

## **CHILD ABUSE PREVENTION AND TREATMENT ACT REPORT**

Annual Progress and Services Report for Basic State Grant

October 1, 2024 – September 30, 2025

### **INTRODUCTION**

The Illinois Department of Children and Family Services (DCFS) is the designated agency to receive and distribute the Basic State Grant for the State of Illinois under the Child Abuse Prevention and Treatment Act (CAPTA). Annually, DCFS submits this CAPTA report as a part of the Annual Progress and Services Report (APSR). The CAPTA annual report, in addition to providing updates on the implementation/maintenance of CAPTA programming and activity in Illinois, also addresses instruction from the U.S. Department of Health and Human Services, Administration on Children, Youth and Families. **Program Instructions (PI) addressed in this annual report were issued April 21, 2025 (Log No: ACF-ACYF-CB-PI-25-01).**

This report details the goals of safety, permanency, and child and family well-being which continue to be the foundation and mission of DCFS for systemic and outcome measures aimed at improving the lives of Illinois children who are exposed to child abuse and neglect. The DCFS mission is to: (1) provide appropriate, permanent homes as quickly as possible for those children who cannot safely return home; (2) support early intervention; and (3) sponsor child abuse prevention activities in partnership with community-based programs. DCFS' vision is to act in the best interest of every child it serves, to help families by increasing their ability to provide a safe environment for their children, and by strengthening families who are at risk of abuse and neglect.

The State of Illinois continues to maintain laws that are compliant with the requirements of CAPTA. At the time of this report submission, no new laws had been enacted over the past year that would adversely affect Illinois' participation in the CAPTA State Grant program. No Public Acts during this time have had an impact on DCFS relative to the prevention of child abuse and neglect that could adversely affect the State's eligibility for participation in the CAPTA grant program.

### **CAPTA FUNDING AND SERVICES DURING 2025-2029**

#### **CONSISTENT WITH OVERALL CFSP GOALS AND OBJECTIVES**

CAPTA funds are distributed and monitored through the DCFS Office of Grant Management and Accountability. For this first year update of CAPTA and the Child and Family Services Plan, the Office of Grant Management continues to comply fully with all directives and policy(ies), CFSP goals and program initiatives, as well as with the annual Program Instructions from ACYF.

Each year the Department has enhanced the CAPTA report to provide data that explains and addresses the work done in Illinois. Greater emphasis has been placed this year on stakeholder collaboration. CAPTA staff have participated in stakeholder engagement meetings and consistent with the mission, the use of allocated CAPTA funds continues to advance the goals of safety, permanency and well-being of Illinois children.

**PROGRAM INSTRUCTION: ACF-ACYF-CB-PI-25-01 issued April 21, 2025, request for information:**

**SECTION C. CAPTA STATE PLAN REQUIREMENTS AND UPDATES**

- Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA).
- Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).
- Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2024 (section 108(e) of CAPTA).
- Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)
- Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii)-(iii) of CAPTA), including information on:
  - Any updates to the state's policies and procedures for addressing the needs of these infants.
  - How the state is using CAPTA State Grant funding to support the development, implementation, and monitoring of plans of safe care for substance-exposed infants and affected family or caregivers. This may include information on the entities responsible for developing the plans of safe care with the pregnant woman or caregiver; protocols for monitoring plans of safe care; trainings for child welfare and community partners, and prevention strategies used prior to the birth event.
  - Any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers). Include information on the roles and responsibilities of key partners involved and examples of training or cross-trainings for child welfare staff and community partners on the development and monitoring of plans of safe care.
  - The state's process for plans of safe care, including how local entities are providing referrals and services for substance-exposed infants and affected family members and caregivers.
  - Any challenges identified in implementing the provisions and lessons from implementation. Describe technical assistance the state would find helpful to support effective implementation of these provisions.

- **Information on Child Protective Service Workforce.** For child protective service personnel responsible for intake, screening, assessment, and investigations of child abuse and neglect reports in the state, report available information or data on the following:
  - Information on the education, qualification, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;
  - Data on the education, qualifications, and training of such personnel;
  - Demographic information of the child protective service personnel; and
  - Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

If the state is unable to provide all of the requested information relating to the child protective service workforce, please provide an explanation as to why that information is not currently available, and describe the steps the state is taking to be able to report the information in the future.
- **Juvenile Justice Transfers.** Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2024 (specify if another time is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data (see section 106(d)(14) of CAPTA).
- Finally, to facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state’s website.

**DCFS RESPONSES:**

**Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state’s eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA).**

There have been no substantive changes this fiscal year that would adversely impact or affect the state’s eligibility for the CAPTA State Grant. Legislation has been passed/introduced that improves upon current procedures and protocols, refines terms and vernacular, and allows for greater accessibility to services and greater equity in the receipt of services. The following legislation has taken place or will take place in Illinois in 2024-2025 and through these legislative actions and pending actions, Illinois continues to improve the quality of service provided to our children, by increasing the probability of child abuse prevention, and including the goals of promotion of permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placement, (2) promote family reunification, (3) stabilize foster care placements, (4) facilitate youth development, and (5) ensure the safety, permanency and well-being of children.

<b>ILLINOIS LEGISLATION IN EFFECT AS OF 2024</b>
<b>ILLINOIS SB3646   2023-2024   103<sup>rd</sup> GENERAL ASSEMBLY</b>
<b>Public Act 103-0721</b>

**ILLINOIS LEGISLATION IN EFFECT AS OF 2024**

**Child Labor Law of 2024**

Creates the Child Labor Law of 2024. Reinserts provisions of the Child Labor Law. Sets forth additional provisions concerning definitions; exemptions; employer requirements; restrictions on employment of minors; employment certificates; civil penalties; and criminal penalties. Repeals the Child Labor Law. Amends various Acts to make conforming changes. Effective January 1, 2025, except provisions concerning minors featured in vlogs and trust funds are effective July 1, 2024.

Provides that the definition of "district superintendent of schools" means the chief executive officer of a school district in a city with over 500,000 inhabitants (rather than a school district's chief executive officer as described in specified provisions of the School Code). Corrects technical errors.

Provides that a park district, not-for-profit youth club, or municipal parks and recreation department may allow a minor 14 years of age or older to work in a recreational or educational activity beyond the hours otherwise identified in the Act. Provides that an employer, or agent or officer of an employer, violates the Act if he or she takes an adverse action against, or in any other manner discriminates against, any person exercising a right under the Act. Makes changes in provisions concerning definitions; exemptions; allowable work hours; employment certificates; investigations; civil penalties; and criminal penalties. Corrects technical errors. Effective January 1, 2025, except provisions concerning minors featured in vlogs and trust funds are effective July 1, 2024.

Provides for the amount of time a child performer who works in a television, motion picture, or related entertainment production may be permitted to be at the place of employment within a 24-hour time period, based on the age of the performer. Sets forth time requirements for work, rest and recreation, and education. Corrects grammatical and technical errors. Effective January 1, 2025, except provisions concerning minors featured in vlogs and trust funds are effective July 1, 2024.

<https://legiscan.com/IL/bill/SB3646/2023>

**ILLINOIS HB4175 | 2023-2024 | 103<sup>rd</sup> GENERAL ASSEMBLY**

**Public Act 103-0806**

**School CD – Non-Public Discipline**

Amends the School Code. Provides that a nonpublic school may not engage in slapping or paddling a student, the prolonged maintenance of a student in a physically painful position, or the intentional infliction of bodily harm on a student.

Provides that school personnel of any school district, charter school, or nonpublic elementary or secondary school may not engage in corporal punishment of a student, inflict corporal punishment upon a student, or cause corporal punishment to be inflicted upon a student. In provisions concerning the maintenance of discipline, provides that a policy on discipline shall provide that a teacher and others may only use reasonable force as permitted under provisions concerning time out, isolated time out, restraint, and necessities (instead of may use reasonable force as needed to maintain safety for the other students, school personnel, or persons or for the purpose of self-defense or the defense of property). Provides that the policy shall prohibit the use of corporal punishment in all circumstances (instead of the policy shall not include slapping, paddling, or prolonged maintenance of students in physically painful

**ILLINOIS LEGISLATION IN EFFECT AS OF 2024**

positions nor shall it include the intentional infliction of bodily harm). Makes conforming changes.

<https://legiscan.com/IL/research/HB4175/2023>

**ILLINOIS HB4623 | 2023-2024 | 103<sup>rd</sup> GENERAL ASSEMBLY**

**Public Act 103-0825**

**Sexual Explicit Digital Image**

Amends the Illinois Vehicle Code. Provides that a person who is convicted of obscene depiction of a purported child is ineligible to receive a school bus driver permit. Amends the Criminal Code of 2012. Provides that "child pornography" includes the depiction of a part of an actual child under 18 who by manipulation, creation, or modification, appears to be engaged in sexual activity. Creates the offenses of obscene depiction of a purported child and non-consensual dissemination of sexually explicit digitized depictions. Defines offenses and provides criminal penalties for violations. Amends the Code of Criminal Procedure of 1963. Provides for the forfeiture to the State: (1) of any profits or proceeds and any property the person has acquired or maintained in violation of those offenses; (2) any interest in, securities of, claim against, or property or contractual right of any kind affording a source of influence over any enterprise that the person has established, operated, controlled, or conducted in violation of those offenses; and (3) any computer that contains an obscene depiction of a purported child. Amends the Bill of Rights for Children. Provides that under certain conditions, the parent or legal guardian of a child who is the victim of obscene depiction of a purported child may make a victim's impact statement on the impact which the defendant's criminal conduct or the juvenile's delinquent conduct has had upon the child. Amends the Unified Code of Corrections. Provides that a period of probation, a term of periodic imprisonment, or conditional discharge shall not be imposed for specified violations of the offense of obscene depiction of a purported child. Provides for enhanced penalties for specified violations of obscene depiction of a purported child. Provides that the court shall impose a consecutive sentence when the defendant is convicted of specified violations of the offense of obscene depiction of a purported child. Amends the Sex Offender Registration Act to provide that a person convicted of obscene depiction of a purported child must register as a sex offender.

