

Illinois Citizen Review Panels

Annual Report 2009

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*Pat Quinn, Governor
Erwin McEwen, Director*

STATE OF ILLINOIS
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

CITIZEN REVIEW PANELS

Report for FY 2009

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INTRODUCTION

Purpose of the Citizen Review Panels

The Illinois Citizen Review Panels are established pursuant to Section 106 (c) of the federal Child Abuse Prevention and Treatment Act (CAPTA). Their function is to examine the policies, procedures, and practices of State and local agencies and where appropriate, specific cases, to evaluate the extent to which State and local child protection agencies are effectively discharging their child protection responsibilities.

In particular, the Citizen Review Panels must evaluate:

- The Illinois state CAPTA Plan and the specific areas of the child protective system which are addressed therein;
- The state's compliance with federal child protection standards and assurances set forth in the CAPTA law; and
- Any other criteria that the panels consider important to ensure the protection of children, including: 1) a review of the extent to which the State and local child protective services system is coordinated with the foster care and adoption programs; and 2) a review of child fatalities and near fatalities.

The Child Abuse Prevention And Treatment Act

The Child Abuse Prevention and Treatment Act (CAPTA) was signed into law in 1974. It is one of the key pieces of federal legislation that guides child protection and is fully elaborated in U.S. Code (42 U.S.C. 5101 et seq; 42 U.S.C. 5116 et. seq.). It was reauthorized with significant amendments and additions in 1978, 1984, 1988, 1992, 1996 and 2003. The Citizen Review Panels were first introduced in the CAPTA amendments of 1996 and were further delineated in the Keeping Children and Families Safe Act of 2003.

The Illinois Department of Children and Family Services (DCFS) is the agency designated in Illinois to implement the provisions of CAPTA and meet requirements set out in federal law. Within DCFS, the Division of Child Protection administers many of the programs and grants required under CAPTA, including the Citizen Review Panels. CAPTA also includes a range of requirements in other areas including community-based prevention, adoption opportunities, and assistance to abandoned infants.

The Development Of Citizen Review Panels In Illinois

The Illinois Department of Children and Family Services established four Citizen Review Panels to examine the policies and procedures of state and local child protective service agencies. Authorizing legislation for the Illinois Citizen Review Panels amended the Illinois Children and Family Services Act (20 ILCS 505/5) effective June 1999. According to the provisions of CAPTA, the individual states may: 1) designate one or more existing entities to satisfy the citizen review requirements; and 2) appoint volunteer members who are broadly representative of the community, including members who have expertise in the prevention and treatment of child abuse and neglect.

In forming the panels, DCFS invited existing advisory committees to take on citizen review activities in addition to their other interests and statutory responsibilities. Each panel includes a variety of members who have experience in working with children and families. The CFS Advisory Council and SCAN have members who represent professional organizations, child welfare agencies, volunteer associations, and concerned citizens. The Children's Justice Task Force and CDRT Executive Council have members from numerous disciplines including medicine, mental health, law, criminal justice, public health, education, social work, parent advocacy and child advocacy. The CFS Advisory Council is undergoing a process of membership recruitment and authorization through the Governor's Office, Office on Boards and Commissions. The group did not meet during FY 2009 and did not contribute to this report. Currently, Illinois is functioning with 3 Citizen Review Panels.

A **Citizen Review Panel Steering Committee** oversees the Citizen Review process, formulating guidelines for consistent operation of the panels and assisting with communication between the panels and DCFS. The Steering Committee includes DCFS administrators and program supervisors as well as the chair and vice-chair of each Citizen Review Panel. A list of Steering Committee members and Panel members is included in the appendix to this report.

Overview of 2009 Activities

The Illinois Citizen Review Panels have continued to grow in their knowledge of the DCFS child protection system during the past year. In a response to the Citizen Review Panel Recommendations of 2008, DCFS has responded with a letter from Associate Deputy Director, Meryl Paniak, Division of Child Protection. Representatives from Child Protection and several other DCFS Divisions meet regularly with the panels to discuss current priorities for child safety and the protection of children from abuse and neglect.

Representatives of all the Illinois Citizen Review Panels were pleased to participate in the Region V Roundtable that was convened by Carolyn Wilson-Hurey, Region V Program Manager, and members of her staff in September 2008. The 2008 Citizen Review Panel Roundtable included excellent presentations by Blake Jones, Howard Davidson, and Theresa Costello and allowed ample time for the various CRP program coordinators and panel members to ask questions, discuss various organizational approaches, and work on strategic plans for the upcoming year. Many of the presentations were subsequently sent out to the state coordinators for use with their panels. Due to severe restrictions on out of state travel, Illinois was not able to send anyone to the 8th Annual Citizen Review Panel Conference in Jackson Hole, Wyoming during May 2009. Planning for attendance at the 2010 Conference, however, will be underway shortly.

Illinois Citizen Review Panels have an important role in advising DCFS and affiliated private child welfare agencies about the safety and protection of children from abuse and neglect. Members of the Illinois panels are educated on their responsibilities through the **CRP Orientation Guidebook** which delineates various citizen review responsibilities and provides members with practical information on the operation of the various committees. The members have approached their responsibilities with dedication and resolve, and they serve as an integral part of the Department's outreach to communities throughout the state.

PANEL 1. STATEWIDE CITIZENS' COMMITTEE ON CHILD ABUSE AND NEGLECT

The Statewide Citizens' Committee on Child Abuse and Neglect (SCAN) is an advisory group established under Illinois law, Section 11.7 of the Abused and Neglected Child Reporting Act (ANCRA, 325 ILCS 5/11.7). SCAN committee members are composed of individuals selected from across Illinois to represent various fields of human service, neonatal medical care, needs and rights of the disabled, and community life. Members are appointed by the Director of DCFS to serve 3-year staggered terms. The committee advises the Director on setting priorities for the administration of child abuse and neglect prevention services and other services to abused and neglected children that it deems appropriate.

SCAN meets every other month via videoconferencing between three sites in Springfield, Chicago and Duquoin. The November meeting was held in conjunction with the Annual Prevent Child Abuse Illinois Conference (November 20-21, 2008) and all the members were brought together for a day of in-person discussion. Gwen Mastin, President and CEO of New Phoenix Assistance Center in Chicago, serves as the chairperson. Diane Scruggs, Executive Director of Healthy Families Chicago, serves as the SCAN vice chairperson. DCFS Administrator, Gail Jackson, serves SCAN as the Department's liaison and coordinator.

Meeting Dates for FY 2009

The SCAN Committee held meetings on:

August 20, 2008

October 15, 2008

December 3, 2008

February 18, 2009

April 15, 2009

June 17, 2009

Focus Topics

The SCAN committee has identified the following for exploration, education and ongoing discussion:

- Reporting requirements for mandated reporters.
- Policies and procedures for investigating abuse and neglect
- Procedures for screening safety assessments to ensure child safety.
- Monitoring contracts funded by Child Abuse Prevention Fund for effectiveness.
- Fatherhood initiatives (programs that target fathers).
- Trauma Services

SCAN conducted a busy and comprehensive schedule of meetings during FY09.

SCAN began the year with its annual file review and drafted a letter to the Director of the Department of Financial & Professional Regulation and the Director of DCFS. The purpose of the letter was to begin discussions to develop requirements for licensed professionals serving as mandated reporters of child abuse and neglect. The SCAN committee recommended mandated reporter training as a condition of licensure or certification as it relates to school administrators, teachers, medical and health care professionals and social workers.

Case File Review

The SCAN Committee conducted a case review at the meeting on August 20, 2008. The case files included samples from Cook North, Cook South, Northern, Central and Southern Regions. Twelve SCAN members and one DCFS staff person came together at the DCFS Central Office in Springfield to review twenty investigative files involving serious physical injury, sexual penetration, molestation or exploitation and chronic neglect cases. The case files represented investigations that were “Indicated” (credible evidence of abuse/neglect) and investigations that were “Unfounded” (insufficient evidence of abuse/neglect). Each person reviewed at least two case files utilizing DCFS Procedures 300 as a guide to ensure required forms and documents were in the files, to assess the completeness of the information in the investigative case file, and to determine if protocols and appropriate

decisions were made. Each reviewer noted comments/concerns on each case reviewed and discussed findings with the group.

Case Review Observations and Recommendations

Overall the committee felt the documentation in the case files was complete and the investigations were very thorough. However, the following concerns were noted:

- No signatures on safety plans
- No documentation to support service referrals
- Duplicative information
- No indication to suggest that intensive services were provided on cases with chronic neglect allegations

Child Abuse Prevention Fund

(Illinois Tax-check-off)

SCAN renewed two contracts in October 2008 funded by the Child Abuse Prevention tax check-off fund that provided intensive services to Intact Families with Children 0 – 3: Hoyelton Youth and Family Services in East St. Louis, Illinois and “Project Best Start” at Sinnissippi Centers, Inc. in Sterling, Illinois. A work group was formed at the April, 2009 meeting to look into developing a systematic grant process where grant dollars would be provided to communities during an annual program cycle.

Educational Activities– Throughout FY09 SCAN meetings included presentations.

