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Illinois Child Endangerment Risk Assessment Protocol
FY2019 Annual Evaluation

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April 2019

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Illinois Child Endangerment Risk Assessment Protocol
FY2019 Evaluation

1. Introduction and Purpose

The Child Endangerment Risk Assessment Protocol (CERAP) is a safety assessment protocol used in child protection investigations and child welfare services in Illinois. This "life-of-the case" protocol is designed to provide workers with a mechanism for quickly assessing the potential for moderate to severe harm to a child in the immediate or near future and for taking quick action to protect children. Workers utilize the protocol at specified milestones throughout the life of an investigation or child welfare case to help focus their decision-making to determine whether a child is safe or unsafe, and if unsafe, decide what actions must be taken to assure his or her safety. When immediate risk to a child's safety is identified, the protocol requires that action be taken, such as the implementation of a safety plan or protective custody.

Each year since 1997, the Children and Family Research Center (CFRC) has conducted an evaluation related to the reliability and validity of the CERAP. Selection of the focus of each year's CERAP evaluation is made in consultation with the CERAP Advisory Committee; research questions are selected that examine or address current concerns related to child safety within the state. In the recent past, due to an increased scrutiny of the safety of children served in intact family cases, the CERAP evaluations have focused on caseworker compliance with safety assessment procedures among intact family cases. CERAP procedures specify that a safety assessment should be conducted at the following "milestones" during an intact family case:

1. Within 5 working days after initial case assignment and upon any and all subsequent case transfers. Note: If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for CERAP safety assessment and safety planning until the investigation is complete. When the investigation is completed and approved, the assigned intact worker has 5 work days to complete a new CERAP.

2. Every 90 calendar days from the case opening date.

3. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

4. Every 5 working days following the determination that a child is unsafe and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted as if there was no safety plan (i.e., would the child be safe without the safety plan?).

5. Within 5 working days of a supervisory approved case closure.

The FY2018 CERAP evaluation examined how frequently caseworkers completed the CERAP for intact family case milestones 1, 2, 4, and 5 in the above list during 2014-2017. The results of the evaluation indicated that completion rates varied substantially for the different intact family case milestones:

- Milestone 1: Between 67% and 76% of intact family cases each year had a CERAP assessment within 15 days of case opening.
- Milestone 2: Between 17-18% of intact family cases had a CERAP completed every 90 days during the time that the case was open.
- Milestone 4: Between 56% and 65% of the intact family cases with an unsafe safety decision had another CERAP completed within 5 working days.
- Milestone 5: Between 64% and 71% of intact family cases had a CERAP completed within 30 days prior to the case close date or within 5 days after it.

The FY2018 evaluation did not examine intact family milestone 3 (MS3). This milestone, "whenever evidence or circumstances suggest that a child's safety may be in jeopardy," is not *required* for any intact family case, but should be completed at the caseworker's discretion if he or she believes that a child may be in jeopardy in the intact family home. Since there is no requirement to complete MS3, previous evaluations have not examined the characteristics of the children and families associated with the cases where a MS3 is completed, nor have the contents of the MS3 safety assessments been examined.

Therefore, the goal of the FY2019 CERAP evaluation is to examine and describe the characteristics of the intact family cases in which a CERAP is completed for MS3. The following research questions are examined:

1. What percentage of intact family cases have a CERAP completed for MS3? At what point after case opening do most MS3 CERAPs occur? Which safety factors are most likely to be identified in the MS3 CERAPs? What percentage of MS3 CERAPs have a safety decision of safe versus unsafe?
2. Do the intact family cases that have a MS3 completed differ from those that do not have a MS3 completed? If so, in what ways?
3. What happens among intact family cases after the caseworker completes a MS3 CERAP? Is there an additional investigation or a child removal?

2. Sample

In this report, an intact family case is defined as one in which all children remained in the home on the case opening date; in other words, no children were removed from the home and placed into substitute care. Intact family cases that were open for 7 days or less were excluded from the analyses, as were cases in which any child in the family entered substitute care within 30 days of the case open date. Intact family cases opened in FY2014 – FY2018 were included in the analyses. The cut-off date of the analyses in the report was December 31, 2018; cases opened after that date were not included.