Further amends the Illinois Vehicle Code. Provides that a person convicted of committing or attempting to commit obscene depiction of a purported child is ineligible for a CDL with a school bus driver endorsement. Provides that, for purposes of the statute concerning child pornography, "child pornography" does not include images or materials in which the creator of the image or materials is the sole subject of the depiction. In the offense of obscene depiction of a purported child, specifies that it is an element of the offense to obtain (rather than to possess) the image or materials. In the offense of obscene depiction of a purported child, deletes from the definition of "obscene depiction" a cartoon or animation. Deletes the amendatory changes to the Sex Offender Registration Act. Adds a severability provision to the bill.

In the offense of obscene depiction of a purported child, deletes a provision that a person commits the offense when, with knowledge of the nature or content thereof, the person produces, generates, or creates, by electronic, mechanical, or other means, any obscene depiction of a purported child.

ILLINOIS LEGISLATION IN EFFECT AS OF 2024

<https://legiscan.com/IL/bill/HB4623/2023>

ILLINOIS HB5097 | 2023-2024 | 103<sup>rd</sup> GENERAL ASSEMBLY

Public Act 103-0850

**Hair Care for Youth in Care**

Amends the Children and Family Services Act. Provides that every youth in care must have a Haircare Plan included in their case plan unless the youth explicitly indicates to the youth's caseworker that a Haircare Plan is not needed due to the youth's ability to maintain haircare without assistance. Provides that a caseworker or placement plan specialist must develop the Haircare Plan in consultation with the youth and parents. Provides that at a minimum, the Haircare Plan must address: (1) necessary haircare steps to be taken to preserve the youth's desired connection to their race, culture, gender, religion, and identity; (2) the desires of the youth as it pertains to the youth's hair; (3) the guidance and desires of the youth's parents, unless the parents cannot be contacted; and (4) steps to be taken specific to the youth's hair during emergency situations, including, but not limited to, lice infestations and scalp rashes and infections. Provides that by June 1, 2025, the Department of Children and Family Services must develop training for caregivers on how to provide culturally competent haircare. Provides that each time a youth is placed with a caregiver, the caregiver must sign a declaration stating that the caregiver has reviewed the training materials and will follow the Haircare Plan for the youth. Requires each Department office location to provide a list of affordable, accessible, and culturally competent haircare providers and resources in each of the Department's geographic regions. Requires the Department to adopt rules, by June 1, 2025, to facilitate the implementation of Haircare Plans.

<https://legiscan.com/IL/bill/HB5097/2023>

ILLINOIS SB3136 | 2023-2024 | 103<sup>rd</sup> GENERAL ASSEMBLY

Public Act 103-0941

**Family Recovery Plans**

Makes changes to the Recovery Plans Implementation Task Force Act. Provides that 2 legislators appointed to the Family Recovery Plan Implementation Task Force shall be elected by members of the Task Force to serve as co-chairs. Requires the Task Force to consult with an organization that provides technical assistance or implementation support (rather than technical assistance) to State child welfare systems to develop and implement the family recovery plans requirement of the federal Child Abuse and Prevention Treatment Act. Permits the Task Force to coordinate with existing committees or workgroups currently engaged in the development and implementation of family recovery plan requirements of the federal Child Abuse and Prevention Treatment Act.

<https://legiscan.com/IL/bill/SB3136/2023>

ILLINOIS SB3027 | 2023-2024 | 103<sup>rd</sup> GENERAL ASSEMBLY

Public Act 103-0952

**Child Care-Day Care Center**

Amends the Child Care Act of 1969. Provides that a day care center may operate for 24 hours or longer and may provide care for a child for a period of up to 12 hours if the parent or guardian of the child is employed in a position that requires regularly scheduled shifts and a 10-hour period elapses between day care visits. Provides that the Department of Children and

**ILLINOIS LEGISLATION IN EFFECT AS OF 2024**

Family Services shall adopt rules necessary to implement and administer the provisions. Makes a conforming change.

<https://legiscan.com/IL/text/SB3207/2023>

**ILLINOIS SB3232 | 2023-2024 | 103<sup>rd</sup> GENERAL ASSEMBLY**

**Public Act 103-0958**

**Abandoned Infants – Hospitals**

Amends the Abandoned Newborn Infant Protection Act. In a provision concerning hospital procedures with respect to a relinquished infant, provides that if a person who relinquished or a person claiming to be the parent of a newborn infant returns to reclaim the infant within 30 days after the infant was relinquished to a hospital, the hospital must inform such person of the name and contact information of the child welfare agency to whom custody of the infant was transferred. In a provision concerning child welfare agency procedures, requires the Department of Children and Family Services and child welfare agencies to initiate parental termination, guardianship, and adoption proceedings in accordance with the Adoption Act (rather than the Abandoned Newborn Infant Protection Act).

Amended to removes an amendatory change made in the introduced bill that requires DCFS or a child welfare agency to obtain consent of an infant's adoption in accordance with the Adoption Act (rather than with the Abandoned Newborn Infant Protection Act).

<https://legiscan.com/IL/text/SB3232/id/3000042>

**ILLINOIS HB4781 | 2023-2024 | 103<sup>rd</sup> GENERAL ASSEMBLY**

**Public Act 103-1061 Effective Date 2/5/25**

**DCFS - Kinship in Demand**

Provides that the amendatory Act may be referred to as the Kinship in Demand (KIND) Act. Provides that the KIND Act creates the statutory vision and authority for DCFS to execute a kin-first approach to service delivery and directs the juvenile courts to provide necessary oversight of the Department's obligations to maintain family connections and promote equitable opportunities for youth and families to thrive with relational permanence. Amends the Children and Family Services Act. Contains provisions concerning Department rules on relative and licensed foster care; grants to subsidized guardians of hard-to-place children; a requirement on the Department to make diligent efforts to place a child with a relative; documentation of the Department's reasons for failing to secure a relative placement; foster care maintenance payments for relatives who qualify for certification as a relative caregiver home under the Child Care Act of 1969; subsidized guardianship support services for children and their guardians; certification and background checks on persons seeking relative caregiver approval; annual reports regarding relative and certified relative caregiver placements; performance audits; and other matters. Amends the Child Care Act of 1969. Requires the Department to adopt standards for certified relative caregiver family homes that are different from licensing standards used for non-relative foster family homes. Contains provisions concerning background screenings of prospective relative caregiver homes; a requirement that the Department assist prospective certified relative caregivers with completing the steps required for approval as a certified relative caregiver home; orientation activities for certified relative caregivers; and other matters. Amends the Juvenile Court Act of 1987. Makes changes to provisions concerning "best interest" determinations; court assessments on the

### ILLINOIS LEGISLATION IN EFFECT AS OF 2024

Department's effort to place a minor with a relative; inquiries by a court on the Department's family finding and relative engagement efforts; required notification to a minor's located relatives that the minor has been removed from the custody of the minor's parents; and other matters. Some provisions take effect immediately, some provisions take effect January 1, 2025 and some provisions take effect July 1, 2025.

<https://legiscan.com/IL/bill/HB4781/2023>

### ILLINOIS LEGISLATION – CURRENT PENDING

**ILLINOIS HB2907 | 2025-2026 | 104<sup>th</sup> GENERAL ASSEMBLY**

**Placed on Calendar Order of 3rd Reading May 13, 2025**

#### **Child Welfare Disclosure Act**

Creates the Child Welfare Disclosure to Parents and Caregivers Act. Provides that it is the policy of the State that parents receiving intact family services or reunification services from the Illinois child welfare system have specified rights, including, but not limited to, the right to: (1) be treated with dignity and respect and as a valued member of the child welfare team; (2) be consulted about relative placement options for their children prior to placement in a foster home; (3) be notified and considered as a placement resource, as the noncustodial parent, prior to protective custody; (4) receive timely visitation with their children; (5) be provided a copy of the Child Welfare Disclosure to Parents and Caregivers Act at the time of case opening for intact family services or reunification services; (6) participate in the development of the hair care plan for their child; and other enumerated rights. Effective immediately.

Creates the Child Welfare Disclosure to Parents Act. Provides that it is the policy of the State that a parent involved with the Illinois child welfare system has specified rights, including, but not limited to, the right to: (1) be treated with dignity and respect and as a valued member of the child welfare team; (2) be consulted about relative placement options for the child if placement becomes necessary; (3) as it relates to a non-custodial parent, be assessed and considered for custody of the child prior to the Department of Children and Family Services taking protective custody; (4) receive timely visits with the child, subject to and in accordance with State law, all rules and procedures of the Department of Children and Family Services, and all applicable court orders; (5) be provided a copy of the Child Welfare Disclosure to Parents Act at the time of case opening or first contact with the Department of Children and Family Services; (6) be consulted in the development of the child's hair care plan, if not contrary to the child's wishes; and other enumerated rights. Effective immediately.

