

Arizona Department of Child Safety

18-Month Followup of Sunset Review Report 23-115

The September 2023 Arizona Department of Child Safety performance audit and sunset review was the third of 3 audit reports we issued as a part of the Department's sunset review.¹ This performance audit and sunset review found that the Department has processes for key responsibilities, such as assessing child safety in response to abuse/neglect reports but did not consistently provide timely and quality court reports or ensure some license applicants met licensing requirements and has not fully implemented most recommendations from 6 prior special audits. We made **28** recommendations to the Department.²

Department's status in implementing 28 recommendations

Implementation status	Number of recommendations
 Implemented	5 recommendations
 Implemented in a different manner	1 recommendation
 In process	19 recommendations
 In process in a different manner	1 recommendation
 Not implemented	2 recommendations

We will conduct a 30-month followup with the Department on the status of the recommendations that have not yet been implemented.

¹ The first performance audit found that the Department did not provide some documents for local board case reviews and some caseworkers did not attend case reviews, impacting boards' ability to review children's cases. The second performance audit found that Department problems related to investigating, taking enforcement action against, and monitoring licensed out-of-home care providers could result in risky or unhealthy environments for children in out-of-home care. For more information on these performance audits, including any applicable followup reports, see Report 23-102 and Report 23-113.

² The 28 recommendations include some subparts (see recommendations 8 and 20).

Recommendations to the Department

Finding 1: Department has not consistently provided the juvenile court timely reports with quality information, resulting in delayed decisions about children's placements and services

1. The Department should ensure that caseworkers submit court reports to the juvenile court 15 days prior to dependency review hearings as required by juvenile court rules (or as required by a revised time frame in juvenile court rules depending on the implementation of Recommendation 6).

► Status: **Implementation in process.**

Although the Department has developed a process for helping caseworkers track court reports that need to be submitted to the court prior to dependency review hearings (see explanation for recommendation 2), it continues to submit untimely court reports to the juvenile court. Specifically, our review of 2 unit-based tracking sheets that Department staff from different units use to track the submission of court reports found that staff from these 2 units documented submitting 16 of 44 court reports to the juvenile court past the 15-day deadline between October 7, 2024 and April 14, 2025. As explained in recommendation 2, the Department did not provide for our review any action plans addressing the causes of untimely reports. Additionally, the Department reported developing a court hearing dashboard within its case management system in July 2024 to track scheduled dependency review hearings and court report submission deadlines but has not developed procedures for using this dashboard to track and help ensure court report timeliness. We will further assess the Department's implementation of its new court hearing dashboard and its impact on improving the Department's submission of court reports to the juvenile court in a timely manner during our next followup.

2. The Department should develop and implement policies and procedures for tracking upcoming dependency review hearings and court report submission dates, including procedures for ensuring caseworkers are aware of any upcoming review hearings and court report submission deadlines for their caseload and reviewing report submission tracking data to help identify causes for any untimely report submissions and develop action plans to address these causes.

► Status: **Implementation in process in a different manner.**

In February 2024, the Department created a court report-tracking workgroup comprising supervisory-level staff to discuss strategies for identifying and addressing root causes of untimely court report submission. During 3 meetings held between February and June 2024, the workgroup discussed various approaches for notifying staff about upcoming court report submission deadlines, and supervisors tracking upcoming review hearings and court report submission deadlines and ensuring court reports are submitted no later than 15 days prior to the scheduled hearing. Although the Department did not provide for our review any action plans addressing root causes for untimely court report submissions that may have resulted from these meetings, it

reported that 1 outcome of these meetings was the development of a court hearing dashboard within the Department's case-management system to track scheduled dependency review hearings and associated court report submission deadlines. The Department also tracks court report timeliness using unit-based, physical tracking sheets. However, the Department has not developed written procedures outlining staff responsibilities and specific steps for monitoring the dashboard to ensure the timely submission of court reports or for using the tracking data to help develop action plans to address root causes for missed deadlines. The Department reported that it plans to develop and implement written procedures by January 2026. We will further assess the Department's implementation of this recommendation during our next followup.

3. The Department should work with the juvenile court and other stakeholders to determine how the Department can improve the quality of information in its court reports for dependency review hearings.