Division of Child Protection Updates:

The Acting Deputy Director, George Vennikandam, or the Downstate Associate Deputy Director, Kathy Roman, provided an overview of recent changes related to the Division of Child Protection. Some of the changes highlighted were to the Child Endangerment Risk Assessment Protocol (CERAP) increasing the current thirteen safety factors to twenty-five safety threats. There was only the addition of a couple of new factors/threats. A decision was made in the Division to break down some of the current factors so they would be

easier for the workers to assess, which produced the additional factors. Other activities include the continued monitoring of the Department's error reduction rate and providing training to supervisors. The Acting Deputy Director also presented information on the proposed layoff plan of December, 2008.

Legislative Updates:

At the meeting of October, 2008, Marla Williams, Acting Deputy of Legislative Affairs, discussed several new legislative bills that were of interest to the Division of Child Protection:

- **HB4207**

Amends the Criminal Code of 1961. Provides that it is a Class 4 felony for a child sex offender who owns residential real estate to knowingly rent such real estate to a person who is the parent or guardian of a child or children under 18 years of age.

- **HB4252**

Amends the Abused and Neglected Child Reporting Act. Provides that if an employee of a school district has made a report or caused a report to be made to the Department of Children and Family Services under the Act involving the conduct of a current or former employee of the school district and a request is made by another school district for the provision of information concerning the job performance or qualifications of the current or former employee because he or she is an applicant for employment, the general superintendent of the school district to which the request is being made must disclose to the requesting school district the fact that an employee of the school district has made a report involving the conduct of the applicant or caused a report to be made to the Department, as required under the Act. Provides that only the fact that an employee of the school district has made a report involving the conduct of the applicant or caused a report to be made to the Department may be disclosed and that this fact may be disclosed only in cases where the school employee and the general superintendent have not been informed by the Department that the allegations were unfounded. Provides that an employee of a school district who is or has been the subject of a report during his

or her employment with the school district must be informed by that school district that if he or she applies for employment with another school district, the general superintendent of the former school district, upon the request of the school district to which the employee applies, shall notify that requesting school district that the employee is or was the subject of such a report. Makes a related change concerning immunity. Effective immediately.

- **HB4402**

Amends the Criminal Code of 1961. Provides that it is a Class 4 felony for a child sex offender to knowingly offer or provide any programs or services to persons under 18 years of age in his or her residence or the residence of another or in any facility for the purpose of offering or providing such programs or services, whether such programs or services are offered or provided by contract, agreement, arrangement, or on a volunteer basis.

- **HB4578**

Amends the Abused and Neglected Child Reporting Act. Provides that if an electronic and information technology equipment worker discovers any depiction of child pornography while installing, repairing, or otherwise servicing an item of electronic and information technology equipment, that worker shall immediately report the discovery to the local law enforcement agency. Provides that an electronic and information technology equipment worker who reports a discovery of child pornography as required under this provision is immune from any criminal, civil, or administrative liability in connection with making the report. Effective immediately.

- **SB2042**

Amends the School Code and the Juvenile Court Act of 1987. Makes payment of costs in provisions of the School Code concerning tuition for non-resident pupils, residency and the payment of tuition, determining the resident district with respect to children with disabilities, and special education classes for children from orphanages, foster family homes, children's homes, or in-State housing units and a provision of the Juvenile Court Act of 1987 concerning sentencing orders. Provides

that certain of these changes apply to all placements in effect on July 1, 2007 and all placements thereafter. Contains a severability clause. Effective immediately.

- **SB2118**

Amends the Juvenile Court Act of 1987. Provides that immediately upon the filing of a petition for a detention or shelter care hearing in the case of a minor retained in custody, the court shall cause counsel to be appointed to represent the minor. Provides that a detention or shelter care hearing may not be held until the minor has had adequate opportunity to consult with counsel.

At the April 2009 meeting, Dana Yowell, DCFS Deputy Director of Legislative Affairs, presented an informational discussion on four legislative bills that were of interest to SCAN.

- **HB562**--The bill amends Abuse and Neglect Child Reporting Act (ANCRA) and the Humane Care for Animals Act to require cross reporting for DCFS worker and animal care workers of abuse to children and animals
- **HB761**--This bill amends the Juvenile Court Act to require a permanency hearing in delinquency court.
- **HB2318**--DCFS will post information on its website about the benefits of annual immunization against influenza for children 6 months to 5 years of age.
- **HB3925**--This bill increases the time a baby can be relinquished from a safe haven from 7 to 30 days.

Recommendations

For FY 2009, the SCAN Committee makes the following recommendations.

1. **SCAN recommends the Department of Children and Family Services and the Illinois Department of Financial and Professional Regulation come together to discuss developing a required minimum level in-service training on reporting suspected child abuse/neglect for licensed professionals serving as mandated reporters as a condition of licensure or certification. The agencies should share available resources in order**

to ensure that all licensed professionals understand the importance of required mandated reporter training.

2. SCAN recommends a certificate be generated with the individual's name and date following completion of the DCFS web-based mandated reporter training.

3. DCFS should initiate a new dialogue with the Illinois State Board of Education (ISBE) to promote the sharing of information on HB 3005/ P.A. 92-295 with school principals and develop protocols in order to determine how schools can best receive, maintain, transfer, and appropriately purge DCFS indicated findings of child abuse for implementation and consistency in managing child records. The review of these protocols should become part of each year's administrative in-service training for schools and should be listed on the meeting agenda.

4. Any agency that contracts with the Illinois Department of Children and Family Services and/or is licensed by DCFS will be required to annually demonstrate their on-going training as mandated reporters, and such evidence will be on file at the agency to be provided upon request.

Future Directions

SCAN remains focused on its mission as a Citizen Review panel and will be attentive to follow-up on this year's recommendations. SCAN continues its commitment to prevention initiatives by the development of new programs that will have a significant impact on reducing the risk of children being abused or neglected. SCAN will also continue to explore its interest in DCFS and the Illinois Department of Financial & Professional Regulations coming together to discuss the issue of improving the level of reporting by mandated professionals.

PANEL 2. CHILDREN'S JUSTICE TASK FORCE

The Children's Justice Task Force is a multidisciplinary advisory group that makes recommendations to DCFS for improving the investigative, administrative, and judicial handling of child abuse cases, particularly cases of child sexual abuse/exploitation and cases involving a combination of jurisdictions. The Task Force was first organized in 1989 according to guidelines in the federal Child Abuse Prevention and Treatment Act (CAPTA), and it became one of the Illinois Citizen Review Panels in 1999.

Recommendations from this panel are focused on reducing child trauma, enhancing the effectiveness of judicial and administrative actions in child abuse cases, and reforming state laws and regulations with regard to child protection and child welfare while ensuring fairness to all affected persons.

The members of Children's Justice represent professionals in the fields of child protection, law enforcement, medical and mental health, attorneys for the prosecution and defense, criminal and civil court judges, education, children with disabilities, child advocates, and parent advocates. The Task Force includes 28 members appointed by DCFS to staggered 4-year terms. The group meets five times a year at various locations throughout the state and by videoconference. The current chairperson is Dr. Careyana Brenham, family physician and faculty member at SIU School of Medicine in Springfield; the vice-chairperson is Charles Rohde, private attorney in Addison, Illinois. Cheryl Peterson, Ph.D. is the DCFS administrator and coordinator for Children's Justice.

Meeting Dates--The Children's Justice Task Force met on the following dates:

September 19, 2008

November 21, 2008

February 6, 2009

March 26-27, 2009

June 5, 2009

Focus Areas of Interest

During its meetings of 2008-2009, the Children's Justice Task Force conducted a thorough and comprehensive review of recommendations. Previous recommendations were updated and new recommendations were generated. This was the result of a year-long process that focused inquiry on topics of child protection policy, administration, and investigation. The Task Force members completed a 10 question survey, distributed the survey to colleagues and allied professionals, discussed the survey responses, and formulated new and revised recommendations. The review process affirmed the following areas of interest:

- DCFS must increase funding support for Children's Advocacy Centers (CACs) so that all children in the state have access to the coordinated services of an accredited child advocacy center program. Specific legislation should be enacted that provides for state-based funding of CACs and standards for accreditation.
- DCFS must provide additional funding to recruit qualified persons as frontline investigators, caseworkers, and supervisors and provide enhanced training to increase their skills within a multidisciplinary setting involving law enforcement and the courts.
- DCFS must develop regional resource networks of mental health providers who are educated and experienced in working with victims of abuse. These mental health resource networks would be modeled upon current medical resource programs.
- Illinois must invest in additional training, especially training in forensic interviewing for frontline staff and training that emphasizes the multidisciplinary approach. As much as possible this training should utilize available technology and electronic resources to assure the constant availability of training to new staff in the field.

Activities

The Children's Justice Task Force continues to focus on promoting the need for child advocacy centers (CACs) covering all Illinois counties. The Task Force understands that it is a lack of funding that is impeding the progress of CAC expansion to all areas of the state. During its meeting in June, the Task Force faced concerns of funding gaps in the Illinois budget for 2010 which will increase the financial crisis for existing CACs and

severely threaten any further expansion. The Task Force will be examining new ways to fund CACs and will continue to work with existing programs to utilize the provisions of HB 1391 passed in 2007. HB 1391 allows for counties to add on additional offender fees for certain crimes, and these funds are used solely to support CACs.