<https://legiscan.com/IL/bill/HB2907/2025>

**Describe any significant changes from the state’s previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).**

The CAPTA Basic Grant funds, in part or in whole, 55 provider and sub-awardee agencies throughout Illinois:

1. Advocacy Network for Children CAC
2. All Our CAC
3. Amy Schulz CAC
4. April House CAC
5. Braveheart CAC
6. CAC of East Central Illinois
7. CAC of North & Northwest Cook County
8. CACs of Illinois
9. Champaign County CAC
10. Chicago CAC - Mental Health
11. Child First Center
12. Child Network Kankakee
13. Children’s Home & Aid Society - Parents Care & Share
14. Children’s Place Association
15. Cook County State’s Attorney
16. County of Winnebago
17. Dani-Brandon CAC
18. DeKalb County CAC
19. DuPage County CAC
20. Fulton-Mason Crisis Service
21. Grundy County State’s Attorney
22. Guardian Center, Inc. CAC
23. Hamdard Healthcare
24. Hobby Horse House of Jacksonville
25. Kane County CAC
26. Knox County CAC
27. Lake County CAC
28. La Rabida Children’s Hospital
29. Madison County CAC
30. McHenry County CAC
31. McLean County CAC
32. Mercer County Family Crisis
33. National Youth Advocate Program
34. Parent Place
35. Peoria County CAC
36. Perry Jackson CAC
37. Prevent Child Abuse Illinois
38. Procure Centers/Proviso CAC
39. Rock Island CAC
40. Safe Families for Children
41. Sangamon County CAC
42. Shining Star CAC
43. Southern Illinois University
44. Spero Family Services
45. St. Clair County CAC
46. Tazewell County CAC
47. Two Rivers CAC
48. Tyler’s Justice Center
49. Unified Child Advocacy
50. University of Chicago - MPEEC
51. University of Illinois - MERIT
52. University of Illinois – PRC
53. Vermilion County CAC
54. Will County CAC
55. Williamson County CAC

Illinois has not made any significant changes from the State’s previously approved CAPTA State Plan in how the State allocates CAPTA funds to support one or more of the 14 system improvement categories as required under section 106(b)(1)(C)(ii). Each of the providers receiving CAPTA funds supports at least one, and in many cases, several, of the 14 categories designated under Section 106(a) of the Act:

- 1) **Section 106(a)(1)** - the intake, assessment, screening, and investigation of reports of child abuse or neglect;

- 2) **Section 106(a)(2)** - creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
- 3) **Section 106(a)(3)** - case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;
- 4) **Section 106(a)(4)** - enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
- 5) **Section 106(a)(5)** – developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
- 6) **Section 106(a)(6)** – developing, strengthening, and facilitating training including (a) training regarding research-based strategies, including the use of differential response, to promote collaboration with the families; (b) training regarding the legal duties of such individuals; (c) personal safety training for case workers; and (d) training in early childhood, child, and adolescent development;
- 7) **Section 106(a)(7)** – improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;
- 8) **Section 106(a)(8)** – developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
- 9) **Section 106(a)(9)** – developing, implementing, operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including (a) existing social and health services; (b) financial assistance; (c) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and (d) the use of differential response in preventing child abuse and neglect;
- 10) **Section 106(a)(10)** – developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;
- 11) **Section 106(a)(11)** – developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
- 12) **Section 106(a)(12)** – supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;
- 13) **Section 106(a)(13)** – supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs (a) to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential

response; and (b) to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantial child maltreatment reports;

- 14) **Section 106(a)(14)** – developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in (a) investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and (b) the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.

ENGAGEMENT OF CAPTA 14 IMPROVEMENT CATEGORIES VIA STATE PROVIDERS														
Provider	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Advocacy Network CAC		X	X		X					X				
All Our Children’s CAC		X	X		X					X				
Amy Schulz CAC		X	X		X					X				
April House CAC		X	X		X					X				
Braveheart CAC		X	X		X					X				
CAC of East Central Illinois		X	X		X					X				
CAC-North & Northwest Cook		X	X		X					X				
CACs of Illinois		X			X	X	X	X		X				
Champaign CAC		X	X		X					X				
Chicago CAC – Mental Health		X	X		X					X				
Child 1 <sup>st</sup> Center CAC		X	X		X					X				
Child Network/Kankakee CAC		X	X		X					X				
Children’s Home & Aid – Parents Care & Share						X					X			
Children’s Place Association			X						X					
Cook County-States Attorney		X	X		X					X				
County of Winnebago		X	X		X					X				
Dani-Brandon CAC		X	X		X					X				
DeKalb County CAC		X	X		X					X				
DuPage County CAC		X	X		X					X				
Fulton-Mason Crisis Service		X	X		X					X				
Grundy County CAC		X	X		X					X				
Guardian Center, Inc. CAC		X	X		X					X				
Hamdard Healthcare			X										X	X
Hobby Horse House			X								X			
Kane County CAC		X	X		X					X				
Knox County CAC		X	X		X					X				
Lake County CAC		X	X		X					X				
La Rabida Children’s Hospital		X	X		X					X				
Madison County CAC		X	X		X					X				

**ENGAGEMENT OF CAPTA 14 IMPROVEMENT CATEGORIES VIA STATE PROVIDERS**

<b>Provider</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>
McHenry County CAC		X	X		X					X				
McLean County CAC		X	X		X					X				
Mercer County CAC		X	X		X					X				
National Youth Advocate Program			X	X		X					X			
Parent Place			X	X							X			
Peoria County CAC		X	X		X					X				
Perry Jackson CAC		X	X		X					X				
Prevent Child Abuse Illinois				X		X	X	X		X	X		X	X
Procure Centers/Proviso CAC		X	X		X					X				
Rock Island CAC		X	X		X					X				
Safe Families for Children	X					X	X							
Sangamon County CAC		X	X		X					X				
Shining Star CAC		X	X		X					X				
Southern Illinois University	X		X		X					X				
Spero Family Services			X	X		X					X			
St. Clair County CAC		X	X		X					X				
Tazewell County CAC		X	X		X					X				
Two Rivers CAC		X	X		X					X				
Tyler’s Justice Center		X	X		X					X				
Unified Child Advocacy		X	X		X					X				
University of Chicago-MPEEC	X	X	X		X									
University of Illinois-MERIT	X		X		X					X				
University of Illinois-PRC	X		X		X					X				
Vermilion County CAC		X	X		X					X				
Will County CAC		X	X		X					X				
Williamson County CAC		X	X		X					X				

**Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state’s approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2023 (section 108(e) of CAPTA).**

Many of the DCFS services and community-based programming funded by the CAPTA Basic State Grant funds are also funded in partnership through other existing federal funding sources: the Community-Based Child Abuse Prevention Grant and the Children’s Justice Act Grant<sup>1</sup>:

<sup>1</sup> Many of the providers also receive grants from state funding sources, and additional CJ and CBCAP funds are allocated to providers who may not receive CAPTA funds and therefore not represented in this table.

SFY25 FEDERAL FUNDS ALLOCATIONS <sup>2</sup>			
Provider	CAPTA Funds	CBCAP Funds	CJ Funds
Child Advocacy Centers Illinois <sup>3</sup>	\$2,054,420.00	\$250,000.00	\$50,000.00
Chicago CAC – Mental Health	\$87,099.00	\$0.00	\$0.00
Children’s Home & Aid Soc of IL	\$107,641.00	\$130,000.00	\$0.00
Children’s Place Association	\$54,823.00	\$0.00	\$0.00
Cook County States Atty	\$9,963.00	\$0.00	\$0.00
Hamdard Healthcare	\$115,986.00	\$20,000.00	\$0.00
Hobby Horse House of Jacksonville	\$9,807.00	\$90,000.00	\$0.00
National Youth Advocate Program	\$19,325.25	\$0.00	\$0.00
Parent Place	\$171,755.00	\$50,000.00	\$0.00
Prevent Child Abuse Illinois	\$75,523.00	\$520,101.00	\$0.00
Safe Families for Children	\$141,154.00	\$0.00	\$0.00
Southern Illinois University	\$116,204.00	\$0.00	\$250,000.00
Spero Family Services	\$123,760.00	\$180,000.00	\$0.00
University of Chicago-MPEEC	\$216,624.86	\$0.00	\$0.00
University of Illinois-MERIT	\$236,295.00	\$0.00	\$100,000.00
University of Illinois-PRC	\$60,200.00	\$0.00	\$80,000.00
	<b>\$3,600,580.11</b>	<b>\$1,240,101.00</b>	<b>\$480,000.00</b>

Each agency is relevant to the Illinois network, providing essential services and evidence-based quality programming to serve the families and children of Illinois.

CACI and the corresponding CACs are especially essential as they have a reach covering nearly all 102 counties in the state of Illinois, and their operations and programs are based on the MDT model, a model that is being incorporated throughout the state.

A significant amount of CAPTA funds - \$2,054,420, 57% - is directed to CACI. All CACs are part of the CACI statewide network and offer a cadre of services which are rooted in the not-for-profit organization’s driving principles: leadership, education, and collaboration.

Established in 1995, CACI is the network that coordinates and provides a comprehensive response to child abuse in Illinois. As the leading resource on child abuse issues, CACI stays abreast of the latest research and literature in the child abuse field, as well as the most child-friendly approaches in investigation and treatment of child abuse.