► Status: **Implemented at 18 months.**

In April 2024, the Department sent a survey to various external stakeholders, such as judges, assistant attorney generals, and parent advocates seeking input regarding the quality of information in its court reports. The survey included questions regarding whether respondents found certain sections of the court reports to be clear and helpful in meeting their needs and requested written feedback on the clarity and quality of the information included in its court reports. The Department received 255 responses to the survey.

4. The Department should revise its court report template, as necessary, based on the outcome of working with the juvenile court and other stakeholders, develop and implement written guidance to help caseworkers complete and supervisors review court reports for dependency review hearings based on the Department's revised template, and train caseworkers/supervisors to ensure they complete court reports based on this written guidance.

► Status: **Implementation in process.**

Based on the survey responses and input the Department received as explained in recommendation 3, the Department's court report-tracking workgroup reviewed and discussed the survey results and has developed a revised court report template, which includes guidance to help caseworkers complete and supervisors review court reports. The revisions the workgroup made to the court report template include combining and simplifying reporting sections to address issues survey respondents identified related to report length. Additionally, to address issues survey respondents identified related to outdated or insufficient information, the workgroup revised the court report template to include written guidance for each report section reminding staff to include only up-to-date information and providing examples of the types of information to be included in each section, such as identifying services parents are participating in and documenting the progress made within those services. The Department reported implementing its revised court report template on July 1, 2025, after we completed our work for

this followup. We will further assess the Department's implementation of its revised court report template, associated guidance, and training provided to its caseworkers/supervisors on the new template and guidance during our next followup.

5. The Department should review provider reports uploaded to Guardian but not included in children's case files for the 596 open juvenile court cases and ensure this information is submitted to the juvenile court.

► Status: **Implementation in process.**

As reported in our September 2023 Performance Audit and Sunset Review, after we conducted our audit work, the Department identified an issue with its process for providing information to the juvenile court that could have impacted court report quality. Specifically, the Department's service providers, such as behavioral health and substance abuse treatment providers, can upload documents to Guardian, such as documentation about parents' progress in attending and participating in services. In August 2023, the Department reported that service providers had uploaded approximately 96,000 documents to Guardian, but Department caseworkers had not completed a required step within Guardian to approve the documents so they could be added to children's case records. These 96,000 documents included nearly 1,900 documents associated with the 596 open juvenile court cases. Because these documents were not included in children's case records, caseworkers may not have been aware of and included information about children's and parents' participation in services in court reports.

The Department reported that as of August 2024, it had revised its process so that documents are automatically added to the child's case records in Guardian and that documents now receive a timestamp upon disclosure, which enables supervisors to review when and if documents are disclosed to the required parties. Additionally, the Department reported that as of November 2023, it had disclosed all documents associated with the 596 juvenile court cases open at the time of the Department's discovery of the reporting issue. Our review of internal tracking spreadsheets, as well as some document disclosure cover sheets, indicated that Department staff had reviewed and disclosed approximately 57,000 documents to the courts related to open cases. According to the Department, it has not received any new orders from the courts in response to the missing documents for the 596 juvenile court cases open at the time of our September 2023 Performance Audit and Sunset Review. We will further assess the Department's revised process for automatically adding documents to children's case records in Guardian during our next followup.

6. The Department should work with the Administrative Office of the Courts (AOC) and juvenile court judges, as applicable, to determine if the 15-day requirement for submitting court reports is appropriate and, based on these conversations, work with the court to make any necessary modifications to juvenile court rules governing court report submission time frames.

► Status: **Implemented at 18 months.**

According to the Department, it met with Arizona Supreme Court and AOC staff to discuss revising the 15-day time frame requirement for submitting court reports. The Department reported that the presiding judges in attendance at that meeting indicated a shorter time frame was preferred but suggested that the Department obtain feedback from parents' legal counsel. As such, the Department included questions in its April 2024 survey about whether the 15-day requirement for submitting court reports is appropriate that it requested AOC staff, juvenile court judges, and parent advocates, such as legal counsel, to complete (see explanation for recommendation 3). In its evaluation of the survey responses, the Department found that 9 of 18 juvenile court judges who responded to the survey indicated a preference for a shorter time frame, but only 38 percent of all respondents preferred reducing the time frame for submitting court reports. As such, the Department determined not to seek revisions to the 15-day court report submission time frame requirement at this time.