The CJTF also focused on the expansion of the MERIT Medical Program in the northern region of Illinois. The program provides expert medical assessment and treatment to children who are referred for sexual or physical abuse. It is modeled upon existing medical resource centers (like Pediatric Resource Center and MPEEC) that provide similar services in Peoria and Chicago. The MERIT medical resource center was initiated under the auspices of the University of Illinois College of Medicine at Rockford, and involves the active partnership of three major hospitals in Rockford and the Carrie Lynn Children's Center. MERIT has been in operation for over one year and is on target to serve upwards of 300 children each year. All of the medical resource programs are being engaged with the DCFS Office of Training to provide workshops to DCFS staff, law enforcement, and child advocacy centers on the medical aspects of child abuse and neglect.

Much of the focus of the CJTF during this past year has been upon the need for further training of frontline staff. Although the multidisciplinary approach has been an integral part of DCFS worker training during the past 15 years, the newer employees hired as child protection investigators are not always as intrinsically involved in the functioning of the team concept. Turnover is also high in terms of law enforcement officers and assistant State's attorneys, many of whom do not have the benefit of attending trainings due to limited funding and travel expenses. DCFS and the Children's Advocacy Centers of Illinois are working in partnership to provide additional training opportunities at the local level that build upon successful training conference formats and that engage team members through electronic or web-based training offered by national organizations. This training effort will be expanded in the coming year.

In addition, the Task Force is committed to increasing the identification of mental health providers who are capable of offering specific treatment modalities that are evidence-based for victims of sexual abuse. A resource directory has been proposed to identify those providers who have credentials and experience in this specialty area of counseling.

Educational Presentations

2008 Legislative Session – At the September meeting, DCFS Legislative Liaison Marla Williams, presented information on several legislative bills that were of interest to the CJTF.

- HB 4207—This alters the Landlord and Tenant Act. A registered sex offender who is a landlord and living in the building cannot rent a unit to parents with children.
- HB 4252—Requires school employers to check with previous school employment district when hiring a new school employee. Former employer is required to disclose any indicated reports of abuse or neglect involving the current or former employee.
- HB 4402—Amends the Criminal Code and specifies that any sex offender cannot live within 500 feet of a day care center, day care home, or group home for youth.
- HB 4578—If a technology repair person discovers child pornography on a computer or server, he/she must report this to law enforcement.
- SB 2042—Children who are placed in an out-of-home residential facility will have their educational expenses covered by their home school district. This legislation does not affect DCFS wards whose educational requirements are covered in other laws.
- SB 2118—Legal counsel must be appointed for youth or delinquents who are before the court for a shelter or detention hearing.
- HB 4353 and SB 1013—This legislation will allow for a redeploy of funding from the Dept. of Human Services (2 million) to pay for children entering DCFS care for delinquency at the request of the court. DCFS formerly served children under 13 but legislation last year increased the age to under 15. SB 1013 threw out the rulemaking provisions.

Members of the CJTF Legal and Legislative Committee also discussed HB 291 from 2007 effective June 1, 2008 which raised the age limit from under 13 to under 15 for courts to place a child into the guardianship of DCFS as a part of delinquency sentencing. The CJTF expressed concern that some court jurisdictions were not informing DCFS of their actions, resulting in some teens being left in limbo for a period of several days while DCFS found

appropriate placements. These children are also difficult to place in a foster home because of their past behaviors.

Division of Child Protection Update — At the November meeting, George Vennikandam, Acting Deputy Director, and Meryl Paniak, Associate Deputy Director, provided information on the DCFS Division of Child Protection. Mr. Vennikandam offered some background information about the Division of Child Protection and his years with DCFS.

- 1,300 out of 3,200 employees work in the Division of Child Protection
- He is acting in the role of Deputy Director, managing the Division of Child Protection out of the Director's Office.
- He started with the Department in 1995 as a caseworker and has also worked in several different divisions.
- Meryl Paniak was recruited for her knowledge of investigations, her background with the Administrative Hearings Unit, and her analytical skills as both an MSW social worker and a lawyer.
- He explained that DCFS is committed to improved training for front-line DCP staff. The focus is on looking into the evidence and gathering factual information to guide the decision on indicating or unbounding cases. Training is focusing on scene investigation, initial engagement of the family, psychological first aid, assessment of ongoing risks. The DCFS Inspector General has been training on new policies and procedures for allegation 11/61—Cuts, Welts, Bruises, Abrasions, and Oral Injuries.

Mr. Vennikandam explained that DCFS was very concerned about the possible layoff of DCP investigators throughout the state and the “bumping” that would occur as staff who did not get laid off take over more desirable positions. In response to a question, he indicated that the following ratios for worker to cases was established in the BH Consent Decree: 1:25 Placement cases; 1:20 Intact Family Cases; 1:12.5 Investigations. The layoffs did not occur and the plan was rescinded on November 25, 2008.

The Priority DCP teams devoted to investigating Serious Harms (in Cook County) have been struggling of late. Because the workers on these teams are part of the union and receive no extra pay or incentives, they frequently transfer to other, less-stressful and less-demanding positions when vacancies arise. Consequently, the Priority teams are often made up of newer workers who have less experience with investigation and who can become easily overwhelmed by the high skill levels required. The Department is looking at

ways to reduce this stress and some serious cases have been delegated to other teams and other workers. DCP is putting procedures and staff in place to provide more peer review of cases and more monitoring of investigative actions taken or not taken by supervisors and managers in the field.

Accreditation of Children's Advocacy Centers—Billie Larkin, Executive Director of the Children's Advocacy Centers of Illinois (CACI), provided information on the history of CACs in Illinois and nationally. The first Children's Advocacy Centers in Illinois were formed in 1987 in DuPage and Lake counties. There are now 38 CACs in Illinois, of which 29 are fully accredited by the National Children's Alliance. Many CACs in the rural areas of Illinois serve several counties. There are still 15 counties in Illinois (central and southern) that are without CAC services. Expansion has been hampered by lack of available funding.

Ms. Larkin gave some background on the formation of the National Children's Alliance which was formed in 1992. Legislation was passed on the Federal level by Congressman Bud Cramer of Alabama when there were less than 200 Children's Advocacy Centers in the United States. In 2009, the National Children's Alliance reported over 680 Children's Advocacy Centers in the USA, of which 461 are fully accredited members. The membership standards for CACs were first promoted in 2000 when a process for site review was established. The full member category was upgraded to an accredited membership category during 2002, and the site reviews incorporated 2 reviewers in 2004. The 10 national accreditation standards were revised in 2008 and will be effective for new and reaccredited programs beginning in January, 2010. In addition, there are now Accreditation Standards for State Chapter Associations of Children's Advocacy Centers. The Illinois Chapter was the 7th chapter formed in the nation and will be undergoing accreditation in 2009. There are 5 standards for Chapters: 1) Organizational Capability; 2) Training and Education; 3) Membership Services; 4) Catastrophic Planning; and 5) Succession Planning. Other topics related to CACs were discussed with members of the Task Force, particularly the availability of trainings and peer reviews sponsored by the 4

Regional Children’s Advocacy Centers (Northeast, Midwest, Southern, Western) using videoconference downlinks and internet web-streaming technologies.

DCFS Trauma Informed Practice Program—Dr, Kimberly Mann provided an overview of the Trauma Informed Practice curriculum that has been presented to DCFS and Purchase of Service agencies throughout the state. The vision of the model is to identify, intervene, and mitigate the effects of adverse and traumatic experiences of children entering protective care or living in foster care. It is designed to focus on a child’s behavioral health and assist with advocacy for the child in terms of needed services and educational opportunities. The Task Force was particularly interested in the Learning Collaborative Model and how that might be adapted to assist identified treatment providers.

The CASA program in Illinois—Ruth Lane, Executive Director of Illinois CASA (Court Appointed Special Advocate) provided information on the CASA programs operating in the state. She explained the 40 hour training provided to each CASA volunteer and the juvenile court’s involvement in assigning the volunteers to work with a particular case and report findings back to the court. The CASA volunteers are affiliated with local, county-based programs which then assign them to families where a child (children) are in out of home placement. The CASA volunteer advocates for the interests of the child and assures that permanency goals are advanced in a timely manner.

State Medical Programs—Dr. Michele Lorand explained the guiding organization behind the state-funded medical programs for abused and neglected children in Florida and New Jersey. The programs have operated successfully for a decade and might offer resources and insights for a similar approach in Illinois.

RECOMMENDATIONS

The Children's Justice Task Force identified the following recommendations as having critical importance to the achievement of its child protection goals:

1. DCFS must develop regional resource networks of mental health experts, educated and experienced in working with victims of child abuse, who will offer professional training, peer review, and consultation to mental health providers. The mental health networks must be aligned with Children's Advocacy Centers (CACs) in order to assure effective advocacy and transportation for children/families needing mental health services.

2. DCFS should have a system in place that assures that front line investigators, caseworkers, clerical staff, supervisors, and managers assigned to field offices have their vacancies filled to at least an 80% staffing level prior to any other vacancy being approved for hire in other divisions or contract programs located in any non-field office sites.