CACs are dedicated to the multi-disciplinary, child advocacy approach and a coordinated, comprehensive response to child abuse. CACI offers discipline-specific trainings to its members throughout the year; CACI seeks opportunities to collaborate with partner agencies, such as the

<sup>2</sup> FY25 = July 1, 2024, through June 30, 2025 (the state fiscal year). Table does not include Supplemental funds.

<sup>3</sup> CACI receives and distributes CAPTA funds to 39 child advocacy centers located throughout the state.

Illinois Attorney General's Office, on education and public policy issues; and CACI guides its members on 'best practices' in the field. CACI, as well as each CAC in Illinois, is an accredited chapter of the National Children's Alliance.<sup>4</sup>

CACs offer therapy and medical exams, plus courtroom preparation, victim advocacy, case management, and other services. This is called the multi-disciplinary team (MDT) response and is a core part of the work of CACs.

### **UTILIZATION OF CAPTA FUNDS**

CAPTA funds have been allocated over a variety of providers, grouped together by DCFS under 'descriptor codes,' which are clusters of providers grouped together based upon a commonality of the types of services provided:

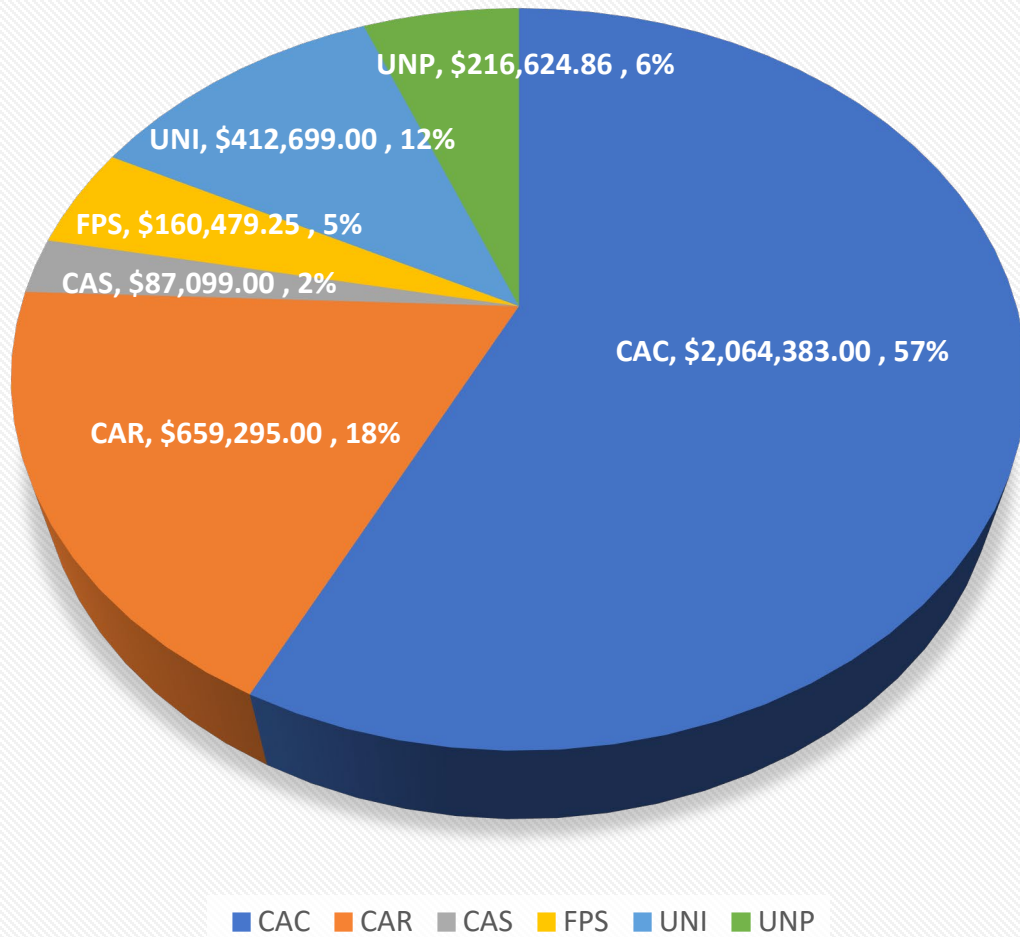
- **CAC (Child Advocacy Centers).** Community based agencies that complete forensic interviews and assessments for children who have been physically or sexually abused.
- **CAR (Child Abuse Research).** Programs funded through direct federal support including CAPTA and CBCAP. These programs serve community-based referrals and are the primary source of prevention services.
- **CAS (Child Advocacy Support).** Trauma-informed, evidence-based, psychotherapy services for children and their parents/caregivers.
- **FPS (Family Preservation Services).** Services to preserve families with indicated findings within intact homes.
- **UNI (Public Universities – State).** Variety of programs performed under intergovernmental agreements with state universities including permanency innovation initiatives, educational services, behavior health and welfare, integrated assessment, research, training, and permanency enhancement.
- **UNP (Universities – Private).** Variety of programs performed under contracts with private universities including permanency innovation initiatives, medical director consultation and referrals, research, investigative assistance, and trauma behavior health.

The following graphic provides the percentage of funds allocated to each descriptor code category.

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<sup>4</sup> National Children's Alliance is the national association and accrediting body for CACs. Formed in 1988, NCA provides support, technical assistance, and quality assurance for CACs, while serving as a voice for abused children. A CAC is a child-friendly facility in which law enforcement, child protection, prosecution, mental health, medical and victim advocacy professionals work together to investigate abuse, help children heal from abuse, and hold offenders accountable.

## CAPTA FUNDS



**Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)**

Under CAPTA, Illinois maintains three statewide Citizen Review Panels (CRPs):

- Child Death Review Teams;
- Children's Justice Task Force; and
- Statewide Citizens Committee on Child Abuse and Neglect.

Citizen review panels increase system transparency, accountability, and provide opportunity for community input. Citizen review panels consist of volunteers who are a broad representative of the communities served. The mandate of the citizen review panels is to evaluate the extent to which the agencies are effectively discharging their child protection responsibilities. Each panel is to make recommendations to the state and public on improving the child protective service

system. In addition, DCFS, as the designated agency to receive the State Grant, is required to respond in writing to the panels' recommendations no later than six months after the recommendations are submitted. The DCFS response must include a description on whether the state will incorporate recommendations of the panels to make measurable progress in improving the State child protective system.

**The Child Death Review Teams (CDRTs)** participate, when a child dies, in the accurate and complete determination of the cause of death, the provision of services to the surviving family members, and the development and implementation of measures to prevent future deaths from similar causes. Multidisciplinary and multiagency reviews of child deaths can assist the State and counties in reviewing child deaths, developing a greater understanding of the incidence and cause of child deaths, methods for preventing those deaths and identifying gaps in services to children and families. CDRTs also make specific recommendations to the DCFS Director and the Inspector General concerning the prevention of child deaths due to abuse or neglect and the establishment of protocols for investigating child deaths.

**The Illinois Children's Justice Task Force (CJTF)** is a multidisciplinary, legislatively mandated advisory group that is charged with making recommendations to DCFS directed at improving investigative, administrative, and judicial handling of child abuse cases in a manner that limits additional trauma to the child victim. Increased focus is placed on cases of child sex abuse/exploitation, child fatalities in cases where abuse or neglect is suspected and cases involving a combination of jurisdictions. The task force members are appointed by the DCFS Director to staggered four-year terms.

**The Statewide Citizens Committee on Abuse and Neglect (SCAN)** was created to advise and consult with the DCFS Director regarding matters related to child abuse and neglect in Illinois, including increasing public awareness of child abuse and neglect and proper reporting procedures.

Each Panel has a chairperson and vice-chairperson. Meeting dates, agendas, and minutes for each panel, as required by the Open Meetings Act, may be found on the DCFS website at [Boards and Advisory Groups](#).

**Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii)-(iii) of CAPTA, including information on:**

- **Any updates to the state's policies and procedures for addressing the needs of these infants.**
- **How the state is using CAPTA State Grant funding to support the development, implementation, and monitoring of plans of safe care for substance-exposed infants and affected family or caregivers. This may include information on the entities responsible for developing the plans of safe care with the pregnant woman or**

**caregiver; protocols for monitoring plans of safe care; trainings for child welfare and community partners, and prevention strategies used prior to the birth event.**

- **Any multi-disciplinary outreach, consultation, or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers). Include information on the roles and responsibilities of key partners involved and examples of training or cross-trainings for child welfare staff and community partners on the development and monitoring of plans of safe care.**
- **The state's process for plans of safe care, including how local entities are providing referrals and services for substance-exposed infants and affected family members and caregivers.**
- **Any challenges identified in implementing the provisions and lessons from implementation. Describe technical assistance the state would find helpful to support effective implementation of these provisions.**

During SFY25, Illinois DCFS continued to regularly convene a group of leaders across multiple state agencies, including the Department of Human Services (both Substance Use Prevention and Recovery and the Early Childhood divisions), the Department of Health and Family Services, and the Department of Public Health. Both the leadership team, an oversight committee, and two workgroups maintained a regular meeting cadence and made progress toward the identified goals, including:

- Development and finalization of a Plan of Safe Care form, with significant input from individuals with lived experience in the child welfare system and in recovery, as well as from subject matter experts in prenatal/perinatal/post-partum care and substance use prevention and recovery (December 2024);
- Development of data fields and a data sharing process by which the Illinois Department of Public Health (who already gathers information on substance-exposed infants through the Adverse Pregnancy Outcomes Reporting System, or APORS) can report to Illinois DCFS the numbers of substance-exposed infants born in Illinois and the number of Plans of Safe Care and referrals provided, to support ongoing monitoring (May 2025);
- Development of a CAPTA grant-funded pilot project in three (3) locations across Illinois to test the Plan of Safe Care form in multiple settings with a variety of provider types serving both pregnant and parenting individuals. The NOFO was posted in January 2024, applications received and reviewed in February-April of 2025, and awardees notified in May of 2025. These pilot programs will be conducted in SFY26 and will allow Illinois DCFS to gather data on:
  - The utilization of the form by providers;
  - The participation in the completion of the form by pregnant and parenting individuals;

- The number, type, and outcomes of referrals made as a result of the use of the form;
- Communication, training, and additional supports needed to inform statewide implementation; and
- The impact of the use of the form on reports of substance-exposed infants to the DCFS hotline and on placement of substance-exposed infants in care in the pilot site counties.
- Verification of existing pathways for providing referrals and services for substance-exposed infants and affected family members and caregivers, including:
  - Illinois Department of Public Health: High-Risk Infant Follow-Up Program (see: [IDHS: High Risk Infant Follow-up \(HRIF\)](#) and [apors-fact-sheet-bw-english082916.pdf](#))
  - Illinois Department of Human Services: Better Birth Outcomes (see: [IDHS: Better Birth Outcomes](#))
  - Illinois Department of Human Services: Family Case Management (see: [Family Case Management | HFS](#))
  - Illinois DCFS: Family Advocacy Centers (see: [Family Advocacy Centers](#))
  - Illinois DCFS: Community Connections Service providers, who respond to Child Welfare Services referrals (see: [Child Welfare Referrals](#))
  - Illinois has a robust system of supports for infants and new parents, providing a wealth of opportunities for prevention and intervention. An analysis will be conducted in SFY26 to evaluate the strengths, weaknesses, opportunities, and challenges of each of these provider types to identify the best framework for a statewide implementation of Plans of Safe Care, so as to ensure the safety, permanency, and well-being of infants and caregivers impacted by substance use.
- Exploration and identification of potential partners for referring pregnant and parenting individuals with substance-use disorder and their substance-exposed infants, including DCFS-contracted Child Welfare Contributing Agencies (CWCAs), DHS Substance Use Prevention and Recovery providers, and medical providers in a variety of settings, in order to better coordinate care for these families across multiple systems (ongoing).
- Development of two proposed notification pathways that will allow for notification of substance-exposed infants directly to Illinois DCFS separate from a report of child abuse or neglect (ongoing). An analysis will be conducted in SFY26 to evaluate the strengths, weaknesses, opportunities, and challenges of each of these pathways to ensure the safety, permanency, and well-being of families impacted by substance use.

One challenge encountered during SFY25 was the lack of resources available on the National Center on Substance Abuse and Child Welfare website. Illinois DCFS's implementation included a training component for providers utilizing the Child Welfare Training Toolkit and the Online Tutorials, but these were removed during SFY25. The technical assistance that would be most helpful in Illinois DCFS's implementation of the plans of safe care requirements would be the restoration of these resources as soon as possible to support high-quality training of child welfare

and medical professionals. **NOTE:** Illinois DCFS has received an email from NCSACW confirming that the resources were temporarily removed to make content changes in alignment with the new administration's executive orders and there is no expected date that they will be returned to the website. As these resources were going to be used to train our pilot site providers, we are checking the website weekly for updates.

In SFY26, Illinois DCFS will continue these efforts, implement the pilot program, begin monitoring reports of substance-exposed infants through IDPH's APORS, and develop and deliver communications, trainings, and informational materials to our workforce and our partners, to support implementation of Plans of Safe Care both within and outside the child welfare system.

***Information on Child Protective Service Workforce:*** For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state, report available information or data on the following:

- **Information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;**
- **Data on the education, qualifications, and training of such personnel;**
- **Demographic information of the child protective service personnel; and**
- **Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).**

Education, qualifications, and training requirements for the child protective service professionals had no changes this fiscal year. Listed below are child service worker job titles, descriptions, and educational qualifications:

**Job Title:**

**A Public Service Administrator, Opt 6, And Intact Supervisor Position**

**General Description:** Under administrative direction of the Intact Manager, serves as working supervisor, planning, supervising, reviewing, and coordinating the activities of a team of professional caseworkers engaged in providing child welfare and/or protective services to children and families; directs the Team Service Program within the existing framework of statutes and policies of the Agency; serves as liaison with other disciplines, agencies, and community resources; establishes performance goals and objectives.

**Qualifications:** Requires a master's degree in social work from a recognized college or university and three years administrative child welfare experience or a master's degree in an acceptable human services field from a recognized college or university and four years administrative child welfare experience; requires a valid driver's license.

**Special Requirements:** Current State employees seeking a promotion must submit a Notice of Interest in Vacancy Form, a CMS 100 Employment Application and a CMS promotional "A" grade for the title or apply for a promotional grade by submitting their CMS 100B Promotional Application to the Department of Central Management Services during the posting period. If bidding on the same title and option, submit Notice of Interest in Vacancy Form and CMS 100 Employment Application. If bidding on a vacancy in a different title (lateral or voluntary

reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application along with Notice of Interest in Vacancy Form.

**Job Title:**

**Child Welfare Specialist**

**General Description:** Under general supervision of the team supervisor, performs experienced professional child welfare casework services and protective services; formulates an assessment of emotional, social, or mental health problems and participates in the development of treatment plans for children and families; develops and maintains liaison roles with various community agencies; interprets agency responsibilities to the community; assigned to 24 hour 'on call' duty as necessary, in addition to normal assignments to ensure that services are provided as mandated by statute and policy.

**Qualifications:** Preferably requires a master's degree in social work; or a master's degree in a related human service field, supplemented by one year of directly related professional casework/case management experience; or requires a bachelor's degree in social work and one year of directly related professional casework/case management experience; or requires a bachelor's degree in a related human service field and two years of directly related professional casework/case management experience and/or criminal justice background and/or experience; requires possession of a valid driver's license, daily access to an automobile, and proof of vehicle insurance; requires physical, visual and auditory ability to carry out assigned duties. The college or university issuing a bachelor's or master's degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education. The directly related professional casework/case management experience must be related to family preservation, family reunification, adoption, youth development, counseling, and advocacy services or a related field. The human services degrees refer to social work, psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, and human services.

**Special Requirements:** Current State employees seeking a promotion must: (1) possess a CMS Promotional "A" Grade for the title or (2) apply for a promotional grade by submitting your CMS 100B to the Department of Central Management Services during the posting period. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application with the bid form.

**Job Title:**

**Child Protection Specialist**

**General Description:** Under direction of the team supervisor, receives and investigates reports of physical and sexual abuse and neglect reported by mandated and other sources; assesses immediate safety and risk factors of involved children and takes necessary protection action; makes recommendations about investigative findings; implements short-term services including concrete services directly or through family advocates; assigned to 24 hour 'on call' duty as necessary, in addition to normal assignments to ensure that services are provided as mandated by statute and policy.

**Qualifications:** Preferably requires a master's degree in social work and two years of directly related professional experience; or requires a master's degree in a related human service field and two years of directly related professional experience; or requires a bachelor's degree in social work and four years of directly related professional experience; or requires a bachelor's degree

in a related human service field and four years of directly related professional experience; requires possession of a valid driver's license, daily access to an automobile, and proof of vehicle insurance; requires physical, visual, and auditory ability to carry out assigned duties.

Direct related professional experience includes casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services or a related field. The college or university issuing a degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education. The related human service degree refers to social work, psychology, psychiatric nursing, psychiatry, mental health counseling, rehabilitation counseling, pastoral counseling, marriage and family therapy, and human services.

**Special Requirements:** Current State employees seeking a promotion must submit a Notice of Interest in Vacancy Form, a CMS 100 Employment Application and a CMS promotional "A" grade for the title or apply for a promotional grade by submitting their CMS 100B Promotional Application to the Department of Central Management Services during the posting period. If bidding on the same title and option, submit Notice of Interest in Vacancy Form and CMS 100 Employment Application. If bidding on a vacancy in a different title (lateral or voluntary reduction), the employee must pre-qualify for that title by submitting a CMS 100 Employment Application along with Notice of Interest in Vacancy Form.

**Job Title:**

**Child Protection Associate Specialist**

**General Description:** Under direct supervision, protects children by performing developmental level work related to investigations of alleged child neglect, abuse and sexual abuse cases, interviews alleged victims and perpetrators, other members of the household and witnesses; participates in home assessment for danger to child; participates in preparation and documentation of case file for custody hearings and perpetrator prosecution; carries an increasing case load with decreasing closeness of guidance and review by supervisor and/or higher level protection specialists; testifies in court; completes agency-sponsored training programs.

**Qualifications:** Preferably requires a master's degree in social work and one year of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field; **or** requires a master's degree in a related human service field, in criminal justice, criminal justice administration, or law enforcement and one year of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field; **or** requires a bachelor's degree in social work and three years of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field; **or** Requires a bachelor's degree in a related human service field, in criminal justice, criminal justice administration, or law enforcement and three years of directly related professional experience, including casework/case management experience related to family preservation or family reunification, adoption, youth development, counseling, and advocacy services, or a related field.

The college or university issuing a degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education.