3. Results

3.1 Descriptive Analysis of MS3 CERAPs in Intact Family Cases

Table 1 shows the number of intact family cases opened each fiscal year between 2014 and 2018, inclusive. It also displays the number and percentage of these cases that had at least one "intact family services" CERAP completed between the case open date and the case close date, the number and percentage that had at least one "other" (i.e., "child protection investigation," "placement cases," or "prevention services") CERAP completed, and the number and percentage that did not have *any* CERAP completed. Between 82-88% of all intact family cases had at least one CERAP completed for one of the intact family services milestones and between 10-14% had no CERAP completed while the case was open.

Table 1. Intact Family Cases With At Least One CERAP Safety Assessment Completed

FY	Intact Family Cases Opened	At least one "intact family services" CERAP		At least one "other" CERAP		No CERAP	
		N	%	N	%	N	%
2014	5,458	4,541	83.2%	178	3.3%	739	13.5%
2015	4,431	3,646	82.3%	207	4.7%	578	13.0%
2016	4,150	3,506	84.5%	209	5.0%	435	10.5%
2017	4,770	4,174	87.5%	180	3.8%	416	8.7%
2018	5,157	4,378	84.9%	268	5.2%	511	9.9%

Table 2 shows the number of intact family cases opened each fiscal year and the number and percentage of these that had at least one CERAP completed for MS3. Each year, approximately 8-10% of intact family cases have a CERAP completed because the caseworker feels that "evidence or circumstances suggest that the child's safety may be in jeopardy." Of those intact family cases that had at least one MS3 completed, 72-80% had only one completed, 15-19% had two MS3 CERAPs completed, and 5-10% had three or more completed (see Table 3).

Table 2. Intact Family Cases With At Least One CERAP Completed for Milestone 3

FY	Intact Family Cases Opened	At least one MS3		No MS3	
		N	%	N	%
2014	5,458	456	8.4%	5,002	91.6%
2015	4,431	373	8.4%	4,058	91.6%
2016	4,150	396	9.5%	3,754	90.5%
2017	4,770	414	8.7%	4,356	91.3%
2018	5,157	386	7.5%	4,771	92.5%

Table 3. Number of Milestone 3 CERAPs Completed Per Intact Family Case

FY	Intact Family Cases with at least one MS3 CERAP	One MS3 CERAP		Two MS3 CERAPs		Three or more MS3 CERAPs	
		N	%	N	%	N	%
2014	456	346	75.9%	70	15.3%	40	8.8%
2015	373	282	75.6%	64	17.2%	27	7.2%
2016	396	284	71.7%	74	18.7%	38	9.6%
2017	414	310	74.9%	69	16.7%	35	8.5%
2018	386	309	80.1%	56	14.5%	21	5.4%

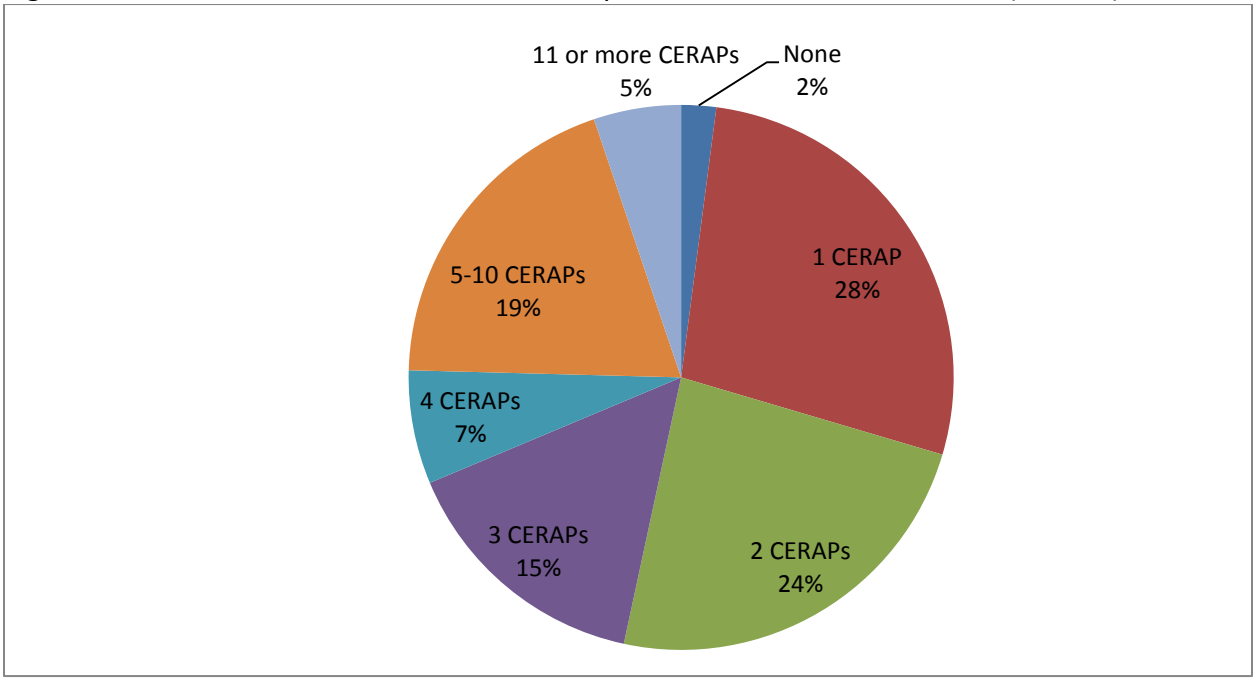
Next, we examined the number of days between the case opening date and the date of the first MS3 CERAP (Table 4). There was no one period of time that MS3 CERAPs were more likely to be completed during the case; they were completed during the early (<31 days), middle (31-180 days), and later (>180 days) periods after case opening.