3. DCFS must focus on providing additional training to enhance the skills of frontline workers. This training should focus on multidisciplinary approaches to investigating and treating serious physical abuse cases; the proper use of protocols, case reviews, and peer review to improve investigations; and the use of proven forensic interviewing models for all interviews of potential victims.

4. DCFS should propose and actively support legislation which encourages individual assessment, treatment, and tracking for juvenile sex offenders and which prohibits categorical imposition of adult sex offender registration standards on juveniles.

5. The Abused and Neglected Child Reporting Act should be changed in order to close the loophole that allows mandated reporters to cite confidentiality because they are not the reporter of the abuse, even though they may have information that is critical to making a safety or evidentiary decision in a child abuse/neglect investigation.

6. DCFS must place a priority on establishing a plan for child protection, safety, and well-being of all children within its purview that is based on a statewide process of interagency coordination of services that is efficient, cost-effective, and non-duplicative.

Future Directions

The Children's Justice Task Force will continue to promote the multidisciplinary approach to child abuse investigation and will work to improve communication within the system of professionals who serve on the front lines of child protection.

PANEL 3. CHILD DEATH REVIEW TEAM EXECUTIVE COUNCIL

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 on September 7, 1994. The Child Death Review Team Act has been amended several times since 1994 including July 28, 1998, August 24, 2007, and August 28, 2007. 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. The Child Death Review Teams Executive Council is the coordinating and oversight body for the child death review teams' activities in Illinois. The CDRT Executive Council ensures regional teams comply with legislation and the operating protocol and in addition they work on comprehensive projects including the CDRT annual report and the yearly symposium. The CDRT Executive Council includes the chairperson and vice-chairperson of each regional team for a total panel membership of eighteen.

The CDRT Executive Council operates according to the following objectives: 1) to serve as the voice of child death review teams in Illinois; 2) to ensure that the data, results, findings, and recommendations of the teams are adequately used to make changes in policies, procedures, and statutes to protect children; 3) to collaborate with the General Assembly, DCFS, and others to develop legislation needed to prevent child fatalities and to protect children; 4) to ensure that the review process for the regional teams is standardized; 5) to serve as a link with CDRTs throughout the country and participate in the national child death review team activities; 6) to develop an annual statewide training symposium to update knowledge and skills of CDRT members and promote the exchange of information between teams; and 6) to assist in the preparation of an annual CDRT report. Dr. Daniel Cuneo of Belleville is the CDRT Council chairperson and Ms. Clairice Hetzler, Executive Director, Advocacy Network for Children in Quincy serves as vice-chairperson. Ms. Sherry Barr is the DCFS CDRT Coordinator, and Ms. Kate Watson is the Executive Director contracted through DCFS.

Meeting Dates for FY 09

The Child Death Review Team Executive Council met on:

July 11, 2008*	February 13, 2009*
August 8, 2008*	March 13, 2009*
September 5, 2008	March 24, 2009
October 10, 2008*	April 10, 2009*
November 14, 2008*	May 8, 2009*
December 12, 2008*	June 12, 2009
January 9, 2009	

*Teleconference

Focus Areas of Interest

During its meetings in FY 2009 the CDRT Executive Council reviewed a number of statewide issues and concerns regarding:

- The revision of the *Illinois Child Death Review Teams Protocol and Best Practices*.
- The development of the Child Death Investigation Task Force in the Southern Region of Illinois.
- The promptness and quality of DCFS' responses to Child Death Review Recommendations.
- The decision by the Executive Council to have all teams discretionarily review all deaths ruled SIDS, Suffocation, or Undetermined.
- Prevention initiatives that focus on dangers to children from 1) drowning; 2) bedsharing; and 3) paramours caring for children.

Activities

The CDRT Executive Council continues to hold monthly meetings in which the Executive Council members approve all recommendations that have come out of the nine child death review teams. If the recommendations are approved they are now being sent to a specified Deputy Director. The Deputy Director and/or their designee respond to the recommendation and then a bimonthly meeting is held with the Director of DCFS and the

CDRT Executive Council to discuss the recommendation and response. As specified in legislation, the Director has 90 days to review and reply to recommendations. After the initial reply the Director has an additional 90 days to submit an additional report that sets forth in detail the way, if any, he will implement the recommendations. Within 180 days after the Director submits a report concerning the implementation, the Director must submit a further report that sets forth specific changes in the Department's policies and procedures that have been made in response to the recommendation (20 ILCS 515/20).

The CDRT Executive Council has continued to focus this year on working with DCFS on developing the Child Death Investigation Task Force for the Southern Region of the state. The Illinois Child Death Review Team Act 20 ILCS 515/45 empowers the Illinois Child Death Review Team Executive Council to create and oversee a Child Death Investigation Task Force. The task force will assist in the investigations of sudden, unexpected, or unexplained deaths of children under the age of 18 years. The task force was to begin in 2007 and a final report was to be submitted January 1, 2010 but due to state funding it has yet to begin as a 3 year pilot program. The CDRT Executive Council will work with legislators, under the direction of its Chairperson, Dr. Daniel Cuneo, to change legislation and move the final report date to three years from the task force's start date.

The Executive Council, along with the Office of the Inspector General, looked closely at the issues of bruising on infants younger than 6 months old. Effective August 6, 2008, all reports of bruising on children under 6 months of age are taken as allegations of abuse by the SCR Hotline. The Office of the Inspector General has begun specific error reduction training for DCFS investigators on understanding bruising on infants and toddlers.

The Child Death Review Executive Council and the nine Child Death Review Teams continue to look at the issue of caregiver and infant bedsharing. DCFS workers currently distribute a safe sleeping brochure to families with infants receiving services. The brochure, *Safe Sleep for Your Baby*, from the National Institute of Child Health and Human Development, urges caregivers to sleep with their infants in the same room, but on

separate sleep surfaces, not in the same bed. The Child Death Review Executive Council staff added the brochures Safe Sleep, Safe Crib, and Tummy Time Tips and Tools, (offered in English and Spanish) from SIDS of Illinois Inc. to the brochure request form that was sent to DCFS POS agencies. These brochures are offered at no charge. The Child Death Review Executive Council will continue to explore ways to warn caregivers about the dangers of bedsharing.

The Child Death Review Teams Executive Council continues to strongly support the campaign, “*How well do you know your lover*”. Teams continue to review cases in which children are being killed by a parent’s boyfriend or girlfriend/ paramour. The campaign reminds all parents about the dangers of leaving a paramour to be the caretaker of a child. In addition to the information Child Death Review, DCFS, and Prevent Child Abuse Illinois have worked together to add the web address for registered sex offenders to the brochure as an additional way for parents to keep their children safe. Brochures have been written in both English and Spanish and these brochures are in high demand. The CDRT staff sent brochure requests that included the “*How well do you know your lover*” brochure to DCFS POS agencies this year. A total of about 7,000 English and Spanish brochures were requested and sent to individual POS agencies.

The promotion of the statewide public awareness campaign on child drownings, *Get Water Wise – Supervise* continues to be widely circulated throughout the state of Illinois. The CDRT Executive Council continues to be represented on the collaboration with DCFS, Department of Human Services, Prevent Child Abuse Illinois, the Red Cross and the Illinois Department of Public Health. The posters and brochures have been written in both English and Spanish; they carry a powerful message to parents and caregivers about the importance of adult supervision at all times when children are in and around water. Brochures and order forms were sent out to all daycares and POS agencies in Illinois.

Executive Council members, Duane Northrup, Champaign County Coroner, and Nancy Maruyama, RN, Executive Director of SIDS of Illinois, Inc., with the encouragement of the

Child Death Review Executive Council, successfully worked with Nikki Woolverton, Coordinator of the Illinois Department of Public Health SIDS/Infant Mortality Program and CSI Mike Lewis from the Illinois State Police on revising the Coroner/ Medical Examiner Report Form for all sudden, unexpected infant deaths. Duane Northrup, Nancy Maruyama, CSI Mike Lewis and Nikki Woolverton were able to revise the old form to include information from the CDC SUIDI form. The additional information gathered with the new revised form can be used for continued research and prevention of these types of death. All coroners and medical examiners are mandated to complete the form.

The 13th Annual Child Death Review Teams Symposium was held September 4 - 5, 2008 at the Crowne Plaza in Springfield. The presentations included: 1) Dead Doctor vs. Live Doctor: Looking at Child Abuse from Two Different Perspectives presented by two Illinois CDRT members, Nancy Jones, M.D. Chief Medical Examiner, Cook County, and Demetra Soter, M.D. Pediatrician at Cook County/ Stroger Hospital; 2) Taking Action to Prevent Children from Dying In and Around Motor Vehicles presented by Janette Fennell, Founder and President of Kids and Cars; 3) Assessing Parenting Capacity in Child Protection: Implications for Preventing Child Mortality presented by Dr. Karen Budd, Professor of Clinical Psychology and the Director of the Parent-Child Interaction Therapy Program at DePaul University. The symposium was well attended by about 120 members.

The CDRT Council collaborated on the printing and distribution of the *Illinois Child Death Review Teams Annual Report 2006*. This report provides detailed information and statistics on numerous categories of child death. It also presents charts of CDRT recommendations and DCFS responses regarding: 1) primary prevention; 2) DCFS systems; and 3) other systems. The Annual Report for calendar year 2007 is currently being developed.