**Job Title:**

**Child Protection Advanced Specialist**

**General Description:** Under general direction, functions as an experienced, MSW-qualified child protection advanced specialist, performing casework and case management functions of advanced complexity and difficulty. Work roles included at this level involve recurring responsibilities for: complex case management services, substitute supervisor on a rotating basis, qualified technical consultant and mentor to less experienced/lower level staff, peer reviewer for the ongoing quality improvement process; assists unit supervisor with assignment and review of the more complex cases, analysis of unit statistics and acting as official unit liaison to law enforcement agencies, other agencies such as drug treatment agencies and/or public health, States Attorney Offices, hospitals and schools; provides work guidance and direction to a staff of less experienced/lower level child protection specialists with advice regarding investigative techniques, testimony preparation, paper work completion and areas of concern to be investigated; protects children by conducting investigations of alleged child neglect/abuse and sexual abuse; successfully completes agency-sponsored training programs and meets mandatory licensure requirements.

Council on Accreditation Standards for this work requires experienced, MSW qualified individuals to perform at this level, which is a stated requirement for this classification.

**Qualifications:** Requires a master's degree in social work and two years of directly related professional experience as a Child Welfare Specialist or Child Protection Specialist in the Department of Children and Family Services.

The college or university issuing a degree must be accredited, and the degree program in social work must be approved by the Council on Social Work Education.

**TRAINING NEEDS REQUIRED OF CHILD PROTECTIVE PERSONNEL:**

- **Enhanced Safety Model/Child Protection Skills Training.**  
This training module supports the skill and ability of child protection investigation staff to implement the revisions to Department Rule and Procedure 300. Training continues to be conducted when policies and procedures are revised and updated. Training is generally conducted through a train-the-trainer model of delivery utilizing designated child protection management staff, web meetings and on-line technology. Training will also occur at the work team level with the direct participation of the supervisory staff.
- **Enhanced Safety Practice Program (STEP) Model/Critical Thinking in the Assessment of Child Safety.**  
This module supports the skill and ability of all DCFS and Child Welfare Contributing Agency (CWCA) child protection and child welfare casework and supervisory staff to learn and apply a critical thinking model to the gathering and analysis of child safety assessment information. The module also implements the use of the Child and Adolescent Needs and Strengths (CANS) instrument to record and document the assessment of risk, as distinct from the immediate threat to safety resulting from maltreatment. Key case work practice issues are addressed: quality of initial and ongoing assessments of risk and safety, including the use of formal and informal assessment tools; monitoring safety plans, quality of assessment and engagement during investigations, monitoring safety with in-home cases, and quality of risk and safety

assessment at case closure and to identify needed services. Training for all DCFS and CWCA staff continues to be conducted.

- **Enhanced Child Endangerment and Risk Assessment Protocol (CERAP).**

This module supports the skill and ability of staff to use the enhanced safety assessment protocol to conduct the assessment of child safety. This module instructs staff on the use of the upgrades to the SACWIS information system to both record and analyze safety assessment information, and to record and document the safety plan in support of controlling safety threats and preventing repeat child maltreatment. Staff will also learn how to use SACWIS as a tool in documenting the CERAP safety assessment, CANS Risk Assessment, and other automated enhanced case planning and assessment tools. Trainings are also conducted for all DCFS and CWCA agency staff utilizing the Departments web-meeting technology. This training enables staff to have hands-on experience with the changes to the SACWIS system.

- **Learning Collaborative model.**

This remains mandatory. The Learning Collaborative model will not replace traditional training methods, but is intended to assist with improvement of quality, effectiveness provisions and availability of trauma—informed intervention service delivery. DCFS is committed to on-going training for frontline staff and ensuring compliance of 20 training hours per each two-year cycle. The training plan for the Division of Child Protection is designed for skill building, practice improvement and enhancement to the department overall to safety and risk. Some key trainings sessions include Child Abuse Injury Reconstruction Techniques; Psychological First Aid; Medical Aspects of Child Maltreatment; Child Trauma; Developmental Disabilities and Error Reduction.

**DEMOGRAPHIC INFORMATION OF THE CHILD PROTECTIVE SERVICE PERSONNEL:**

The Department continually identifies critical vacancies, changing demographic patterns, and staffing levels relative to intake and/or needs of the community to determine the best strategic options.

**Child Protection Workers as of May, 2025**

<b>Regions</b>	<b>Central</b>	<b>Cook Central</b>	<b>Cook North</b>	<b>Cook South</b>	<b>Northern</b>	<b>Southern</b>	<b>Total</b>
Adv. Specialist	5	15	16	12	7	10	<b>65</b>
Specialist	202	186	102	61	55	77	<b>683</b>
Intern/Opt 1	9	3	0	2	6	8	<b>28</b>
Intern/Opt 2	0	1	0	0	0	1	<b>2</b>
<b>Total</b>	<b>216</b>	<b>205</b>	<b>118</b>	<b>75</b>	<b>68</b>	<b>96</b>	<b>778</b>

**Child Protection Workers**

**Child Protection Advanced Specialist Demographics as of May 2025**

<b>Region</b>	<b>Central</b>	<b>Cook Central</b>	<b>Cook North</b>	<b>Cook South</b>	<b>Northern</b>	<b>Southern</b>	<b>Total</b>
African American Female	2	7	3	8	6	3	<b>29</b>
African American Male	0	0	0	1	0	0	<b>1</b>
Asian/Oriental Female	0	0	0	0	0	0	<b>0</b>
Asian/Oriental Male	0	0	1	0	0	0	<b>1</b>
Hispanic Female	0	4	3	1	2	0	<b>10</b>
Hispanic Male	0	0	0	0	1	0	<b>1</b>
Indian Female	0	0	0	0	0	0	<b>0</b>
Indian Male	0	0	0	0	0	0	<b>0</b>
Hawaiian/Pacific Islander Female	0	0	0	0	0	0	<b>0</b>
Hawaiian/Pacific Islander Male	0	0	0	0	0	0	<b>0</b>
White Female	2	1	0	0	6	11	<b>20</b>
White Male	1	0	0	0	0	2	<b>3</b>
Other Female	0	0	0	0	0	0	<b>0</b>
Other Male	0	0	0	0	0	0	<b>0</b>
<b>Demographic Totals</b>	<b>5</b>	<b>12</b>	<b>7</b>	<b>10</b>	<b>15</b>	<b>16</b>	<b>65</b>

**Child Protection Workers  
Child Protection Specialist Demographics as of May 2025**

Region	Central	Cook Central	Cook North	Cook South	Northern	Southern	Total
African American Female	34	35	28	58	78	28	261
African American Male	10	4	5	9	24	9	61
Asian/Oriental Female	2	0	0	0	1	0	3
Asian/Oriental Male	0	0	1	0	1	0	2
Hispanic Female	2	15	11	7	23	1	59
Hispanic Male	3	0	3	1	7	1	15
Indian Female	0	0	0	0	0	0	0
Indian Male	0	0	0	0	0	0	0
Hawaiian/Pacific Islander Female	0	0	0	0	0	0	0
Hawaiian/Pacific Islander Male	0	0	0	0	0	0	0
White Female	117	5	4	1	39	56	222
White Male	33	2	3	1	13	7	59
Other Female	1	0	0	0	0	0	1
Other Male	0	0	0	0	0	0	0
<b>Demographic Totals</b>	<b>202</b>	<b>61</b>	<b>55</b>	<b>77</b>	<b>186</b>	<b>102</b>	<b>683</b>

**Child Protection Service Personnel Statewide as of May, 2025:<sup>5</sup>**

				Cook County		
	Central Region	Northern Region	Southern Region	Cook Central	Cook Northern	Cook Southern
# of Investigations	1,724	1,714	828	513	573	739
Child Protection Worker	197	150	112	29	37	62
Child Protection Worker – Spanish Speaking	2	10	0	6	8	7
Child Protection Intern	9	4	0	2	6	9
Child Protection Intern – Spanish Speaking	0	0	0	0	0	0
Child Protection Floater	4	1	3	1	3	0
Child Protection Floater – Spanish Speaking	0	0	0	0	0	0
DAI	4	40	3	37	14	18
<b>TOTAL WORKERS</b>	<b>216</b>	<b>205</b>	<b>118</b>	<b>75</b>	<b>68</b>	<b>96</b>
<b>TOTAL WORKERS COOK COUNTY</b>				<b>239</b>		

<sup>5</sup> Source of CPS Personnel Data and Case Load Investigation Data: *DCFS Caseload & Vacancy Report*, as of 5/5/25

**Caseload Investigation Ratios by Statewide Region (excluding Cook County) as of May, 2025**

Region	# of Investigations	Actual Child Protection Workers <sup>6</sup>	Caseload Investigation Ratio (Target)	Caseload Investigation Ratio (Actual)
Central Region	1,724	199	12:1	8.7
Northern Region	1,714	160	12:1	10.7
Southern Region	828	112	12:1	7.4
Region Totals	4,266	471		

**Caseload Investigation Ratios by Cook County Region as of May, 2025**

Cook County Region	# of Investigations	Actual Child Protection Workers <sup>7</sup>	Caseload Investigation Ratio (Target)	Caseload Investigation Ratio (Actual)
Cook Central	513	35	12:1	14.7
Cook North	573	45	12:1	12.7
Cook South	739	69	12:1	10.7
Cook County Totals	1,825	149		

**Children Under the State Child Protection System Transferred into the Custody of the Illinois Department of Children Justice (IDCJ):**

The data below reflects the facilities operated by the state Department of Juvenile Justice. Note that the tables on the left report totals instances (including situations where a single individual may be counted more than once); the tables on the right report totals based upon unique youth numbers. This data is provided by CYCIS (Child and Youth Information System).