Table 4. Number of Days Between Case Opening Date and First Milestone 3 CERAP

FY	Families with MS3 CERAP	0 Days		1-30 Days		31-60 Days		61-120 Days		121-180 Days		181 or more Days	
		N	%	N	%	N	%	N	%	N	%	N	%
2014	456	2	0.4%	70	15.4%	75	16.5%	104	22.8%	80	17.5%	125	27.4%
2015	373	1	0.3%	68	18.2%	66	17.7%	77	20.6%	58	15.6%	103	27.6%
2016	396	0	0.0%	63	15.9%	75	18.9%	98	24.8%	68	17.2%	92	23.2%
2017	414	0	0.0%	75	18.1%	73	17.6%	91	22.0%	66	15.9%	109	26.3%
2018	386	2	0.5%	68	17.6%	75	19.4%	107	27.7%	72	18.7%	62	16.1%

We also examined the number of CERAPs between the case open date and the first MS3 CERAP; these would be CERAPs that were completed for any of the other intact family milestones (Figure 1). In FY2018, 52% of the intact family cases had one or two CERAPs completed before their first MS3 CERAP; 22% had three or four CERAPs completed; and 24% had 5 or more CERAPs completed before the first MS3 CERAP occurred.

Figure 1. Number of CERAPs Between Case Open Date and First MS3 CERAP (FY2018)



If the family had a MS3 CERAP completed, we examined the number of safety threats that were identified and which safety threats were most likely to be identified. The safety threats are listed in Table 5 and are referred to by those numbers in the following tables and figures.

Table 5. CERAP Safety Threats

Safety Threat #	Safety Threat Description
1	A caregiver, paramour, or member of the household whose behavior is violent and out of control.
2	A caregiver, paramour, or member of the household is suspected of abuse or neglect that resulted in moderate to severe harm to a child or has made a plausible threat of such harm to a child.
3	A caregiver, paramour, or member of the household has documented history of perpetrating childabuse/neglect. The severity of the maltreatment, coupled with the caregiver's failure to protect, suggests child safety may be an urgent and immediate concern.
4	Child sex abuse is suspected and circumstances suggest child safety may be an immediate concern.
5	A caregiver, paramour, or member of the household is hiding the child, refuses access, or there is some indication that a caregiver may flee with the child.
6	Child is fearful of his/her home situation because of the people linving in or frequenting the home.
7	A caregiver, paramour, or member of the household describes or acts toward the child in a predominantly negative manner.

8	A caregiver, paramour, or member of the household has dangerously unrealistic expectations for the child.
9	A caregiver, paramour, or member of the household expresses credible fear that he/she may cause moderate to severe harm to a child.
10	A caregiver, paramour, or member of the household has not, will not, or is unable to provide sufficient supervision to protect a child from potentially moderate to severe harm.
11	A caregiver, paramour, or member of the household refuses to or is unable to meet a child's medical or mental health care needs and such lack of care may result in moderate to severe harm to a child.
12	A caregiver, paramour, or member of the household refuses to or is unable to meet the child's need for food, clothing, shelter, and/or appropriate environmental living conditions.
13	A caregiver, paramour, or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect, or care for the child.
14	A caregiver, paramour, or member of the household whose observed or professionally diagnosed or documented mental/physical illness or developmental disability seriously impacts his/her ability to meet the immediate needs of the child.
15	The presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection of a child from moderate to severe harm.
16	A caregiver, paramour, or member of the household or other person responsible for a child's welfare engaged in or credibly alleged to be engaged in human trafficking poses a safety threat of moderate to severe harm to the child.