Recommendations for 2009

1. DCFS should continue to offer support to the Child Death Investigation Task Force. The Child Death Investigation Task Force will need the cooperation of DCFS, including a DCFS representative on the Protocol Board, in order to develop and implement a successful task force.

2. Hospital emergency rooms, local law enforcement agencies, coroners, medical examiners, and pathologists need to be educated about the importance of promptly reporting all fatal, near fatal, and suspicious injuries of children to the DCFS Hotline. Training, educational seminars biannually, and consistent reminders should be implemented that target new and veteran employees about their duty to report all suspicions of child abuse/neglect. In turn, DCFS investigators must immediately request the assignment of a trained, experienced police detective to assist with investigations involving situations of fatal child abuse and serious child injury.

3. DCFS must continue to expand and update staff training to provide all child protection investigators, and intact and permanency caseworkers—including those authorized through Purchase of Service agencies—with the skills and tools needed to assess risks to children posed by domestic violence, the presence of paramours, parental mental illness, parental substance abuse, including but not limited to alcohol, cocaine, heroin, and methamphetamine.

4. The CDRT Executive Council recommends DCFS aggressively market and promote prevention campaigns including, “Get Water Wise—Supervise.”, “How Well do you know your Lover?: Children in Danger”, and “Safe Sleep for Your Baby” to the general public and especially DCFS families. DCFS parenting classes and other forms of DCFS education should include the information presented in these brochures and the brochures themselves should be distributed.

**THE DCFS RESPONSE TO
CITIZEN REVIEW PANEL RECOMMENDATIONS
FROM 2008**

Pat Quinn
Governor



Erwin McEwen
Director

Illinois Department of Children & Family Services

Date: June 2, 2009

To: Members of the Illinois Citizen Review Panels

From: Meryl Paniak, Associate Deputy Director of Child Protection

The Illinois Department of Children and Family Services appreciates the work of the Illinois Citizen Review Panels. It is evident from the Annual Citizen Review Report 2008 that each of the 4 panels has been dedicated in gathering information, reviewing child welfare policies, and learning about DCFS programs/private sector programs to help protect the children of our state from abuse and neglect. Your recommendations create a “community of concern” which is vitally important to achieve positive outcomes for all children who come in contact with the DCFS child protection system.

In response, DCFS staff prepared this letter to provide an explanation of the steps that the Department has taken during 2008 and 2009 to address your recommendations. We look forward to continuing a partnership that has accomplished so much in helping to improve the safety, permanency, and well-being of Illinois children.

PANEL 1. CHILDREN AND FAMILY SERVICES ADVISORY COUNCIL

RECOMMENDATION

- 1. DCFS needs to work closely with probation departments, community organizations, residential placement agencies, and foster parents to develop services for adolescents who are transitioning from detention facilities back into the community and who need to be prepared for independence, particularly as this relates to housing, education and employment.*

RESPONSE

Transition planning for DCFS adolescents for whom family reunification, subsidized guardianship, or adoption is not an option is an ongoing process. It begins with an assessment of the adolescent’s needs and allows for input from the youth, caregiver, teachers, counselors, youth’s family, and caseworker. DCFS uses the Ansell-Casey Life Skills assessment to develop well-defined transition plans for youth transitioning to self-sufficiency. Life skills training is available through contracted agencies for youth showing needs. Policies and programs are in place to expand post-secondary educational opportunities for youth; to support

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vocational training, job skills, job placement and retention; to promote mentoring programs with dedicated adults; and to offer financial, housing, and counseling support. The Department offers the following programs through the Office of Education and Transition Services:

- **Youth in College/Vocational Training** – provides a monthly grant to youth in care who are attending college full time and maintaining a 2.0 GPA.
- **Youth In Scholarship** – Scholarships are awarded annually. Youth in care, youth who aged out of care, and youth who achieved permanency through adoption/guardianship are eligible to apply.
- **Community College Payment Program** – pays tuition and fees expenses for youth in care for up to 4 semesters, after financial aid has been applied.
- **Education and Training Voucher Program** – youth in care, youth who aged out, and youth who achieved permanency through guardianship or adoption at age 16 or older are eligible for up to \$5000 per year to assist with “cost of attendance” expenses at an accredited post secondary program.
- **Employment Incentive Program** – youth in care who are working a minimum of 20 hours per week can receive assistance with purchasing work related clothes, supplies, etc. for 12 months.
- **Added Chance Employment Program** – youth in Cook County can participate in pre-employment workshops or job placement through the Alternative Schools Network. The Alternative Schools Network has 275 spaces available to youth in care who are not succeeding in traditional school and need an alternative school setting.

RECOMMENDATION

2. ***DCFS should continue to expand its training outreach to mandated reporters, should market its web-based training curriculum for access by all mandated reporters, and should develop specialized mandated reporter training for clergy.***

RESPONSE

At the conclusion of the 95th General Assembly in July 2007, several new laws were passed that impacted the Abused and Neglected Child Reporting Act, 325 ILCS 5/1 et seq. DCFS recorded the appropriate changes to the statutes impacting mandated reporters and updated the Manual for Mandated Reporters effective January 2008. The manual’s most current revision is available on the DCFS website in the Library section.

Throughout 2008-2009, DCFS has continued to work closely with the Chicago Children’s Advocacy Center and the Chicago Public Schools to further advertise and promote the state-of-the-art Online Training for Mandated Reporters launched in 2007. Chicago Public Schools (CPS) have been some of the heaviest users of the web-based training, and have designed a special internal system within the training website to communicate information targeted to school situations and issues of CPS policy. The web-based training approach is interactive, engaging, informative, and comprehensive.

DCFS is pleased to recommend this training resource and continues to promote the Online Training as an accessible and motivational training for all mandated reporters and particularly for those who are new to their responsibilities. The training can be accessed via a link at: www.state.il.us/dcfs.

RECOMMENDATION

- 3. DCFS should support increased outreach and collaboration with other state agencies, particularly the Illinois State Board of Education, Department of Alcoholism and Substance Abuse, Department of Juvenile Justice and Department of Corrections in order to provide services to abused children and increase programs designed for prevention of further maltreatment.*

RESPONSE

The DCFS has had an on-going relationship with DASA for the past ten-plus years, and in fact has an interagency agreement to work with families involved with substance abuse. DCFS has partnered with DASA to convene cross-trainings on various issues and services, and convene monthly meetings in various regions of the state. In addition, the DCFS has an interagency agreement with the Illinois State Police to provide trainings, and develop protocol on methamphetamine issues. In the Southern Region of Illinois, DCFS has developed several programs under the auspices of a federal grant to provide direct services to methamphetamine users, to train workers on meth effects to children, and to coordinate use of a protocol for meth investigations.

RECOMMENDATION

- 4. DCFS should continue to monitor the implementation of P.A. 92-295/HB 3055 in schools to determine if it is effective in protecting at-risk children from further abuse.*

RESPONSE Refer to SCAN Response #4

RECOMMENDATION

- 5. DCFS must invest in more training of private agencies; more recruitment, support, and training of foster care providers; and more funding for post-adopt services to keep families stable and intact.*

RESPONSE

DCFS continues to work closely with private agencies to recruit and license foster parents. Regular meetings are convened with representatives from each agency to discuss numerous issues involving child welfare to strengthen families. DCFS has post adoption workers throughout the state to work to address the needs of these families, and has entered into a contract with The Cradle to assist with some of this very important and necessary work.

PANEL 2. STATEWIDE CITIZEN'S COMMITTEE ON ABUSE AND NEGLECT (SCAN)

RECOMMENDATION

- 1. SCAN recommends that DCFS, the Illinois State Board of Education, and the Department of Professional Regulation develop requirements for licensed professionals serving as mandated reporters of child abuse and neglect to receive appropriate training on mandated reporting as a condition of licensure or certification. The agencies should share available resources in order to ensure that all licensed professionals understand the importance of required mandated reporter training.*

RESPONSE

As the state child welfare agency, DCFS is committed to providing training for mandated reporters. The Department has made a variety of training materials available in printed form and video form and has advertised the Online Training for Mandated Reporters. Supervisory staff and administrators throughout the Department are available to offer in-person training for groups of mandated reporters. Requiring licensed professionals to take a mandated reporter training before receiving a license, however, is not currently a part of the Department's legal mandate and would require legislative changes.

RECOMMENDATION

- 2. SCAN recommends that DCFS promote the use of web-based technology to inform mandated reporters of their responsibilities and to provide them with a basic understanding of how to report child abuse and neglect to the DCFS statewide hotline. DCFS should also continue to offer in-person training for mandated reporters, should regularly update and reprint informational brochures and manuals, and should aggressively market and distribute its mandated reporting materials to all professionals. Individuals completing mandated reporter training should be issued a certificate form with their name on it.***

RESPONSE

DCFS has continued to work closely with the Chicago Children's Advocacy Center and the Chicago Public Schools to further advertise and promote the Online Training for Mandated Reporters. Several professionals and members of the Citizen Review panels were approached to provide feedback on the original model and positive feedback continues to be received from the mandated reporter community. The site provides a pre- and post-assessment of specific information learned as well as detailed but varied approaches for teaching the overall concepts related to mandated reporting. Training participants can print a personalized certificate of completion at the conclusion of their session.