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**Youth Instances in Detention and Corrections**

by Placement Type and Gender  
FY24 - July 1, 2023 - June 30, 2024

Placement Type/Gender	Instances	Sum of Discharged to JJ
<b>IDC</b>	<b>146</b>	<b>16</b>
Female	14	1
Male	132	15
<b>Grand Total</b>	<b>146</b>	<b>16</b>

**Unique Youth in Detention and Corrections**

by Placement Type and Gender  
FY24 - July 1, 2023 - June 30, 2024

Placement Type/Gender	Unique Youth	Sum of Discharged to JJ
<b>IDC</b>	<b>84</b>	<b>15</b>
Female	10	1
Male	74	14
<b>Grand Total</b>	<b>84</b>	<b>15</b>

<sup>6</sup> Does not include interns, floaters & DAIs assigned to Team totals

<sup>7</sup> Does not include interns, floaters & DAIs assigned to Team totals

## Youth Instances in Detention and Corrections

by Placement Type, Race and Ethnicity  
FY24 - July 1, 2023 - June 30, 2024

Placement Type/Race/Ethnicity	Instances	Discharged to JJ
<b>IDC</b>	<b>146</b>	<b>16</b>
<b>Black / African American</b>	<b>98</b>	<b>9</b>
Not Hispanic	92	9
Not Reported	6	0
<b>White</b>	<b>48</b>	<b>7</b>
Hispanic Dominican	2	1
Hispanic Mexican	2	0
Not Hispanic	37	6
Unknown	1	0
Hispanic Other	6	0
<b>Grand Total</b>	<b>146</b>	<b>16</b>

## Unique Youth in Detention and Corrections

by Placement Type, Race and Ethnicity  
FY24 - July 1, 2023 - June 30, 2024

Placement Type/Race/Ethnicity	Unique Youth	Discharged to JJ
<b>IDC</b>	<b>84</b>	<b>15</b>
<b>Black / African American</b>	<b>56</b>	<b>9</b>
Not Hispanic	54	9
Not Reported	2	0
<b>White</b>	<b>28</b>	<b>6</b>
Hispanic Dominican	2	1
Hispanic Mexican	1	0
Not Hispanic	21	5
Unknown	1	0
Hispanic Other	3	0
<b>Grand Total</b>	<b>84</b>	<b>15</b>

### ILLINOIS CAPTA STATE PLAN - UPDATES<sup>8</sup>

DCFS operates on the premise that families and children are best served in the communities in which they live. This is accomplished through an array of services provided by local agencies carefully selected for families to meet their individual needs. These services are directed towards preventing the unnecessary separation of children from their families. CAPTA funds are being spent throughout the state, distributed in programming in all 102 Illinois counties.

### CAC (CHILD ADVOCACY CENTERS)<sup>9</sup>

#### CACs of Illinois

**County(ies) of Service:** All Illinois Counties

**Program Name:** Children's Advocacy Center

**CAPTA Funds:** **\$2,054,420.00** (portions also distributed to 39 county-based CACs)

The Children's Advocacy Centers of Illinois (CACI) is dedicated to the development and growth of Illinois' Children's Advocacy Centers. CACI accomplishes this by offering its members a cadre of services which are rooted in the not-for-profit organization's driving principles: leadership, education, and collaboration.

CHILD ADVOCACY CENTER	COUNTY(IES) SERVED
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<sup>8</sup> References to fiscal years in this section correspond to the state fiscal year – reports are delivered based upon the state FY rather than the federal FY. For instance, references to FY23 = July 1, 2022 – June 30, 2023; FY24 = July 1, 2023 – June 30, 2024.

<sup>9</sup> All CACs are allocated funds through the CACI CAPTA award of \$2,054,420.00

1.	Advocacy Network for Children CAC	Adams, Brown, Cass, Hancock, McDonough, Morgan, Pike, Schuyler, Scott
2.	All Our Children's Advocacy Center	34 Southwest Suburbs of Chicago
3.	Amy Schulz Child Advocacy Center	Clay, Clinton, Hamilton, Jefferson, Marion, Washington, Wayne
4.	April House Child Advocacy Center	Whiteside
5.	Braveheart Children's Advocacy Center	Bureau, Henry, Marshall, Putnam, Stark
6.	CAC of East Central Illinois	Clark, Coles, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie, Shelby
7.	CAC of North & Northwest Cook County	Cook
8.	Champaign County CAC	Champaign, Ford
9.	Child 1 <sup>st</sup> CAC (Macon County CAC)	Macon, Piatt
10.	Child Network Kankakee	Iroquois, Kankakee
11.	County of Winnebago CAC	Boone, Winnebago
12.	Dani-Brandon CAC	LaSalle
13.	DeKalb County CAC	DeKalb
14.	DuPage County CAC	DuPage
15.	Fulton-Mason Crisis Services	Fulton, Mason
16.	Grundy County States Attorney's Office	Grundy
17.	Guardian Center DAC	Crawford, Edwards, Gallatin, Lawrence, Richland, Saline, Wabash, White
18.	Kane County CAC	Kane
19.	Knox County CAC	Henderson, Knox, Warren
20.	Lake County CAC	Lake
21.	LaRabida Children's Hospital	Cook
22.	Madison County CAC	Bond, Madison
23.	McHenry County CAC	McHenry
24.	McLean County CAC	DeWitt, Livingston, McLean
25.	Mercer County CAC	Mercer
26.	Peoria County CAC	Peoria
27.	Perry Jackson CAC	Jackson, Perry
28.	Procure Centers/Proviso CAC	Cook
29.	Rock Island CAC	Rock Island
30.	Sangamon County CAC	Christian, Logan, Menard, Sangamon
31.	Shining Star CAC	Lee, Ogle
32.	St. Clair County CAC	Monroe, Randolph, St. Clair
33.	Tazewell County CAC	Mason, Tazewell, Woodford
34.	Two Rivers CAC	Alexander, Hardin, Johnson, Massac, Pope, Pulaski, Union
35.	Tyler's Justice Center	Carroll, Jo Daviess, Stephenson
36.	Unified Child Advocacy	Calhoun, Greene, Jersey, Macoupin, Montgomery

37.	Vermilion County CAC	Vermilion
38.	Will County CAC	Will
39.	Williamson County CAC	Franklin, Williamson

**Cook County – States Attorney’s Office**

**County(ies) of Service:** Cook  
**Program Name:** Child Sexual Abuse Specialist  
**CAPTA Funds:** \$9,963.00

The mission of the Cook County State’s Attorney’s Office Victim Witness Assistance Unit is to enhance prosecution efforts by delivering the highest quality of services to victims and witnesses in the areas of advocacy and court support. Outreach efforts are immediate, and responses are respectful, professional, thorough, and consistent.

**CAR (CHILD ABUSE RESEARCH)**

**Children’s Home & Aid Society of Illinois**

**County(ies) of Service:** Boone, Champaign, Cook, DeKalb, DuPage, Grundy, Kane, McLean, Vermilion, Winnebago  
**Program Name:** Parents Care & Share  
**CAPTA Funds:** \$107,641.00

Brightpoint advances the well-being of children by investing in families to disrupt the systemic and multi-generational cycle of racial, social, and economic inequality. Brightpoint envisions an equitable world where all children and families thrive in strong communities. Services and programs offered include:

- Parent support
- Child welfare
- Mental health and wellness
- Early childhood care and education
- Youth services

**Hamdard Healthcare**

**County(ies) of Service:** Cook, DuPage  
**Program Name:** Family Preservation  
**CAPTA Funds:** \$115,986.00

Hamdard is a not-for-profit organization established in 1992 as a proactive response to address the critical needs of the South Asian, Middle, Eastern and Bosnian communities. The program serves intact families who are at risk of formal involvement with the child welfare system. Services promote permanency by maintaining, strengthening, and safeguarding the functioning of families and ensuring the well- being of children by providing:

- Individual and group counseling;
- Supervised visitation and anger management classes;
- Psychiatric and primary health care;

- Services for victims of domestic violence and their children including crisis intervention, emergency shelter, the provision of basic needs such as culturally appropriate food and personal care items, transitional housing, advocacy, counseling, case management, and translation/interpretation;
- Case management including assistance with applying for public benefits;
- Employment counseling;
- Academic tutoring and skill-building through the after-school youth development program; and
- Outreach and education to the community.

### **Hobby Horse House of Jacksonville**

**County(ies) of Service:** Adams, Brown, Cass, Morgan, Schuyler, Scott

**Program Name:** Positive Parenting Program

**CAPTA Funds:** **\$9,807.00**

Provider offers private adoption, Safe Start Program (services for those in crisis pregnancy situations), habilitation/parent coaching, divorced parenting classes, visitation, Extended Family Support Program, and counseling services.

### **The Parent Place**

**County(ies) of Service:** Christian, Logan, Macon, Macoupin, Menard, Montgomery, Morgan, Sangamon

**Program Name:** Family Education and Support

**CAPTA Funds:** **\$171,755.00**

The Parent Place utilizes peer education and specific life experiences appropriate to the clients they are serving. Services include:

- Court Advocacy
- Relatives as Parents Network
- 1-2-3 Magic
- Individualized Family Coaching
- Family Mediation
- Positive Co-Parenting
- Mastering Our Mothering Skills
- Defining and Developing Skills
- The Diaper Pantry

### **Prevent Child Abuse IL**

**County(ies) of Service:** All Illinois counties<sup>10</sup>

**Program Name:** Child Abuse Prevention Development Project

**CAPTA Funds:** **\$75,523.00**

The mission of Prevent Child Abuse Illinois is to prevent child abuse by providing statewide leadership through education, support for community initiatives, and advocacy. Prevent Child

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<sup>10</sup> Offices in Chicago, East St. Louis, Glen Ellyn, Marion, Peoria, and Springfield

Abuse Illinois is the chartered state chapter of Prevent Child Abuse America. The agency seeks to accomplish their mission through the goals of public awareness, partnership, advocacy, education, community outreach, program development, and organizational competence. The Child Abuse Prevention Development Project serves the entire state of Illinois, covering all 102 counties.

