack of funding to support recruitment represents a key barrier in many areas of the state."

All CFSR 3 PIP strategies and activities related to this Item were successfully implemented and approved as completed.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Response: Overall, Illinois considers this item an Area Needing Improvement as the state is not routinely completing home studies within the 60-day timeframe.

The Illinois Interstate Compact on the Placement of Children Office (ICPC) is the clearinghouse for referrals when Illinois is seeking an out-of-state placement for youth in care (YIC), along with in state placement of YIC from other states. To provide clarification on this process, Department Procedure 328 provides overall instruction to Illinois workers regarding the required documentation for an ICPC request. It also provides clarification of the process from the Compact on other areas regarding interstate movement. IllinoisConnect was launched at the end of 2022 and a deeper dive into the step-by-step functioning of the ICPC process has been mapped. Mapping was completed in June 2023. ICPC is currently in the planning phase with IllinoisConnect.

Item 36A- What cross-jurisdictional tools and resources are used to facilitate timely adoptive or permanent placements *within the state* for waiting children?

One cross-jurisdictional resource that is used to facilitate timely adoptive placements within the state for waiting children is the DCFS external website. If you navigate to the website dcfs.Illinois.gov and select "learn more" under the Foster Care, Guardianship, and Adoptions tab there is a host of resources for those looking to adopt in Illinois. Under the Adoptions and Guardianship tab there are a list of resources from how to become an adoptive parent and adoption records to adoption legal resources and licensed adoptions agencies within the state of Illinois.

Another tool used to facilitate timely adoptions within the state is the Illinois Heart Gallery. The heart gallery is a useful resource for both DCFS employees and perspective adoptive parents. The heart gallery is an online database that has profiles for those children waiting to be adopted in Illinois. Each profile has a picture of the youth or sibling set, if available, and the youth's hobbies, interest, and desires for a permanent family. DCFS and CWCA caseworkers can register children in the Illinois foster care system who are awaiting adoption to appear in the Heart Gallery. For those already licensed, the Heart Gallery can connect those perspective parents with waiting children with whom they may be interested in adopting. Also, for those who are unlicensed they can learn how to register as an adoptive resource and begin the process of becoming a license adoptive home with the state of Illinois.

The DCFS website also has links to complete an inquiry for those interested in becoming adoptive parents can fill out their information and be contacted by a member of the recruitment team in their area for next steps.

Illinois has the Illinois Adoption Advisory Council (IAAC) that advises the Director or delegate on issues surrounding adoption and guardianship. Members of the council who are appointed by the director consist of adoptive parents and adoptees who have been adopted, and represent each region. There are also experts in adoption who participate in the council and meet regularly to discuss safety, well-being, and permanency as it relates to adoptions.

36B – What is the state's process for using cross-jurisdictional resources to facilitate timely adoptive or permanent placements *within the state* for waiting children? (How does the state know whether its processes, tools, and resources are effective)?

Illinois' process for facilitating timely adoptive and permanent placements within the state for waiting children can be found within DCFS systems, rules, policies, procedures and state statues and laws.

The state's process begins with state statues and laws. These laws help govern the internal rules and procedures created by the department. DCFS uses private child welfare agencies as part of its process to facilitate timely adoptions. Rule 401 pertains to the provisions of licensing those agencies that help facilitate adoptions. This rule covers everything from provisionally licensing the child welfare agencies, to revocation of that agencies licensing if issues arise. The rule also covers topics such as qualifications for staff and records retention, which all aid in the facilitation of child safety a wellbeing prior to and after adoption.

Rule 302 covers the state's process for adoption assistance or subsidy agreements. Prior to a child being adopted in Illinois an agreement is reached that discusses financial, medical and mental health support for the child after the adoption finalizes. This agreement helps facilitate timely adoptions by assuring the adoptive parents that they will have the support that they need to support the youths' needs prior to the adoption finalizing. Monthly stipends are issued to the adoptive parents to help cover expenses for the child and the rate the adoptive parent receives is based on several factors such as Title IV-E eligibility and the youth specific medical, mental, and educational needs.

For more detailed information on the process for adoption services and how they are used to facilitate timely adoptions within state please see procedure 309. Procedure 309 covers topics on how to use listings to match children and families for adoption to education and training for prospective adoptive parents.