During 2014-2018, about a third of the MS3 CERAPs did not have any safety threats identified, around 40% had a single safety threat identified, and 16-17% had two safety threats identified (see Table 6). The number of CERAPs with three or more safety threats identified was relatively small.

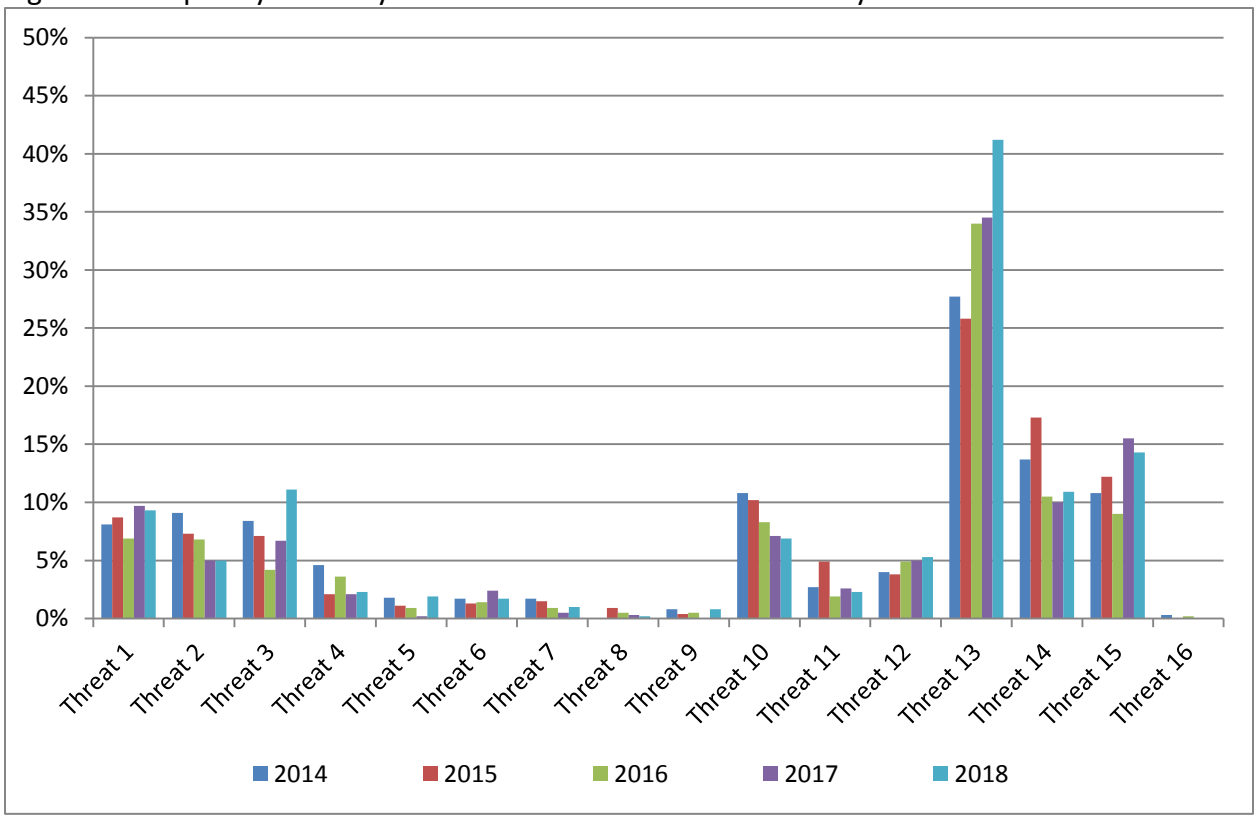
Table 6. Number of Safety Threats Identified in Milestone 3 CERAPs

FY	Number of MS3 CERAPs	Zero		One		Two		Three		Four		Five or more	
		N	%	N	%	N	%	N	%	N	%	N	%
2014	656	244	37.2	237	36.1	108	16.5	38	5.8	18	2.7	11	1.7
2015	532	191	35.9	213	40.0	81	15.2	27	5.1	10	1.9	10	1.9
2016	591	212	35.9	253	42.8	98	16.6	19	3.2	4	0.7	5	0.9
2017	580	206	35.5	234	40.3	97	16.7	29	5.0	10	1.7	4	0.7
2018	524	148	28.2	238	45.4	87	16.6	35	6.7	11	2.1	5	1.0

Note: The number of MS3 CERAPs is greater than the number of intact families with a MS3 CERAP because some families have more than one MS3 CERAP.