**Spero Family Services**

**County(ies) of Service:** Jefferson, Mt. Vernon  
**Program Name:** Family Foundations  
**CAPTA Funds:** **\$123,760.00**

Spero Family Services (SFS) has been providing services to children in need for more than 100 years in Mt. Vernon, Illinois. Initially, SFS served as an orphanage for unwanted children. Currently SFS is a comprehensive treatment facility for youth experiencing emotional and behavioral difficulties and offers a variety of services and community programs including Residential, Transitional Living, Independent Living, Best Beginnings – Nurse Family Partnership, Foster Care, Counseling and Wellness Center, Bright Start Childcare, YouthBuild, Wraparound, Mental Health Juvenile Justice, and Family Foundations – Nurturing Parent.

**The Children’s Place Association**

**County(ies) of Service:** Cook  
**Program Name:** Respite Program for HIV/AIDS  
**CAPTA Funds:** **\$54,823.00**

The Children’s Place Association promotes permanency by providing specialized care and early education for children. This program protects children’s safety and well-being by providing age-appropriate education, ongoing assessment of developmental progress, onsite nursing care that includes regular checkups and contact with doctors, nutritious meals during the day and a secure, nurturing environment. The program also promotes permanency by providing families with services that prevent children’s placement in substitute care, including parent training, counseling, support groups, permanency planning and other assistance that maintains and strengthens the functioning of families. A Family Support Specialist helps families assess needs and goals, make service plans and access internal and external services.

**CAS (CHILD ADVOCACY SUPPORT)**

**Chicago CAC – Mental Health**

**County(ies) of Service:** Cook  
**Program Name:** Mental Health Program  
**CAPTA Funds:** **\$87,099.00**

Chicago CAC’s mental health team helps children heal from the trauma of abuse. In our Family Hope Center, therapists create a comfortable, safe space for children to tell their trauma stories, identify and overcome challenges, develop positive coping skills, and build healthy relationships.

## **FPS (FAMILY PRESERVATION SERVICES)**

### **National Youth Advocate Program**

**County(ies) of Service:**

**Program Name:**

**CAPTA Funds:                   \$19,325.25**

The National Youth Advocate Program is a multi-state organization with extensive experience providing home/community-based services and supports to children, youth, adolescents, adults, and families since 1978. NYAP has provided therapeutic foster care and related services to Chicago and Cook County for the past 20 years.

Since July 1, 2015, NYAP has operated one of DCFS' Family Advocacy Centers. The Center for Adolescents and Families provides various services to prevent adults and families from the Humboldt Park and surrounding neighborhoods from entering the criminal justice and child welfare systems. Programs consist of educational supports, mentoring, parenting and anger management classes and resources, life skills trainings, family support groups, individual and family counseling, workforce readiness training, family and youth development, financial literacy training, alumni services and most recently, through a partnership with DCFS, support to Kinship providers across the state of Illinois. The Center also provides intensive intervention and case management for chronically truant and adjudicated youth.

### **Safe Families for Children**

**County(ies) of Service:**       All Illinois counties

**Program Name:**               Safe Families for Children

**CAPTA Funds:**                 **\$141,154.00**

Safe Families for Children (SFFC) is a network of host families, volunteers, not-for-profit agencies, and churches that extends the community safety net by providing parents in need with support to care for their children. The SFFC movement is a perspective/concept that the safety and health of children in our communities is all our responsibilities, and that the birth parents are the key to providing that safety for their children. SFFC is about strengthening and supporting parents so they can be safe families for their own children.

## **UNI (PUBLIC UNIVERSITIES – STATE)**

### **Southern Illinois University**

**County(ies) of Service:**       41 Illinois counties

**Program Name:**               Children's Medical and Mental Health Resource Network

**CAPTA Funds:**                 **\$116,204.00**

Southern's program is the Children's Medical and Mental Health Resource Network (CMMHRN). CMMHRN:

- Recruits and trains network physicians (identified by the region as good candidates for child abuse medical providers), advanced practice nurses and physician's assistants to provide medical consultations to DCFS, law enforcement officers, and medical personnel in child abuse investigations, either by phone, record review or physical examination of a child;

- Provides medical evaluations for children ages 0-17 who are alleged victims of sexual or physical abuse, neglect, or at risk of harm due to exposure to methamphetamine or a methamphetamine manufacturing environment.
- Provides emergency consultation upon request to medical personnel (or staff) and DCFS investigators who are directly affiliated through CMMHRN;
- Educates a variety of health care providers on signs and symptoms of child abuse and neglect and explains their responsibility as mandated reporters. Provides information on referral criteria and services of CMMHRN;
- Educates health professionals, DCFS investigators, child advocates, and other multidisciplinary team (MDT) members on the effects of harmful substances on children. This includes distributing the methamphetamine protocol for children who are at risk of harm due to the exposure of a methamphetamine environment;
- Collaborates with the DCFS training office, where possible, to provide high quality medical trainings to MDT of professionals throughout the southern region;
- Arranges high-quality training workshops for professionals in the field of child abuse and assures that continuing education credits are available for involved disciplines. Training workshops will be offered at least annually;
- Educates radiologist groups and other specialists in our area about child maltreatment, how to look for signs of abuse in very young children and what films are important to obtain;
- Forms a network of children’s mental health providers with a focus on children who have experienced a traumatic event(s); and
- Educates frontline service workers about trauma informed practice within child welfare investigations and follow up casework. CMMHRN

**University of Illinois College of Medicine at Rockford**

**County(ies) of Service:** Boone, Carroll, DeKalb, DuPage, Jo Daviess, Kane, Kendall, Lake, Lee, McHenry, Ogle, Stephenson, Whiteside, Will, Winnebago

**Program Name:** MERIT-Medical Evaluation Response Initiative Team Agreement

**CAPTA Funds:** **\$236,295.00**

The University of Illinois College of Medicine at Rockford developed the Medical Evaluation and Response Team (MERIT) program to improve the intake, assessment, screening, and investigations of reports of child abuse and neglect. This program is jointly funded by the CAPTA Basic State Grant and the Children Justice Grant. The MERIT program provides medical advocacy for children (DCFS and non-DCFS clients) ages 0-17 who are alleged victims of sexual or physical abuse, and/or neglect, including:

- Comprehensive medical assessment, evaluation and diagnosis;
- Appropriate and timely follow-up of targeted medical services for each child as it pertains to abuse and neglect;
- Documentation of findings and recommendations for follow-up to referral source;
- Data tracking of each child served;
- Medical expert consultation on difficult cases on when additional medical needs are identified;
- Parent education and support;

- Educational resource for physicians and other healthcare providers; and
- Training of MDT members on child maltreatment.

**University of Illinois Pediatric Resource Center**

**County(ies) of Service:** Fulton, Henry, Knox, LaSalle, Macon, Mason, McLean, Peoria, Rock Island, Sangamon, Tazewell, Woodford, and other counties within the Central Region

**Program Name:** Pediatric Resource Center

**CAPTA Funds:** **\$60,200.00**

The PRC was developed to provide medical evaluations and social services to children under investigation for child abuse and neglect. It is a program of the University of Illinois, College of Medicine of Peoria, and serves 40 counties in the Central Region of Illinois. The program expanded when the DCFS Peoria Regional Administrator linked the PRC with the Central Child Protection Division of DCFS to provide education, training, and consultation to medical providers around the state. By providing specialized medical evaluations and case coordination services to children with concerns of physical or sexual abuse, as well as neglect have been raised, the PRC works to ensure that children are in a safe environment by working with DCFS. In addition, the medical evaluations ensure that the physical well-being of the children is addressed so that healthcare needs are met.

**UNP (UNIVERSITIES – PRIVATE)**

**University of Chicago MPEEC**

**County(ies) of Service:** Cook

**Program Name:** Multidisciplinary Pediatric Education and Evaluation

**CAPTA Funds:** **\$216,624.86**

The University of Chicago is the lead program and the fiscal agent for the Multidisciplinary Education and Evaluation Consortium (MPEEC). The Comer Children’s Child Advocacy and Protection Services (CAPS) team is a medically directed interdisciplinary team. The CAPS program has a robust clinical, advocacy and academic mission. Comer Children's hospital has institutionalized policies and protocols for the identification, evaluation, and treatment of children with concerns for any form of child maltreatment. Annually over 300 children admitted to Comer Children's who receive comprehensive consultations by the CAPS team and between 500-600 hundred children are evaluated and treated in the ER setting. The CAPS team consists of 12 medical pediatric social workers, a CAPS clinical social work coordinator, 2 child abuse pediatricians, 1 physician assistant and an administrative assistant. Child Abuse Pediatrics is a boarded subspecialty that is dedicated to the care and treatment of abused and neglected children, and unique to this subspecialty child abuse pediatricians are medical experts in the diagnosis of child abuse- child abuse pediatricians are unique in that their training is in the discerning between manners of injuries.

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