Finding 2: Department did not comply with some State conflict-of-interest requirements, and its conflict-of-interest process was not fully aligned with recommended practices, increasing risk that employees had not disclosed substantial interests that might influence or could affect their official conduct

7. The Department should ensure that all its employees have a completed conflict-of-interest disclosure form that requires them to disclose secondary employment or whether they or their relatives have a substantial interest in any Department decision making, and attest that they do not have any potential conflicts, if applicable, also known as an “affirmative no.”

► Status: **Implementation in process.**

In June 2024, the Department developed policies and procedures that require new and current employees to complete a conflict-of-interest disclosure form, including the disclosure of any secondary employment, and whether they or their relatives have a substantial interest in any Department decision making or attest that they do not have any potential conflicts. As of May 2025, the Department reported it had transitioned to the State's new human resource information system, which enables it to document and track which employees have completed conflict-of-interest disclosure forms. We will further assess the Department's implementation of its policies and procedures and use of the State's new human resources system to help ensure all staff have completed disclosure forms during our next followup.

8. The Department should develop and implement conflict-of-interest disclosure policies and procedures to help ensure compliance with State conflict-of-interest requirements and recommended practices, including:
 - a. Requiring employees to complete a conflict-of-interest disclosure form upon hire and reminding them at least annually to update their form when their circumstances change, including attesting that no conflicts exist, if applicable.

► Status: **Implementation in process.**

In June 2024, the Department developed conflict-of-interest policies and procedures requiring all employees to complete a conflict-of-interest disclosure form upon hire and/or when their circumstances change. Additionally, as discussed in recommendation 10, the Department requires all staff to complete an annual conflict-of-interest training that reminds employees that they must complete and submit a conflict-of-interest disclosure form upon employment and anytime their circumstances change. We will further assess the Department's implementation of its policies and procedures and use of the State's new human resources system to track staff completion of disclosure forms during our next followup.

b. Storing all substantial interest disclosures in a special file available for public inspection.

► Status: **Implementation in process.**

The Department's conflict-of-interest policies and procedures require its Human Resources staff to maintain a separate folder and spreadsheet with all employee disclosures of secondary employment and/or family members employed by other State agencies to be readily available for public inspection. The Department reported that as of August 2025, no substantial interests had been disclosed. Additionally, the Department's spreadsheet that notes employee disclosures of secondary employment and family members employed by other State agencies did not identify any disclosures requiring review, remediation, or inclusion in its special file as of August 2025. We will further assess the Department's implementation of its policies and procedures for storing all substantial interest disclosures in a special file during our next followup.

c. Establishing a process to review and remediate disclosed conflicts.

► Status: **Implementation in process.**

The Department's conflict-of-interest policies and procedures, which it developed in June 2024, include a process for reviewing and remediating disclosed conflicts. This process requires notification to an employee's supervisor and Human Resources when a disclosure is received, contacting the employee for additional information, routing the information to leadership for review, remediating the disclosed conflict, and documenting the plan that will be used to manage the conflict. The Department reported that as of August 2025, no substantial interests requiring remediation had been disclosed. We will further assess the Department's implementation of this process during our next followup.

9. The Department should develop written guidance specifying which employees the Department expects to annually submit an updated conflict-of-interest disclosure form and ensure that these staff annually submit a disclosure form.

► Status: **Implementation in process.**

According to the Department's June 2024 conflict-of-interest policies and procedures, employees whose position duties are to regulate, inspect, audit, or procure goods and/or services for the Department must annually complete and submit an updated conflict-of-interest disclosure form. The policies list the specific positions within the Department that must comply with this requirement. We will further assess the Department's implementation of its policies and procedures and use of the State's new human resources system to track whether staff annually submit required disclosure forms during our next followup.

- 10.** The Department should develop and provide periodic training on its conflict-of-interest requirements, process, and disclosure form, including providing training to employees on how the State's conflict-of-interest requirements relate to their unique programs, functions, or responsibilities.

► Status: **Implemented at 18 months.**

The Department developed and requires its employees to annually complete a computer-based training on its conflict-of-interest requirements, process, and disclosure form, including how the State's conflict-of-interest requirements relate to their unique programs, functions, or responsibilities. The computer-based training also reminds employees to complete and submit a new disclosure form anytime there is a change to their circumstances. According to the Department's employee conflict-of-interest training completion spreadsheet, which lists employee names and training completion dates, between May 2024 and December 2024, approximately 95% of Department employees had completed the annual training and approximately 5% had not. Although we do not plan to conduct additional work in this area during our next followup, the Department should continue its efforts to ensure all staff complete its annual conflict-of-interest training moving forward.