When the safety threats identified in each of the MS3 CERAPs completed each year were examined, it was clear that some safety threats were identified much more frequently than others (see Figure 2). The most frequently identified safety threat in MS3 CERAPs was #13 "a caregiver, paramour, or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect, or care for the child." This safety threat appeared in 26-41% of the MS3 safety assessments completed in FY2014-FY2018. The next most frequently identified safety threats were #14 ("a caregiver, paramour, or member of the household whose observed or professionally diagnosed or documented mental/physical illness or developmental disability seriously impacts his/her ability to meet the immediate needs of the child.") and #15 ("the presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection of a child from moderate to severe harm."). Several safety threats occur relatively less frequently (<5% of the CERAPs completed each year), including #4, #5, #6, #7, #8, #9, and #16, compared to other threats.

Figure 2. Frequency of Safety Threats Identified in MS3 CERAPs by Year



The safety decisions that were made in the MS3 safety assessments were also examined (Table 7). Each year, about 45-55% of the MS3 CERAPs had a safety decision of "unsafe."

Table 7. Safety Decisions in MS3 Safety Assessments

FY	Milestone 3 Assessments	Safety Decision			
		Safe	%	Unsafe	%
2014	656	384	58.5%	272	41.5%
2015	532	288	54.1%	244	45.9%
2016	591	297	50.3%	293	49.6%
2017	580	286	49.3%	292	50.3%
2018	524	236	45.0%	287	54.8%

Note: The number of MS3 CERAPs is greater than the number of intact families with a MS3 CERAP because some families have more than one MS3 CERAP.

3.2 Characteristics of Intact Family Cases With MS3 CERAPs

For the next set of analyses, we examined whether certain family or case characteristics were associated with the likelihood of having a MS3 CERAP completed. If there is an association between the characteristic and a MS3 CERAP, it means that caseworkers were more likely to find circumstances that suggest the child's safety was in jeopardy. We examined these relationships using the chi-squared test, and a p-value <0.05 was considered statistically significant. The first characteristic examined was child age. For each year, we examined the percentage of families with a MS3 that had a young child (<4 years old) versus those that did not (Table 8). The results show that in two years (2017 and 2018), there was an association between having a young child in the family and having a MS3 CERAP completed (p = .006 and 0.015).

Table 8. Relationship Between Milestone 3 and Child Age

FY	MS3 Completed?	At least one child 0-3 years old		All children 4 years and older		*P* Value
		N	%	N	%	
2014	Yes	240	52.6%	216	47.4%	0.819
	No	2,660	53.2%	2,341	46.8%	
2015	Yes	218	58.5%	155	41.6%	0.365
	No	2,273	56.0%	1,785	44.0%	
2016	Yes	234	59.1%	162	40.9%	0.111
	No	2,061	54.9%	1,693	45.1%	
2017	Yes	255	61.6%	159	38.4%	0.006
	No	2,376	54.6%	1,979	45.4%	
2018	Yes	244	63.2%	142	36.8%	0.015
	No	2,711	56.8%	2,060	43.2%	

Table 9 shows the relationships between child race and the likelihood of having a MS3 CERAP. The relationship was statistically significant each year; White children were more likely than expected to have a MS3 CERAP completed, and African American children were less likely to have a MS3 CERAP completed than expected.

Table 9. Relationship Between Milestone 3 and Child Race

FY	MS3 Completed?	White		African American		Hispanics		Other Ethnicity		*P* Value
		N	%	N	%	N	%	N	%	
2014	Yes	245	53.7%	118	25.9%	76	16.7%	17	3.7%	0.003
	No	2,381	47.6%	1,682	33.6%	702	14.0%	237	4.7%	
2015	Yes	194	52.0%	96	25.7%	71	19.0%	12	3.2%	0.006
	No	1,853	45.7%	1,413	34.8%	678	16.7%	114	2.8%	
2016	Yes	241	60.9%	80	20.2%	61	15.4%	14	3.5%	<0.000
	No	1,767	47.1%	1,250	33.3%	664	17.7%	73	1.9%	
2017	Yes	251	60.6%	89	21.5%	65	15.7%	9	2.2%	<0.000
	No	2,125	48.8%	1,401	32.2%	712	16.4%	118	2.7%	
2018	Yes	222	57.5%	105	27.2%	48	12.4%	11	2.9%	0.005
	No	2,303	48.3%	1,620	34.0%	726	15.2%	122	2.6%	

Next, the relationship between DCFS region and MS3 was examined (Table 10). The results show that in 2015 – 2018, MS3 CERAPs were less likely to occur than expected among intact family cases in the Cook region and more likely to occur than expected in the Central and Southern regions.