Procedure 315 covers permanency planning which helps guide the process for the youth permanency goal. Caseworkers follow this procedure during the youth's time in care, and this procedure can help the caseworker understand the process that leads to the youth's goal being changed from return home to adoption.

DCFS also uses SACWIS (or the Statewide Automated Child Welfare Information System) and CYSIS as part of its process for facilitating timely adoptive or permanent placements. These two systems are systems of record that keep all the information about the children and families involved in the state child welfare agency system in online databases for easy access. These systems contain information from the first investigation that led to the youth being placed in care, to services offered to the parents, all the way to the termination of parental rights and beyond. This system keeps a record of the youths' previous case workers and foster parents as well. Information in these systems help workers to navigate the process by keeping record of every detail pertaining to the youth's care and plan for permanency. SACWIS will eventually be completely replaced by IllinoisConnect.

There are also checklists that are part of the process for using cross jurisdictional tools to facilitate timely and adoptive placements within the state. One of those checklists is found on form CFS 1800-T-A. The CFS 1800-T-A is the adoption assistance case record checklist. This checklist is divided into sections including subsidy paperwork, special needs documentation, financial documentation, legal documents for adoption coordinator, and a final checklist section for what to send to the post adoption unit upon finalization of the adoption.

One way that we know that the states processes, tools and resources are effective is from data obtained on adoptions completed over the last few years. Our adoptions processes, tools, and resources helped provided a permanent home for over 2,400 youth in Illinois in FY25.

36C & 36D– What cross-jurisdictional tools, resources and processes are used (e.g., exchanges, national recruitment, or agreements with border states) to facilitate timely adoptive or permanent placements *outside of the state* for waiting children?

The Interstate Compact Placement of Children (ICPC) is the agreement used between the states to ensure timely adoptive and permanent placements outside of the state of Illinois for waiting children. National recruitment for adoptions is facilitated through private adoptions agencies and through public forums such as the Heart Gallery of America. ICPC also utilizes a national website that provides state pages containing information on the following state requirements: criminal background checks, medical coverage, home study requirements, and post placement supervision services. These tools all assist in facilitating placement outside of Illinois.

The National Electronic Interstate Compact Enterprise (NEICE, electronic record system) provides a 10-day alert prior to home study due date (home studies are due within 60 days) to both the sending and receiving state. NEICE also provides an overdue alert once the home study is past the completion due date. These alerts prompt the ICPC office to send an inquiry regarding the status of the home study. The ICPC team then follows up with the Illinois caseworker and out of state compacts as it is crucial to ensure youth reach permanency timely. Each state does the same process for these alerts.

Item 36E- What is the state's process for completing ICPC home study requests from other states?

When Illinois receives an incoming home study request, the packet is reviewed to ensure that the

documentation supports the ICPC Regulation type within the packet. After a comprehensive review, the request is assigned to the Illinois contracted agency for the area in which the potential placement resource resides.

The Illinois contracted agency is then given a due date in conjunction with the ICPC Regulation type. These incoming home study requests are assigned to the Illinois contracted agency within 5 days on average. ICPC staff continue to monitor timely submission of home studies by Illinois providers with NEICE dashboard data and ICPC spreadsheets. The ICPC coordinators meet with agencies to discuss barriers, home study completion, and billing to make sure it aligns with the number of home study requests received by each agency.

Item 36F: For what percentage of cases did the state complete an ICPC request for home study within the 60-day federal requirement?

In the following Visuals 1 and 2, the reader will observe Illinois data regarding the timeliness of home studies, as well as national data for the same data points as a comparison. FY26 data is not yet available. Please see definitions for Visual #1 in Visual #3 below. It is important to remember that this is a summary of all the home studies that came in over that 60-day period. Some home studies came in at the beginning of the 60-day mark and some closer to the end of this 60-day period. This means that the home studies still pending may have a few days to over a month left before they reach the 60-day deadline for completion. This data was obtained directly from NEICE. ICPC is working on formulating our own data that via spreadsheets to track more specific data for these home study completion rates.