Sunset Factor 2: The extent to which the Department has met its statutory objective and purpose and the efficiency with which it has operated

- 11.** The Department should review recommendations the Department has not implemented from previous Auditor General special audit reports, implement any recommendations as identified, and provide explanations for any recommendations it does not plan to implement.

► Status: **Implementation in process.**

According to Department documentation, the Department reviewed the 42 outstanding recommendations from the 6 previous special audit reports we issued between March 2016 and September 2021 that it had not implemented and reported the following:

- Implementing 14 of 42 outstanding recommendations, including:
 - ▷ 4 recommendations from our September 2016 Permanency Practices special audit.

- ▷ 5 from our September 2017 Staff Recruitment and Training special audit.
- ▷ 1 from our March 2018 Arizona Families F.I.R.S.T. special audit.
- ▷ 3 from our September 2019 Foster Home Recruitment, Licensure, Use, and Retention special audit.
- ▷ 1 from our September 2021 Comparing Department Practices for Classifying and Locating Children Missing from Care to Best Practices special audit.
- Not implementing 8 recommendations from our September 2016 Permanency Practices special audit, but reported it will address these recommendations by implementing in a different manner similar recommendations from our September 2023 Department performance audit and sunset review and July 2023 Department performance audit on information provided to local foster care review boards and the State Ombudsman.

However, the Department indicated that it will not take any further action to implement the remaining 20 recommendations as follows:

- 15 recommendations from our March 2016 Differential Response and Case Screening special audit report. As explained in the 2016 report, at the direction of the Legislature, in 2015, the Department developed recommendations for implementing a differential response system in the State and as of February 2016, was moving forward with its implementation.³ The Legislature also directed our Office to prepare a special audit report addressing the use of a differential response system and case screening to manage reports of child abuse and neglect, and to review the potential advantages and disadvantages of implementing such a system in preparation for legislative changes authorizing the Department's implementation of the system. Potential advantages we reported included possible improvements to family experience and reduction of costs over time, and potential disadvantages we identified included high up-front costs and more time-intensive workloads for caseworkers.

The report also made 15 recommendations to the Department to implement as it moved forward with implementing a differential response system, including working with the Legislature to (1) pursue any needed statutory changes that allow for differential response and (2) to determine the extent to which the differential response system should be outlined in legislation. The Department has not implemented these recommendations. Instead, similar to the Department's explanation in our August 2022 72-month followup of the 2016 report, the Department reported that it believes differential response systems are typically used by child welfare agencies to expand capacity for family assessment and improve access to services aimed at preventing repeated reports of abuse and neglect. The Department reported that instead of implementing a differential response system, it addresses both of these areas through various efforts, including continuing to

³ Laws 2014, 2nd S.S., Ch. 1, §156, required the Department to "...examine the necessity of and requirements for protocols for not conducting a full investigation [of child maltreatment reports]" and to report its recommendations to legislative leaders by July 1, 2015

improve practice fidelity within its SAFE AZ model, using a safety assessment and management tool for assessing family functioning and child safety, and improving service access and engagement through its redesigned service array.

- 4 recommendations from our September 2017 Staff Recruitment and Training and 1 recommendation from our September 2021 Comparing Department Practices for Classifying and Locating Children Missing from Care to Best Practices special audits. Although the Department reported taking some steps to implement these recommendations, including continuing to provide ongoing training opportunities to its staff consistent with federal regulation and collaborating with law enforcement on locating children missing from Department care, it will take no further action to implement these recommendations. However, without fully implementing these recommendations, the Department may not be taking some actions that could help it to recruit and retain caseworkers. For example, although the Department reported it does not have the resources available to expand its recruiting activities at universities beyond its existing tuition assistance program, by not doing so, the Department may be limiting its ability to recruit best-fit candidates working toward obtaining degrees in social work and related fields who are not participating in the Department's tuition assistance program. Additionally, the Department has not moved forward with formalizing expectations between the Department and law enforcement agencies in the State regarding their respective roles and responsibilities for locating children missing from Department care. As such, collaboration with the various law enforcement jurisdictions throughout the State may continue to vary on a case-by-case basis due to the lack of formalized expectations.

We will further assess the Department's reported efforts and any ongoing efforts it undertakes to implement the remaining recommendations during our next followup.