Table 10. Relationship Between Milestone 3 and Region

FY	MS3 Completed?	Cook		Northern		Central		Southern		*P* Value
		N	%	N	%	N	%	N	%	
2014	Yes	163	35.8%	89	19.5%	136	29.8%	68	14.9%	0.088
	No	1,936	38.7%	1,056	21.1%	1,222	24.4%	788	15.8%	
2015	Yes	123	33.0%	94	25.2%	92	24.7%	64	17.2%	0.026
	No	1,645	40.5%	914	22.5%	945	23.3%	554	13.7%	
2016	Yes	106	26.8%	77	19.4%	126	31.8%	87	22.0%	<0.000
	No	1,394	37.1%	837	22.3%	875	23.3%	648	17.3%	
2017	Yes	80	19.3%	97	23.4%	129	31.2%	108	26.1%	<0.000
	No	1,454	33.4%	1,032	23.7%	1,072	24.6%	798	18.3%	
2018	Yes	85	22.0%	69	17.9%	136	35.2%	96	24.9%	<0.000
	No	1,568	32.9%	915	19.2%	1,415	29.7%	873	18.3%	

There was a strong relationship between intact families that had an indicated report within the 24 months prior to the intact family case open date and the presence of a MS3 CERAP (Table

11); families with prior indicated reports were more likely to have an MS3 CERAP than expected.

Table 11. Relationship MS3 CERAP and Prior Indicated Reports

FY	MS3 Completed?	No indicated report[a] within 24 months before case open		Indicated report[b] within 24 months before case open		*P* Value
		N	%	N	%	
2014	Yes	144	31.6%	312	68.4%	<0.000
	No	2,178	43.5%	2,824	56.5%	
2015	Yes	30	8.0%	343	92.0%	<0.000
	No	762	18.8%	3,296	81.2%	
2016	Yes	51	12.9%	345	87.1%	<0.000
	No	862	23.0%	2,892	77.0%	
2017	Yes	64	15.5%	350	84.5%	<0.000
	No	1,203	27.6%	3,153	72.4%	
2018	Yes	60	15.5%	326	84.5%	<0.000
	No	1,360	28.5%	3,411	71.5%	

[a]This includes either families who had no indicated reports or their latest report was not indicated.
[b]This only includes family's latest report before case open.

3.3 What Happens After a Milestone 3 CERAP is Completed?

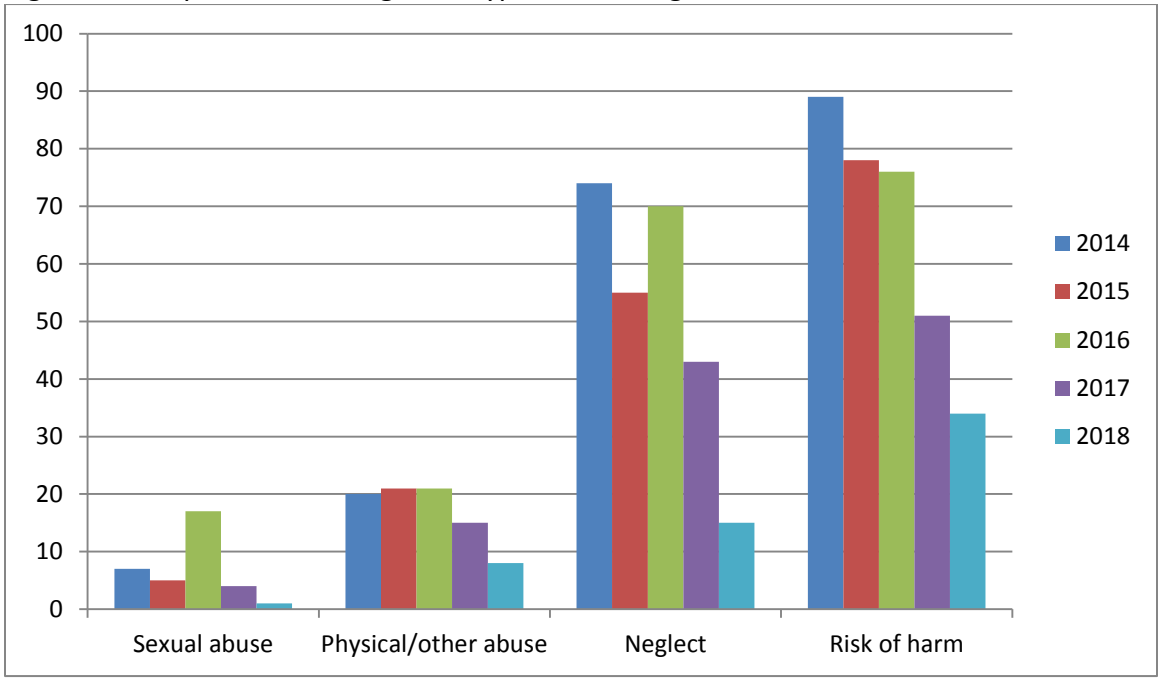
The final section examines what happens to families after a MS3 CERAP is completed. Table 12 shows the number and percentage of families that had an investigation within 6 months of their last MS3 CERAP. About a quarter of the families that had a MS3 CERAP completed had at least one investigation within 6 months. Of the families with one or more investigations, Figure 3 shows the frequencies of the allegation types included in the investigations. The most frequent type of allegation each year was risk of harm, followed by neglect.