Visual #1:

ICPC Requests Meeting Safe and Timely Requirement : Regulation 2 - Home Study Requests (60 calendar days)

Illinois (Receiving)

Filters:
Year Type: Calendar Year **Case Type(s):** All **Regulation Type(s):** HomeStudy **Placement Type(s):** All

	State Data			National Data		
	2024	**2025**	**2026**	**2024**	**2025**	**2026**
Number of requests with determination response meeting Safe and Timely	133	152	0	6416	7334	157
Percentage of requests with determination response meeting Safe and Timely	17%	30%	0%	40%	54%	100%
Median days to determination response	85	74	0	72	57	5
Number of requests with determination response	764	512	0	15962	13694	157
Number of requests with determination response exceeding Safe and Timely	631	360	0	9546	6360	0

Note: Determination response includes approval or denial, or submission of preliminary report

Visual #2:

Timeline to Placement Made : By Regulation Type
Illinois (Receiving)

Filters:
Year Type: Calendar Year **Case Type(s):** All **Regulation Type(s):** All **Placement Type(s):** All

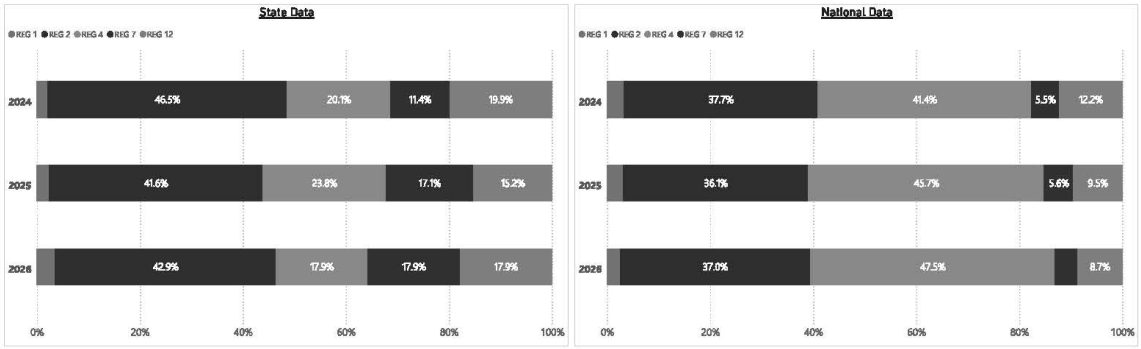
State Data

Year	2024			2025			2026		
	M	#	%	M	#	%	M	#	%
REG 1 - Intact Relocation	-26.5	10	2.1%	-6	10	2.3%	-2	1	3.6%
REG 2 - Home Study	137	220	46.5%	121.5	178	41.6%	199.5	12	42.9%
REG 4 -- Residential Placement	-1	95	20.1%	-1	102	23.8%	-2	5	17.9%
REG 7 - Priority Placement	109.5	54	11.4%	91	73	17.1%	103	5	17.9%
REG 12 - Private Adoption	3	94	19.9%	4	65	15.2%	3	5	17.9%
Total	0	473	100.0%	0	428	100.0%	0	28	100.0%

National Data

	2024			2025			2026		
	M	#	%	M	#	%	M	#	%
REG 1 - Intact Relocation	-17	480	3.3%	-12.5	442	3.1%	-3.5	20	2.5%
REG 2 - Home Study	126	4984	37.7%	124	5202	36.1%	123.5	298	37.0%
REG 4 -- Residential Placement	0	5476	41.4%	0	6599	45.7%	0	383	47.5%
REG 7 - Priority Placement	84	722	5.5%	77	813	5.6%	133	35	4.3%
REG 12 - Private Adoption	2	1612	12.2%	2	1370	9.5%	2.5	70	8.7%
Total	0	13224	100.0%	0	14426	100.0%	0	806	100.0%

Note: There are some negative values for placement timelines because some of the placements were made before the paperwork was completed. Typically, this is for group or residential placements. The data are correct and are based on when information was entered into the NEICE system
M: Median Days to Placement Made, #: Number of Requests with Placement Made, %: Is Percentage of Requests with Placement Made



Visual #3:

- ***Number of requests with determination response meeting Safe and Timely:*** The number of children associated with Regulation 2 ICPC requests with Preliminary Report (Reg 1 6. Initial Home Study Report) or Home Study Decision (Final Decision) received/sent within 60 calendar days from when either the case is accepted (case status is changed to ACTIVE by ICPC Coordinator) in the receiving state for CMS/MCMS states and NCH states who built this functionality into their system (please check with your technical team). Or for NCH states who do not have the case accepted functionality, NEICE will use the HS Request Sent On date during the selected criteria.
- ***Percentage of requests with determination response meeting Safe and Timely:*** The percentage of children associated with Regulation 2 ICPC requests with Preliminary Report (Reg 1 6. Initial Home Study Report) or Home Study Decision (Final Decision) received/sent within 60 calendar days from when either the case is accepted (case status is changed to ACTIVE by ICPC Coordinator) in the receiving state for CMS/MCMS states and NCH states who built this functionality into their system (please check with your technical team). Or for NCH states who do not have the case accepted functionality, NEICE will use the HS Request Sent On date during the selected criteria.
- ***Median days to determination response:*** Median calendar days calculated for the children associated with Regulation 2 ICPC requests with Preliminary Report (Reg 1 6. Initial Home Study Report) or Home Study Decision (Final Decision) sent/received from when either the case is accepted (case status is changed to ACTIVE by ICPC Coordinator) in the receiving state for CMS/MCMS states and NCH states who built this functionality into their system (please check with your technical team). Or for NCH states who do not have the case accepted functionality, NEICE will use the HS Request Sent On date during the selected criteria.
- ***Number of requests with determination response:*** The number of children associated with Regulation 2 ICPC requests with Preliminary Report (Reg 1 6. Initial Home Study Report) or Home Study Decision (Final Decision) received/sent from when either the case is accepted (case status is changed to ACTIVE by ICPC Coordinator) in the receiving state for CMS/MCMS states and NCH states who built this functionality into their system (please check with your technical team). Or for NCH states who do not have the case accepted functionality, NEICE will use the HS Request Sent On date during the selected criteria.
- ***Number of requests with determiantion response exceeding Safe and Timely:*** The number of children associated with Regulation 2 ICPC requests with Preliminary Report (Reg 1 6. Initial Home Study Report) or Home Study Decision (Final Decision) received/sent exceeding 60 calendar days from when either the case is accepted (case status is changed to ACTIVE by ICPC Coordinator) in the receiving state for CMS/MCMS states and NCH states who built this functionality into their system (please check with your technical team). Or for NCH states who do not have the case accepted functionality, NEICE will use the HS Request Sent On date during the selected criteria.

Primary reasons for delays associated with completing the home studies within the 60-day requirement include: delays in background checks, incomplete packets, court delays (continuances), ICPC staff shortages/turnover (Illinois and nationally), and inadequate communication from states.

CFSR 3 Findings: Illinois received an overall rating of Area Needing Improvement for Item 36. According to the Final Report: "Data provided in the statewide assessment and collected during interviews with stakeholders showed that the state is not routinely completing home study requests in a timely manner. Stakeholders were mixed as to whether the state is effectively using cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children, and there are no statewide data to measure the state's performance in this area. Stakeholders described delays in effectively using cross-jurisdictional resources because of staff turnover and a perception that a child cannot be referred to the state's adoption listing services until the court changes the goal to adoption."

All CFSR 3 PIP strategies and activities related to this Item were successfully implemented and approved as completed.

APPENDIX A:
List of Participants and Contributors

Name	Affiliation	Role in the Statewide Assessment Process
David Nika	Department of Information & Technology (DoIT) – Deputy Director, Data Management at DCFS	Author (Item 19, data supplier other Items)
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Listed below are contributors who participated in our Partnership for Progress Meetings:

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Maria Gallegos	DCFS, Child Protection Supervisor	Direct service staff
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Margaret Vergamini	CASA Lake County	CASA
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Plus:

Name	Affiliation	Role in the Statewide Assessment Process
Attendees at the Statewide Parent Advisory Council 11/25/2025	Attendees at the joint Illinois Adoption Advisory Council (IAAC, for adoptive parents) and the Statewide Foster Care Advisory Council (SWFCAC, for foster parents) on 11/7/2025	Attendees at the Statewide Youth Advisory Council on 12/14/2025
CFSR 4 Kick Off sessions (two; April 2025)		