Staff of the Chicago Public Schools (CPS) have been some of the heaviest users of the web-based training. Overall, the web-based training has registered over 21,000 participants during its first year of operation. DCFS is pleased to recommend this training opportunity and continues to promote the Web Training as an accessible and motivational training for all mandated reporters and particularly for those who are new to their responsibilities. The website can be accessed via a link at: www.state.il.us/dcfs.

DCFS updated the Manual for Mandated Reporters effective January 2008. The manual's most current revision is available on the DCFS website in the Library section. Depending upon the nature of any changes, the Department may prepare a subsequent distribution to agencies and individuals bearing responsibilities as mandated reporters.

RECOMMENDATION

- 3. SCAN members are interested in promoting greater public awareness of methamphetamine use and the effects that this can have on families and their children. Prevention materials should be widely distributed and DCFS should continue to work with other state government entities including the Illinois State Police, Division of Alcohol and Substance Abuse and private sector***

agencies to develop marketing and information sharing strategies to promote a coordinated intervention approach in cases of methamphetamine use or manufacture.

RESPONSE

The DCFS Office of Communications worked closely with the SCAN Committee throughout 2007 to produce a methamphetamine prevention brochure and flyer targeted to schools and youth audiences. The materials are completed and have been distributed. The brochures are titled “10 Ways Meth can Mess with You” and “Meth Fact Sheet” and are available on the DCFS website at www.state.il.us/dcfs/library/index.

The Department partnered with the Illinois State Police and Illinois State Board of Education (ISBE) to develop the Drug Endangered Children (DEC) protocol . The protocol standardized the procedures of “first responders” to child abuse and neglect situations when the illegal production/use of methamphetamine is suspected. In addition, DCFS developed the Statewide Medical Care Protocol for Drug Endangered Children in Illegal Methamphetamine Labs. Caregivers are also provided with a guidebook for the care of children exposed to methamphetamine labs. The Illinois State Police have conducted extensive training of DCFS staff and affiliated service providers.

In 2007, Illinois passed legislation that curtailed access to purchases of pseudoephedrine, a key component of meth. This legislation has significantly reduced the manufacturing of meth in Illinois. There is also a new organization, The Illinois Meth Project, which has mounted an aggressive prevention campaign throughout the state.

RECOMMENDATION

- 4. DCFS should initiate a new dialogue with the Illinois State Board of Education (ISBE) to promote the sharing of information on HB 3005/ P.A. 92-295 with school principals and develop protocols in order to determine how schools can best receive, maintain, transfer, and appropriately purge DCFS indicated findings of child abuse for implementation and consistency in managing child records. The review of these protocols should become part of each year’s administrative in-service training for schools and should be listed on the meeting agenda.***

RESPONSE

When SCR sends notification of a finding of child abuse to a school’s principal, the letter summarizes information about HB 3055. The letter explains the purpose for the notification, the length of time the notification should remain in the student’s public school file, and confidentiality aspects of the notification. School administrators may contact the DCFS administrator in charge of the State Central Registry (SCR) by phone or fax with any questions. The SCR administrator regularly responds to school personnel inquiries about HB 3055 and provides in-person training and information at educational facilities upon request. The Illinois State Board of Education has offered to work with DCFS to post further clarification of P.A. 92-292 on the ISBE website.

RECOMMENDATION

- 5. Any agency that contracts with the Illinois Department of Children and Family Services and/or is licensed by DCFS will be required to annually demonstrate their on-going training as mandated reporters, and such evidence will be on file at the agency to be provided upon request.***

RESPONSE

DCFS will pursue adding appropriate language to the boilerplate contract for FY 2010 or 2011 that includes this requirement for all agencies.

PANEL 3. CHILDREN'S JUSTICE TASK FORCE

RECOMMENDATIONS

- 1. DCFS must continue their commitment to work to support existing Children's Advocacy Centers (CACs) and develop additional CACs/satellite sites in unserved counties so that every child throughout the state of Illinois has access to coordinated investigative services provided by an accredited CAC.***

RESPONSE

DCFS is strongly committed to the further start-up and development of Children's Advocacy Centers. Currently, 17 counties out of 102 counties in Illinois remain unserved, but efforts are underway to find the financial support needed to provide Children's Advocacy Center services in those counties during state fiscal year 2010 and 2011. The Department will work with the Children's Advocacy Centers of Illinois, a statewide organization affiliated with the National Children's Alliance, to provide organizational support, technical assistance, and training initiatives. Despite the difficult financial situation of this past year, DCFS remains constant in its financial and programmatic commitment to the 36 Children's Advocacy Centers that are currently under contract. DCFS supports the concept that all Children's Advocacy Centers should prepare for accredited membership status within five years of initial start-up.

RECOMMENDATION

- 2. DCFS must provide funding and technical assistance to develop new protocols and procedures for the inclusion of physical injury cases into the multidisciplinary investigative approach of Children's Advocacy Centers. These protocols must ensure that child victims of abuse are receiving medical evaluations by physicians with expertise in the area of child abuse medicine in a timely manner. DCFS should develop a system where these physicians with the child abuse expertise can be easily identified and contacted in cases of suspected physical abuse.***

RESPONSE

During the past 10 years, DCFS has established a contractual arrangement with 4 regionally-based medical resource programs to ensure that children reported for sexual abuse and serious physical abuse have access to physicians and nurses with specialized training and expertise in the area of child maltreatment.

- The MPEEC Program (Multidisciplinary Pediatric Education and Evaluation Consortium) operates in Chicago/Cook County Illinois in partnership with Children’s Memorial Hospital, John Stroger Jr. Hospital, University of Chicago Comer Children’s Hospital, and the Chicago Children’s Advocacy Center. MPEEC is specifically focused on examination and treatment of children 0-3 for physical abuse injuries—head trauma, broken bones, burns, internal injuries.
- The MERIT Program (Medical Emergency Response Initiative Team) is based in Rockford at the University of Illinois College of Medicine and serves the northern region of the state. In conjunction with Rockford Memorial, Swedish American, and St. Anthony’s hospitals and the Carrie Lynn Children’s Center, this program examines and treats victims of sexual abuse and physical abuse.
- The Pediatric Resource Center is located in Peoria and serves a large portion of the state’s central region in affiliation with the University of Illinois College of Medicine and Children’s Hospital of Illinois. The program, which originated in 1993 to work with sexual abuse victims, is now devoting almost 60% of its resources to cases of serious physical abuse and neglect.
- The Children’s Medical Resource Network (CMRN) operates in rural Anna, Illinois and is affiliated with Southern Illinois University School of Medicine. The CMRN’s medical director is linked with several additional physicians and advanced practice nurses in southern Illinois for education, examination, and consultation. The CMRN works closely with 7 children’s advocacy centers, hospitals in Carbondale and Mt. Vernon, IL, and specialized child abuse programs at hospitals in St. Louis, MO.

All of the physicians in these 4 medical resource programs are part of the Illinois Medical Network that publishes a Medical Directory and holds regular teleconferences that include specialized child abuse physicians in other major cities like Naperville, Rock Island, Springfield, Bloomington, and Champaign. Several initiatives are underway to provide additional training and consultation to the Illinois Medical Network physicians on protocols and investigative techniques needed in physical abuse cases.

RECOMMENDATION

- 3. Illinois must expand and enhance the development of regionally-based Child Protection Medical Centers to ensure that children alleged to have been abused or neglected have access to a medical evaluation by physicians with expertise in child abuse medicine and who can also provide effective leadership, communication, training, and support to other professionals and court personnel involved in the investigation and prosecution of child abuse.***

RESPONSE

The four medical resource centers described in the previous response are all in need of additional financial and staff development in order to continue expansion of their services to underserved populations within their regional areas. Several locations in the state would benefit from the development of additional medical resource centers so that children can be served within a 50-60 mile distance of their home. DCFS has initiated several hospital partnership programs to provide informal case review and consultation within some of these locations, namely Springfield and Rock Island. Due to the financial condition of the state in 2008 and 2009, further expansion and

enhancement will likely be dependent upon public-private partnerships and continued inter-agency networking.

RECOMMENDATION

- 4. DCFS should work in partnership with law enforcement, states attorneys, mental health providers, school personnel, and Child Advocacy Centers to develop appropriate responses to children who sexually act out in the community, including intrafamilial, neighborhoods, and schools. Specialized interventions, including effective diagnostic and therapeutic programs, need to be implemented for these children, and when necessary safe and appropriate placements of these children should be made. Supportive education and training resources must be made available for parents, foster parents, and service providers.***

RESPONSE

In 2008, DCFS set out to replicate the successful “recovery coaching” model developed by substance abuse programs. DCFS has developed several Family Advocacy Centers in about 8 locations throughout the state. Research suggests that children do better in school and in life when they stay with their own parents, even under difficult circumstances. While removing kids from their parents may be necessary to increase short-term safety, it can jeopardize longer-term well-being by setting children on trajectories toward other, negative outcomes. With this in mind, DCFS tries to do everything possible to give parents a chance to make the positive changes necessary to provide a safe and secure environment in which their children can grow, learn, and thrive. The Family Advocacy Centers are community-based groups that provide parents with support and encouragement to follow through on the goals that will allow them to regain custody of their children. Family Advocacy Centers provide non-judgmental assistance by accompanying parents to appointments, listening to struggles and challenges, and maintaining focus on the treatment goals that support positive changes. This model works in other programs that provided parents dealing with substance abuse problems with recovery coaches to help them through the process of treatment.