12. The Department should ensure it licenses only qualified adoption and child welfare agency applicants.

► Status: **Not implemented.**

As reported in our September 2023 performance audit and sunset review, the Department has entered into an interagency service agreement with the Arizona Department of Public Safety (DPS) to provide an interface in the Department's licensing system that indicates whether adoption and child welfare agency staff's fingerprint clearance cards are valid. Although the Department's foster home licensing application review guide specifically requires staff to enter fingerprint clearance card information into this interface to check for fingerprint clearance card validity when reviewing foster home licensing applications, it has not developed similar procedures for validating fingerprint clearance cards, including documenting the results of the validity check, when processing adoption and child welfare agency licensing applications.

Additionally, Department rules require child welfare agencies to employ at least 1 program director who has a minimum of a bachelor's degree in social work or a related area of study and 2 years' work experience in child welfare or childcare services to

oversee the agency's programs and services for children. Department rules also require child welfare agency applicants to maintain personnel records with evidence that their staff have the qualifications and work history to care for children. For example, any staff a child welfare agency employs who directly care for children must have at least a high school diploma or equivalency degree and 1 year of experience working with children or 1 year of post-high school education in a program leading to a child welfare or human services degree. Although Department guidance requires applicants to submit and Department staff to review applicants' staff's work history and education information, the guidance does not specify what requirements staff should be reviewing or procedures for verifying the information provided, similar to what we found during the audit. The Department reported that its staff conduct site visits during which they will review child welfare agency records to assess compliance with work history and education requirements; however, the Department's guidance lacks procedures for doing so. Finally, similar to what we found during the audit, the Department does not have a process for determining how many child welfare agency employee files to review.

By not developing procedures for verifying and documenting its verification of fingerprint clearance card validity and applicants' staff's education and work history, the Department is at risk of issuing or renewing licenses to unqualified adoption and child welfare agency applicants. Because the Department did not make revisions to its guidance for verifying fingerprint clearance card validity and applicants' staff's education and work history, we did not assess whether the Department only licensed qualified adoption and child welfare agency applicants. We will assess the Department's implementation of this recommendation during our next followup.

- 13.** The Department should develop and implement guidance for how Department staff should review and verify requirements in its adoption and child welfare agency license application review checklists, including but not limited to guidance for verifying fingerprint clearance card validity and applicants' staff's education and work history.

► Status: **Not implemented.**

See explanation in recommendation 12.

- 14.** The Department should license adoption agencies, child welfare agencies, and foster homes within the Department's required time frames.

► Status: **Implementation in process.**

As explained in recommendation 15, the Department has developed licensing-tracking sheets to help ensure it licenses adoption agencies, child welfare agencies, and foster homes within required time frames. Our review of Department foster home licensing-tracking sheets for foster home license applications it received between January 2024 and June 2024 found that the Department documented issuing 281 of 286 licenses, or approximately 98 percent, within the required 60-day time frame. However, as explained in recommendation 15, we were unable to similarly review child welfare agency-tracking sheets to assess the Department's timeliness in issuing licenses to these agencies

because of missing or inaccurate information on the spreadsheets. Additionally, the Department reported that between January and June 2024, it did not receive any new adoption agency license applications. We will further assess the Department's implementation of this recommendation during our next followup.

- 15.** The Department should develop and implement a method for tracking all active applications for adoption and child welfare agency licenses, including recording when Department staff accomplish key steps in application processing time frames.

► Status: **Implementation in process.**

The Department has developed tracking sheets and associated procedures for completing them to help ensure it licenses adoption agencies and child welfare agencies within required time frames. For example, the tracking sheets include guidance instructing staff to record the date all items from a notice of incomplete application were received and when the required licensing site visit was completed. However, our review of the tracking sheet for child welfare agency license applications found that this tracking sheet contained missing or incorrect information, such as missing site visit dates and dates when administrative completeness notices were sent to applicants informing them that their applications were complete. Additionally, only 4 of 10 entries noted on the tracking sheet indicated whether the Department had denied the license application or issued a license. Although the Department had developed a tracking sheet for adoption agencies, we did not review this tracking sheet because the information predated the Department's reported November 2024 implementation date for its tracking sheets. We will further assess the Department's implementation of this recommendation during our next followup.