Table 12. Number of Investigations Within 6 Months of the Last Milestone 3 CERAP

FY	Families with MS3 CERAP	None		One		Two or more	
		N	%	N	%	N	%
2014	434	314	72.3%	94	21.7%	26	6.0%
2015	325	233	71.7%	64	19.7%	28	8.6%
2016	328	230	70.1%	72	22.0%	26	7.9%
2017	280	212	75.7%	56	20.0%	12	4.3%
2018	157	116	73.9%	33	21.0%	8	5.1%

Note: We excluded the families from this analysis if their last Milestone 3 assessment was completed after June 30, 2018 or if their family case is still open as of December 31, 2018.

Figure 3. Frequencies of Allegation Types in Investigations After Milestone 3 CERAPs



Note: We excluded the families from this analysis if their last Milestone 3 assessment was completed after June 30, 2018 or if their family case is still open as of December 31, 2018. Allegations were not mutually exclusive; a family could have several allegation types in their investigation. See Appendix A for a list of the allegations included in each category and see DCFS Procedures 300 Appendix B for definitions of the specific allegations. https://www2.illinois.gov/dcfs/aboutus/notices/Documents/Procedures_300_Appendix_B.pdf

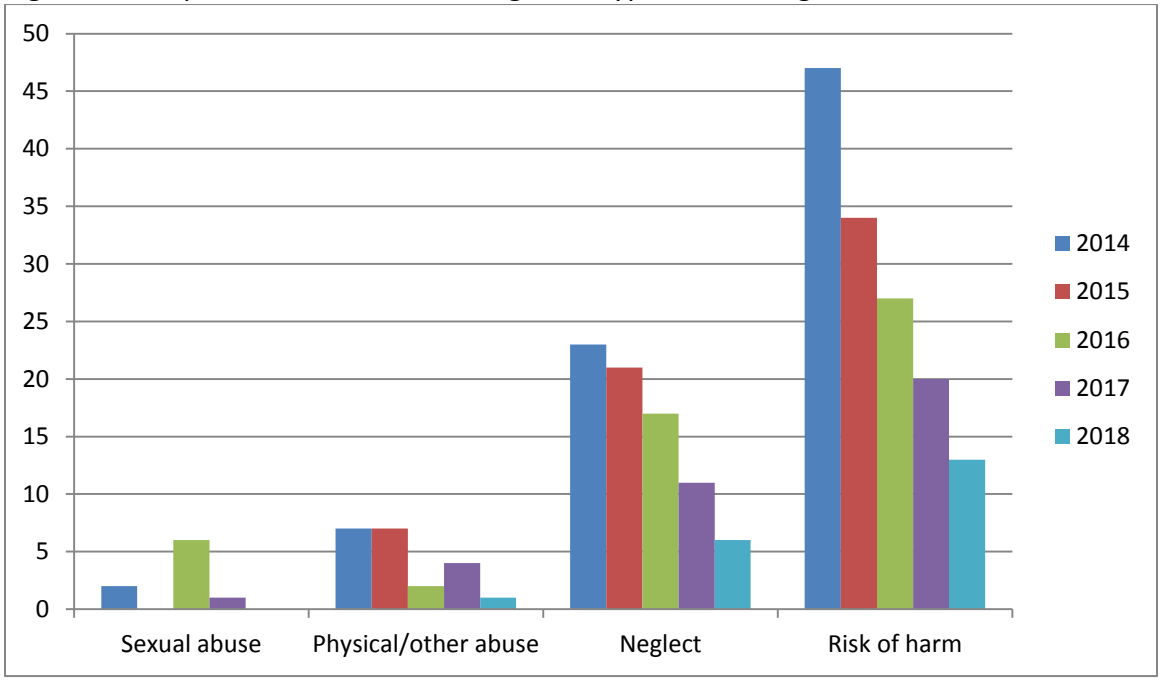
Table 13 shows the number of indicated investigations that occurred within 6 months of a family's last MS3 CERAP. About 9-13% of the families that had a MS3 CERAP completed had at least one indicated investigation within 6 months. Figure 4 examines the frequencies of the different indicated allegations that were included in these investigations. The most frequent indicated allegation type was risk of harm, followed by neglect.