RECOMMENDATION

- 5. DCFS should develop a legislation that would provide funding for additional counseling sessions for child victims of sexual abuse. The ten sessions that are provided by a Child Advocacy Center is not enough for young victims of sexual abuse. A network of mental health professionals with skills in counseling children who have been sexually abused could be developed and made available to all service agencies. The professionals would be required to complete specific educational credits to be made a part of the network.***

RESPONSE

DCFS agrees that many victims of sexual abuse need specialized counseling and ongoing support that may not currently be available. Legislation to provide additional funding, however, is not likely in the near future. Rather, DCFS will work with its community partners and develop linkages with other state agency programs and federal programs to develop additional options for mental health services to children experiencing severe sexual or physical abuse.

RECOMMENDATION

- 6. DCFS should actively support legislation which encourages individual assessment, treatment, and tracking for juvenile sex offenders and which prohibits categorical imposition of adult sex offender registration standards on juveniles.***

RESPONSE

DCFS is aware of recent legislative efforts to track the status of juvenile sex offenders and to limit their long-term inclusion on sex offender registry lists. There is currently an option for judicial review of juvenile sex offenses for those individuals who have maintained a clean record and who have benefited from treatment. The Department is not directly involved with legislative efforts in this regard as jurisdiction falls to the Department of Juvenile Justice. DCFS does, however, work with other agencies and with the courts to find appropriate treatment services for juvenile sex offenders who are adjudicated delinquent and who may have underlying issues related to their own victimization and trauma. The Department will continue to maintain treatment resources for children with sexual behaviors problems and will pursue further efforts with the Department of Juvenile Justice to focus on treatment and prevention for youthful offenders.

PANEL 4. CHILD DEATH REVIEW TEAM EXECUTIVE COUNCIL

RECOMMENDATION

- 1. DCFS should continue to offer support to the Child Death Investigation Task Force. The Child Death Investigation Task Force will need the cooperation of DCFS, including a DCFS representative on the Protocol Board, in order to develop and implement a successful task force.***

RESPONSE

The establishment of a Child Death Investigation Task Force for the southern region of Illinois is authorized in 2007 revisions made to the Illinois Child Death Review Team Act, 20 ILCS 515/45. DCFS is supportive of this Task Force which would increase the coordination and communication of various jurisdictions and agencies involved with a child death investigation. Unfortunately, the budget reductions affecting DCFS during FY 2008 and FY 2009 have prevented the necessary funding to initiate this project. DCFS hopes to work together with the Child Death Review Teams Executive Council to find ways in which to develop components of the Task Force in certain counties that have access to other resources until such time as state funding is available.

RECOMMENDATION

- 2. Hospital emergency rooms and local law enforcement agencies need to be educated about the importance of promptly reporting all fatal, near fatal, and suspicious injuries of children to the DCFS Hotline. A training initiative should be implemented that targets new employees and that systematically provides educational seminars to all regions of the state on a biannual basis. In turn, DCFS investigators must immediately request the assignment of a trained, experienced police detective to assist with investigations involving situations of fatal child abuse and serious child injury.***

RESPONSE

Although DCFS has limited involvement with hospital emergency rooms, this is an excellent suggestion and much needed. Most recently, DCFS' training division is working together with Cook County doctors who participate in the Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC) to expand and open training workshops to include law enforcement and other community professionals. Similar training workshops are planned for downstate regions of the state as well. The training will continue to be a work in progress and will include outreach to hospital emergency room staff whenever possible. DCFS continues to offer and provide regular mandated reporter trainings to community professionals.

RECOMMENDATION

- 3. DCFS must continue to expand and update staff training to provide all child protection investigators, and intact and permanency caseworkers—including those authorized through Purchase of Service agencies—with the skills and tools needed to assess risks to children posed by domestic violence, parental mental illness, parental substance abuse, including but not limited to alcohol, cocaine, heroin, and methamphetamine.***

RESPONSE

DCFS' training division continues to offer and provide a wide variety of trainings. In addition, DCFS works collaboratively with other agencies to provide trainings. The DCFS Office of the Inspector General convened trainings state-wide on allegation #11—cuts, welts and bruises; the MPEEC doctors provided trainings on medical issues around severe physical abuse and neglect; and the DCFS Domestic Violence Program Coordinator provided informational trainings to various agencies/groups statewide. DCFS works closely with Division of Alcohol and Substance Abuse (DASA) to sponsor trainings and conferences on children and families affected by substances. Methamphetamine conferences are annual events in the southern region of the state. Several brochures about the danger of methamphetamine and the harmful effects of domestic violence can be found in the Library section of the DCFS website. www.state.il.us/dcfs

RECOMMENDATION

- 4. The CDRT Executive Council recommends that DCFS continue to aggressively market and promote the drowning prevention brochures, posters, CDs and media presentations for "Get Water Wise—Supervise." Any parenting classes that are specifically funded under contract with DCFS and/or targeted to DCFS families should be required to include the CD PowerPoint information on drowning prevention in the curriculum used for the classes.***

RESPONSE

DCFS and several of its partner agencies assisted the Office of Communications in further promoting and disseminating the new brochure and new posters designed in 2007 to advertise the *Get Water Wise---Supervise* drowning prevention campaign. This campaign was initiated in 2003 upon the recommendation of the Child Death Review Teams and has continued to be a focus for DCFS prevention activities during 2008 and 2009 with thousands of copies distributed to recreational programs, health departments, public parks, and private sector businesses. The posters have been printed in both English and Spanish, and they communicate a powerful

message to parents and caregivers about the importance of adult supervision at all times when children are in and around water. A brochure is available on the DCFS website.

RECOMMENDATION

- 5. The CDRT Executive Council recommends that DCFS actively promote the paramour prevention brochures, "How Well do you know your Lover?: Children in Danger". The child abuse homicides at the hands of paramours continue to be cases reviewed at all nine child death review meetings. The prevention message of the dangers of these paramours needs to be required curriculum in all parenting classes.***

RESPONSE

Department Procedure 300, Appendix H establishes procedural guidelines for the intake and investigation of alleged incidents of child abuse and neglect where a paramour is or is suspected of being part of the family unit.

Child Protective Service Workers assess single parent households to determine if a paramour is involved with the parent and children regardless of whether there is acknowledgement by the family that a paramour lives in the household or is significantly involved with the parent and children. The assessment shall include information obtained from the parent, children, extended family, reporter, paramour, school personnel and other social service personnel in order to make an informed assessment of the paramour's involvement with the family that is essential to the development of viable safety and service plans.

A Paramour Assessment Checklist has been designed to aid in the identification of risk and safety issues specific to paramour involved cases.

The paramour prevention brochure noted above is readily available on the DCFS website.

Conclusion

The Department of Children and Family Services welcomes continued recommendations from the Citizen Review Panels. With the assistance of these advisory committees, DCFS and its partners will assure continuing improvements to the child protection system throughout Illinois.

APPENDIX
LIST OF CITIZEN REVIEW PANELS

**CITIZEN REVIEW PANELS STEERING COMMITTEE
June 2009**

Members

Gwendolyn E. Mastin, President, CEO
New Phoenix Assistance Center
Chair, SCAN Committee

Diane Scruggs, Executive Director
Healthy Families Chicago
Vice-Chair, SCAN Committee

Dr. Careyana Brenham
SIU School of Medicine
Chair, Children's Justice Task Force

Charles Rohde
Attorney at Law
Vice-Chair, Children's Justice Task
Force

Dr. Dan Cuneo
Clinical Psychologist
Chair, CDRT Executive Council

Clairice Hetzler, Executive Director
Advocacy Network for Children
Vice-Chair, CDRT Executive Council

Kate Watson, Executive Director
Illinois Child Death Review Teams

DCFS Staff

George Vennikandam, Acting Deputy
Director
DCFS Division of Child Protection

Arthur Bishop, Deputy Director
DCFS Division of Field Operations

Kathryn Roman, Associate Deputy
Director
DCFS Division of Child Protection

Meryl Paniak, Associate Deputy
Director
DCFS Division of Child Protection

Gail Jackson, Administrator
DCFS Division of Child Protection
SCAN Coordinator

Cheryl Peterson, CJA Administrator
DCFS Division of Child Protection
Children's Justice Coordinator
Citizen Review Panels Coordinator

Sherry Barr, Coordinator
DCFS Division of Quality Assurance
Child Death Review Executive Council
Coordinator

**STATEWIDE CITIZENS' COMMITTEE ON CHILD ABUSE AND NEGLECT
JUNE 2009**

Members

Gwendolyn E. Mastin, Chairperson
President and CEO
New Phoenix Assistance Center
7624 S. Phillips, 1A
Chicago, IL 60649