- 16.** The Department should revise its action plan for developing and implementing information technology (IT) security policies and procedures to specify additional details and other information about risk areas outlined in the plan, including but not limited to:

- Staff responsible for addressing risk areas outlined in the plan.
- Action steps assigned staff should take to address a risk area.
- Expected outcomes of action steps.
- Time frames for completing action steps.

► Status: **Implementation in process.**

The Department revised its IT security action plan to include staff responsible for addressing risk areas and their assigned action steps, expected outcomes, and time frames for completing action steps. However, as of May 2025, the Department's action plan no longer addressed all identified risk areas. Specifically, a previous version of the Department's action plan listed 1 item related to data reliability, which was to develop data quality training for Guardian users, but the data-reliability risk area is no longer included in the Department's action plan. Additionally, although training may address some issues related to data reliability, it may not address all issues, such as the lack of

agreements specifying requirements, such as the encryption and formatting of data, for sharing data with other entities. We will further assess the Department's implementation of this recommendation during our next followup.

17. The Department should implement its revised action plan for developing and implementing IT security policies and procedures, and regularly review and update the action plan, as necessary, based on progress.

► Status: **Implementation in process.**

The Department reported it has begun implementing the action items from its action plan and, as of May 2025, reported completing 19 of 35 areas. However, as explained in recommendation 16, as of May 2025, the Department's action plan did not include 1 risk area that had been included in a previous version of the plan. We will further assess the Department's implementation of its revised action plan during our next followup.

18. The Department should develop and implement policies and procedures for tracking whether staff have provided a response to AOC on behalf of local boards indicating whether the Department accepted or disagreed with recommendations in local board findings and recommendations reports.

► Status: **Implementation in process.**

The Department has created a dashboard within its case-management IT system, Guardian, to document the findings and recommendations received from local boards and whether its staff have responded to AOC on behalf of local boards indicating whether the Department accepts or disagrees with local board findings and recommendations. However, the Department has not developed written guidance for using or monitoring the dashboard or tracking information included in the dashboard to ensure its staff provide responses to AOC. We will further assess the Department's implementation of this recommendation during our next followup.

19. The Department should implement its corrective action plans to address DCS Comprehensive Health Plan (CHP) performance issues that Arizona Health Care Cost Containment System (AHCCCS) identified for the remaining 37 areas for improvement.

► Status: **Implementation in process.**

According to Department documentation, between May 2024 and September 2025, the Department submitted 6 updated corrective action plans to AHCCCS identifying actions it has taken to address the remaining 37 areas for improvement.⁴ Based on AHCCCS' review, the Department had come into compliance with 32 of 37 areas. In September 2025, AHCCCS provided a letter to the Department indicating that although the Department had not provided sufficient documentation to formally close the remaining 5

⁴ As reported in our September 2023 Performance Audit and Sunset Review, in November 2022, AHCCCS reviewed the Department of Child Safety CHP's performance in 13 operational areas consisting of 148 standards. AHCCCS found that the Department complied with 99 standards but required it to develop corrective actions to improve its compliance with the remaining 49 standards. The Department developed a corrective action plan, which AHCCCS accepted in June 2023. At that time, AHCCCS also determined that the Department had come into compliance with an additional 12 standards.

areas for improvement, AHCCCS was administratively closing the remaining areas and would continue to assess the remaining areas outside of the formal review process. We will further assess the Department's implementation of this recommendation during our next followup.

20. The Department should revise and implement its policies and procedures for overseeing licensing agencies' monitoring of licensed foster homes, including by:

- a.** Improving its sampling methods to be more representative of the population of foster homes assigned to each of its contracted licensing agencies, including considering taking a risk-based sampling approach.

► Status: **Implementation in process.**

In January 2025, the Department revised its procedures for overseeing licensing agencies' monitoring of licensed foster homes by requiring its staff to review approximately 2 percent of a licensing agency's licensed foster homes each quarter. The Department has also incorporated some risk factors into its sampling and review of licensed foster homes by prioritizing homes for review that have not yet been reviewed or homes where issues identified from a home's prior review warrants additional reviews. However, the Department's procedures do not further specify the types of issues that warrant additional reviews. We will further assess the Department's implementation of this recommendation during our next followup.

- b.** Reviewing site visit reports and following up to ensure that site visits are completed, as necessary.

