

# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X, Z, and C-3

## POLICY GUIDE 98.7

### CONTACTS WITH DCFS YOUTH IN OUT-OF-STATE RESIDENTIAL FACILITIES

**RELEASE DATE:** August 28, 1998

**TO:** Regional Administrators, Managers and Supervisors

**FROM:** Jess McDonald

**EFFECTIVE DATE:** September 14, 1998

#### **I. Purpose**

The purpose of this Policy Guide is to establish a uniform process for tracking visits to and reporting on the status of youth for whom the Department is legally responsible who are placed in residential care outside of Illinois in order to achieve more effective monitoring of the youths= progress. Procedures in this Policy Guide apply to youth placed in states contiguous to Illinois as well as those in non-contiguous states.

#### **II. Primary Users**

The primary users of this Policy Guide are Department staff responsible for making visits to DCFS youth placed out-of-state and those approving such travel.

#### **III. Procedural Requirements**

##### **Notification of Planned Trip**

The Regional Administrator or his/her designee shall provide prior notification to the Interstate Compact Office of any planned trip by a child welfare worker or other staff to visit a youth placed in a residential care facility more than fifty miles beyond the Illinois border. This notification will facilitate coordination with other staff traveling and allow for possible visits with other youth at the facility or in the general vicinity. The attached CFS 490-11, Notification of Visit to DCFS Youth in Out-of-State Residential Care, shall be completed and faxed to the DCFS Interstate Compact Office at least ten (10) working days prior to the planned trip. In the event of placement disruption or other emergency, the Regional Administrator or designee shall notify the Interstate Compact Office as soon as possible of the planned trip. (Out-of-state travel requests

for staff must still be processed in accordance with the requirements of the Governor's Travel Control Board and AP #12, Travel Procedures.)

### **Reporting On Out-of-State Visits**

Any staff having face-to-face contact with DCFS youth placed out-of-state (whether in a contiguous or non-contiguous state) shall complete a CFS 490-10, Out-of-State Residential Care Record of In-Person Client Contact, form. A separate report should be completed for each youth with whom staff had face-to-face contact. The form shall be faxed to the Interstate Compact Office within two (2) working days of the staff's return to Illinois. A copy of the report should be filed in the record of the child/youth who is the subject of the report.

### **Reporting of Unusual Incidents**

All out-of-state residential care providers have been informed that they must report all unusual incidents involving DCFS youth to both the DCFS child welfare worker and the Interstate Compact Office. If Department staff complete an unusual incident report as a result of an out-of-state visit with a youth, the staff shall immediately fax a copy of the UIR to the Interstate Compact Office.

Copies of the CFS 490-11, Notification of Visit to DCFS Youth In Out-of-State Residential Care, and CFS 490-10, Out-of-State Residential Care- Record of In-Person Client Contact, forms are attached. Supplies of these forms may be photocopied or ordered from Central Stores in the usual manner.

Notifications and reports required by this Policy Guide should be sent to:

Julie Marriott, Interstate Residential Coordinator  
DCFS Interstate Compact Office - Station 50  
406 E. Monroe  
Springfield, IL 62701-1498  
Telephone: 217/785-2680; FAX: 217/785-2459

If there are questions, please contact Ms. Marriott, or Ron Davidson, Interstate Compact Administrator.

## **IV. Filing Instructions**

This Policy Guide should be filed immediately following Rules 301, Placement and Visitation Services.

State of Illinois  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
**OUT-OF-STATE RESIDENTIAL CARE**  
**RECORD OF IN-PERSON CONTACT**

Complete and FAX to Interstate Compact Office within two (2) working days of return from in-person Visit. Complete separate report for each youth visited.

Date(s) of visit: \_\_\_\_\_

Name of visitor(s) \_\_\_\_\_

Name of out-of-state residential facility: \_\_\_\_\_

Location of out-of-state residential facility: \_\_\_\_\_

City

State

**DCFS YOUTH VISITED:** \_\_\_\_\_

DCFS ID Number: \_\_\_\_\_ Target Removal Date: \_\_\_\_\_

<b>Therapeutic Environment &amp; Safety</b>		
<b>Inspect Physical Plant</b>	<b>Response</b>	<b>Comments &amp; Observations</b>
Any (observable) deficiencies with the physical plant?	Yes No	
Living unit common areas/day rooms clean?	Yes No	
Day room furniture clean and in good repair?	Yes No	
Bedrooms have individualized/homelike appearance (i.e. clients are encouraged to display family photos, poster, artwork, etc.)?	Yes No	
Bedrooms have adequate storage for clothing and personal belongings?	Yes No	
Unit dining area clean (floors, microwave oven, stove refrigerator, countertops, etc.)?	Yes No	
Unit free of graffiti and gang signs in all areas?	Yes No	

<b>Staff Performance and Program Leadership</b>		
<b>Observe Staff/Client Interaction</b>	<b>Response</b>	<b>Comments &amp; Observations</b>
Staff engage clients in a therapeutic manner i.e. limit-setting is non-threatening, staff convey attitude of respect and caring towards clients, etc.)?	Yes No	
Staff appear to have unit(s) under control (i.e.. clients were not observed acting out, engaging in provocative behaviors, or violating unit rules)?	Yes No	
Staff appear knowledgeable about client histories and individualized treatment components when questioned by visitor?	Yes No	
Direct-care staffing levels on shifts and units appear adequate to appropriately monitor facility ensure safety, and meet client's needs?	Yes No	

<b>Interview With Youth</b>		
<b>Specific Questions To Ask Youth</b>	<b>Response</b>	<b>Comments &amp; Observations</b>
Do you feel safe here?	Yes No	
Do you have adequate clothing?	Yes No	
Do you get enough to eat?	Yes No	
How does the staff treat you?		
How often do you have phone contact with your family? With whom?		
What kinds of physical activity do you participate in ?		
Is there anything you need?		

CFS 490-10 (7/98)  
IL 418-0723

Visitor's additional observations and recommendations:

Visitor's Name: \_\_\_\_\_ R/S/F: \_\_\_\_\_

Visitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete and FAX to DCFS Interstate Compact Office within two (2) working days of return from in-person visit.

FAX to:

DCFS Interstate Compact Office  
Residential Coordinator  
406 E. Monroe, Station 50  
Springfield, Illinois 62701  
Phone: (217) 785-2680  
**FAX: (217) 785-2459**