

**ACR Feedback Response and Action Plan (FRAP)
for Critical Issues**

This form is to be completed and distributed by the casework supervisor within 14 days of receiving the ACR Feedback Report identifying a critical issue. A copy of the original feedback report must be attached. The approval of the DCFS Area Administrator or POS equivalent is required.

Date of ACR: _____ Date Feedback Received: _____
Date of Response: _____ Best Interest Category: (check all those that apply) Safety
 Permanency
 Well-being
Case Name: _____ Family ID #: _____
RSF: _____ Agency: _____ Location: _____
Worker: _____ Supervisor: _____

A. List all of the critical issues identified by ACR. As needed, include the name of the child to whom the issue applies.

B. Response to each finding. Include any factors that mitigate the critical issues listed.

C. Plan for Resolution: Outcome and Time Frames. Include the name of the person responsible for each activity.

Approved by:

Signature of Supervisor

Date

Signature of DCFS/POS Administrator

Date

Title

Return to: Department of Children & Family Services
ACR Feedback Response Coordinator
1921 S. Indiana, 2nd Floor
Chicago, IL 60616
Fax #: 312-328-2749