► Status: **Implementation in process.**

As explained in recommendation 20a, the Department has revised its procedures for overseeing licensing agencies' monitoring of licensed foster homes. These procedures include requirements for reviewing and documenting its review of caregiver files. According to the Department, these files include site visit reports. The procedures also require Department staff to complete a quarterly provider summary report, which summarizes the results of the Department's monitoring visit to the licensing agency and identifies areas for improvement, including recommended changes to the licensing agency's processes for conducting site visits. We will further assess the Department's implementation of its procedures during our next followup.

21. The Department should implement its Qualified Residential Treatment Program (QRTF) policies and procedures, conduct an assessment of whether the juvenile court is receiving timely and sufficient information as a result of these policies and procedures, and further revise these policies and procedures, as necessary.

► Status: **Implementation in process.**

As discussed in our September 2023 report, QRTPs are specialized congregate-care placements for children with emotional or behavioral needs. State juvenile court rules require the Department to provide documentation justifying the need for a child's placement in a QRTP in order for the juvenile court to consider approving this type of placement. The Department finalized its QRTP policies and procedures in April 2025 to include guidance on the information/documentation that should be provided to the juvenile court to justify the need for placing a child in a QRTP, such as a youth's service plan, each youth's progress and whether they are succeeding in the QRTP, expected length of time in the QRTP, and efforts to transition the youth to a family-like setting. The Department's QRTP policies and procedures require this information/documentation to be submitted to the juvenile court no later than 15 days prior to the juvenile court's QRTP placement review. The Department reported that it will assess the effectiveness of its QRTP policies and procedures in providing the juvenile court with timely and sufficient information on a fixed interval and plans to conduct its initial assessment in February 2026. We will further assess the Department's implementation of this recommendation during our next followup.

- 22.** The Department should develop a written plan for addressing its contractor's recommendations for Guardian improvements.

► Status: **Implemented at 18 months.**

The Department has developed a written plan for addressing its contractor's recommendations for Guardian improvements, which includes a roadmap and an operational advance-planning document highlighting ongoing and upcoming changes related to the contractor's recommendations for Guardian. The written plan includes the Department's ongoing improvement efforts, completion dates, and major project deliverables for fiscal years 2024 through 2029.

- 23.** The Department should develop and implement a written process for soliciting feedback from AOC about any issues with the accuracy and completeness of parents' and foster parents' address information it provides for local board reviews.

► Status: **Implemented in a different manner at 18 months.**

Instead of developing a written process for soliciting feedback from AOC, the Department has conducted ongoing monthly meetings with AOC to solicit feedback about various topics concerning both entities, including the accuracy and completeness of parents' and foster parents' address information. Additionally, as reported in our September 2024 Initial Followup of Report 23-102, in January 2024, the Department and AOC entered a Memorandum of Understanding in which the Department agreed to provide usernames and passwords to approved AOC staff allowing for direct access to Guardian to retrieve documents. As such, AOC staff are now able to directly access parent and foster parents' address information that has been entered into Guardian.

Sunset Factor 4: The extent to which rules adopted by the Department are consistent with the legislative mandate.

- 24.** The Department should adopt rules for the licensing and regulation of child placing and child welfare agencies.

▶ Status: **Implemented at 18 months.**

In September 2023, the Department filed a notice of final rulemaking with the Secretary of State finalizing rules it has adopted for the licensing and regulation of child placing and child welfare agencies. The rules, which became effective on November 6, 2023, establish requirements for identifying adoptive homes that best meet the child's safety, social, emotional, physical, and mental health needs, and licensing and regulating adoption agencies. The rules also establish and authorize the payment of adoption subsidies and nonrecurring adoption expenses to help support adoption of a child with special needs by providing financial assistance to the adoptive families.

Sunset Factor 6: The extent to which the Department has been able to investigate and resolve complaints that are within its jurisdiction and the ability of the Department to timely investigate and resolve complaints within its jurisdiction.

- 25.** The Department should further revise and implement its child welfare agency grievance policy and procedures, including by developing guidance for how staff should review grievances submitted by children in the care of child welfare agencies or by their parents. This guidance should include, at a minimum, the methodology for the random sampling and guidance for how to determine if the agency adequately addressed the grievances.

▶ Status: **Implementation in process.**

In April 2025, the Department revised its child welfare agency grievance policies and procedures to require staff review of all grievances submitted by children or their parents to child welfare agencies instead of conducting a random sample of these grievances for review. However, the policies and procedures do not include guidance for how staff should review grievances to determine if the agency adequately addressed them. We will further assess the Department's implementation of the policy and procedures during our next followup.