Diane Scruggs, Vice Chairperson
Executive Director
Healthy Families Chicago
2100 S. Marshall Blvd., Unit #201
Chicago, IL 60623

Helen Appleton, Ph.D.
1629 Wiggins Avenue
Springfield, IL 62704

Veatrice Crawford
5238 S. Cantrall Creek Road
Cantrall, IL 62625

Stanton Diggs, Sr.
Master Sergeant
Illinois State Police
1391 South Washington
DuQuoin, IL 62832

Margaret Fenley
105 Cartwright Drive
Springfield, IL 62704

Julian Frazin, Judge
Laff, Whitesel & Saret, Ltd.
180 N. Stetson, Suite 2000
Chicago, IL 60601

Maria Glisson
150 Gladstone, Apt. 301
Glendale Heights, IL 60139

Mary Hardy-Hall
3509 Crystal Spring
Springfield, IL 62711

Roy A. Harley
Prevent Child Abuse-Illinois
528 S. 5th St., Suite 211
Springfield, IL 62701

Dorothy Holley
9615 S. Calumet Avenue
Chicago, IL 60628

Debra Loomis
Asst. Professor of Special Education
Eureka College
92 Locust Ridge Ct.
Morton, IL 61550

Patricia Martin Bishop
Presiding Judge
Child Protection Division
Circuit Court of Cook County
2245 W. Ogden Avenue
Chicago, IL 60612-4207

June Morettini, ACSW, LCSW
136 Cypress Point Drive
Springfield, IL 62704-3134

Cynthia Savage, LCSW
CEO, Circle of Parents
500 N. Michigan Ave., Suite 200
Chicago, IL 60611

Edna Shanklin
100 Exeter Court
Springfield, IL 62704

Carol St. Amant
P.O. Box 142
Galesburg, IL 61402-0142

Rebecca Sue Swanson
Nurse Practitioner
962 Thenius Road
Sparland, IL 61565

DCFS Staff

George Vennikandam
Acting Deputy Director
Division of Child Protection
100 W. Randolph
Chicago, IL 60601

Gail Jackson, Administrator
Division of Child Protection
406 E. Monroe Street, Station 40
Springfield, IL 62701

Children's Justice Task Force

June 2009

Careyana Brenham, Chair
Charles Rohde, Vice-Chair

Tammy Bates, Child Advocacy Manager
Dept. of Children and Family Services
1240 S. Damen Ave.
Chicago, IL 60608

Karen Beckelman
Child Protection Supervisor
DCFS, Joliet FO
164 W. Altgeld
Glendale Heights, 60139

Shauna Boliker, Division Chief
Sex Crimes, Cook County State's Attorney
2650 S. California, 11-D-10
Chicago, IL 60608

Careyana Brenham, M.D., Assistant
Director
Family Medicine Residency
SIU School of Medicine
P.O. Box 19670
520 N. 4th Street
Springfield, IL 62794-9670

Patrick Dempsey, Director
DuPage County Children's Center
130 N. County Farm Road
Wheaton, IL 60187

Mary Dobbins, M.D.
SIU School of Medicine
P.O. Box 19642
Springfield, IL 62794-9642

Teena Griffin, State's Attorney
Schuyler County
R. R. #1, Box 11F
Rushville, IL 62681

Robert Hargesheimer, Commander
Youth Investigations Section
Chicago Police Department
3510 S. Michigan, 4th Floor
Chicago, IL 60653

Marcia Heitz, Child Protection Manager
Dept. of Children & Family Services
9706 E. Sinnett Chapel Rd.
Cuba, IL 61427

Margarita Hernandez, Psy.D.
Project Coordinator
Safe from the Start Pillars
6918 Windsor Ave.
Berwyn, IL 60402

Frank Jones, Juvenile Officer
Carol Stream Police Dept.
500 N. Gary Ave.
Carol Stream, IL 60118

Ruth Lane, Executive Director
Illinois CASA
709 N. Sterling
Peoria, IL 61604

Michele Lorand, M.D., Medical Director
Division of Child Protective Services
John H. Stroger, Jr. Hospital
1900 West Polk Street, 11th Floor
Chicago, IL 60612

Teresa A. Maganzini, Administrator
Scott Nolan Center
555 Wilson Lane
Des Plaines, IL 60016

Kathy Pomahac, Executive Director
Carrie Lynn Children's Center
826 N. Main
Rockford, IL 61103

Manisha Punwani, M.D.
SIU School of Medicine
5220 S. 6th Street Rd., Suite 1200
Springfield, IL 62703

James Radcliffe
Attorney and Retired Judge
2217 W. Main
Belleville, IL 62226

Milka Ramirez, LSW, MSW
Social Worker, Chicago Public Schools
1929 North Hamlin
Chicago, IL 60647

Scott Rhodes, Special Agent
Illinois State Police Zone 7
401 Industrial Ave.
Effingham, IL 62401

Charles A. Rohde, Attorney at Law
Rohde Law Office
240 E. Lake Street
Addison, IL 60101

Don Rose, DCP Manager
Dept. of Children and Family Services
321A Withers Drive
Mt. Vernon, IL 62864

Kathy Schimpf, Executive Director
Williamson Co. Child Advocacy Center
501 South 14th Street
Herrin, IL 62948

Tami Silverman, Executive Officer
Sojourn Shelter & Services
1800 Westchester Blvd.
Springfield, IL 62704

Kyle Vantrease, Chief Judge
Franklin County Courthouse
P.O. Box 485
Benton, IL 62812

Alicia Vega, Chief Program Officer
Chicago Children's Advocacy Center
1240 S. Damen Avenue
Chicago, IL 60608

Darla Wexstten, LCSW
4230 Lincolnshire Dr., Suites D & E
Mt. Vernon, IL 62864

Deanna Willner, Sergeant
Illinois State Police
Office of Inspections
801 S. 7th Street, #500-A
Springfield, IL 62794

Tim Wooldridge, Supervisor
Investigative Unit, Zone 4
Illinois State Police
1881 Capital Airport Drive
Springfield, IL 62707

DCFS Staff

George Vennikandam
Acting Deputy Director
Division of Child Protection
Dept. of Children & Family Services
100 W. Randolph, 6-200
Chicago, IL 60601-3249

Cheryl Peterson
Children's Justice Administrator
Dept. of Children & Family Services
100 W. Randolph, 6-200
Chicago, IL 60601-3249

ILLINOIS CHILD DEATH REVIEW TEAMS EXECUTIVE COUNCIL
June 2009

Members

AURORA

Nancy Maruyama, RN, Chair
Executive Director
SIDS of Illinois, Inc
710 E Ogden Ave Suite 550
Naperville, IL 60563

Lori Chassee, Vice Chair
Kane Co. State's Attorney Office
Child Advocacy Center
427 Campbell St.
Geneva, IL 60134

CHAMPAIGN

Duane Northrup, Chair
Champaign County Coroner
1776 East Washington Street
Urbana, IL 61802

Cathie Reynolds, Vice Chair
Coles County Public Health Dept.
825 18th Street
Charleston, IL 61920

COOK A

Mitra Kalelkar, MD, Chair
Cook County Medical Examiner
2121 W. Harrison
Chicago, IL 60612

Donna Cervini, Vice Chair
819 Linden Avenue
Oak Park, IL 60302

COOK B

Diane Scruggs, Chair
Healthy Families Chicago
3333 W. Arthington Suite 150
Chicago, IL 60624

Nancy Jones, MD, Vice Chair
Cook County Medical Examiner
2121 W. Harrison
Chicago, IL 60612

EAST ST. LOUIS

Daniel Cuneo, PhD, Chair
2217 W. Main
Belleville, IL 62226

Michael Baxton, Sr., Vice-Chair
Centerville, IL 62208

MARION

Robilee Stanton, RN, MS, MPH, Chair
Illinois Dept. of Human Services
102 E. DeYoung Street
Marion, IL 62959

Leigh Hammer, RN, Vice Chair
Effingham County Coroner
101 N. 4th St. P.O. Box 1244
Effingham, IL 62401

PEORIA

Kathleen Bailey, Chair
Law Offices of Coyle, Gilman & Stengel
405 National City Bank Building
100 Seventeenth Street
Rock Island, IL 61201-8751

Franki Cunningham, RN, BSN, Vice-Chair
Department of Public Health
2112 – 25th Avenue
Rock Island, IL 61201

ROCKFORD

Leah Hantke, RNC, MS, WHNP, Chair
Singer Mental Health Center
Illinois Dept. of Human Services
4402 N. Main Street
Rockford, IL 61103

Det. Terry Inman, Vice Chair
Rochelle Police Department
416 N. 6th Street
Rochelle, IL 61068

SPRINGFIELD

Clairice Hetzler, Chair
Executive Director
Advocacy Network for Children
531 Hampshire St., 2nd Floor
Quincy, IL 62301

Nancy Brown, Vice Chair
Springfield, IL 62704

DCFS Staff

Sherry Barr, DCFS CDRT Coordinator
Division of Quality Assurance
4 W. Old State Capitol Plaza, Sta. 222
Springfield, IL 62701

Kate Watson, CDRT Executive Director
4 W. Old State Capitol Plaza, Sta. 222
Springfield, IL 62701