Table 13. Number of Indicated Investigations Within 6 Months of Last Milestone 3 CERAP

FY	Families with MS3 CERAP	None		One		Two or more	
		N	%	N	%	N	%
2014	434	373	85.9%	56	12.9%	5	1.2%
2015	325	279	85.9%	39	12.0%	7	2.2%
2016	328	291	88.7%	31	9.5%	6	1.8%
2017	280	254	90.7%	24	8.6%	2	0.7%
2018	157	140	89.2%	17	10.8%	0	0.0%

Note: We excluded the families from this analysis if their last Milestone 3 assessment was completed after June 30, 2018 or if their family case is still open as of December 31, 2018.

Figure 4. Frequencies of Indicated Allegation Types in Investigations After Milestone 3 CERAPs



Note: We excluded the families from this analysis if their last Milestone 3 assessment was completed after June 30, 2018 or if their family case is still open as of December 31, 2018. Allegations were not mutually exclusive; a family could have several Indicated allegation types in their investigation. See Appendix A for a list of the allegations included in each category and see DCFS Procedures 300 Appendix B for definitions of the specific allegations. https://www2.illinois.gov/dcfs/aboutus/notices/Documents/Procedures_300_Appendix_B.pdf

Finally, we examined whether any children were removed from the home after a MS3 CERAP was completed (Table 14). The results of the analysis indicate that each year, between 21-28% of the intact families had at least one child removed after their first MS3 CERAP was completed.

Table 14. Child Removals Following a Milestone 3 CERAP

FY	Families with MS3 CERAP	No child was removed after the first MS3		At least one child was removed after the first MS3	
		N	%	N	%
2014	456	360	78.9%	96	21.1%
2015	373	272	72.9%	101	27.1%
2016	396	296	74.7%	100	25.3%
2017	414	298	72.0%	116	28.0%
2018	386	306	79.3%	80	20.7%

Note: All the family cases included in this report were opened as intact family cases; yet, some of these family cases might not receive intact family services at the time when their family cases were closed.

4. Summary and Recommendations

CERAP procedures specify when a safety assessment is supposed to be completed during investigations, prevention services cases, intact family service cases, and placement cases. Recent CERAP evaluations have focused on caseworker completion at each of the milestones for intact family cases, with the exception of milestone three, which specifies that a safety assessment should be completed "whenever evidence or circumstances suggest that a child's safety may be in jeopardy." The FY2019 CERAP evaluation focused on CERAP safety assessments that were completed for this milestone among intact family cases that were opened during 2014-2018.

The results of the analyses revealed that between 8-10% of the intact family cases opened each year had a CERAP completed for this milestone (MS3). There was no one particular time that a MS3 CERAP was more likely to be completed during the life of an intact family case; they were equally likely to occur during the early months and the later months after case opening. When a MS3 CERAP was completed, about 36% did not have any safety threats identified, about 40-45% had one safety threat identified, and 16-17% had two safety threats identified. The most commonly identified safety threat was "a caregiver, paramour, or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect, or care for the child." This safety threat appeared in 26-41% of the MS3 safety assessments completed in FY2014-FY2018. Other frequently occurring safety threats were "a caregiver, paramour, or member of the household whose observed or professionally diagnosed or documented mental/physical illness or developmental disability seriously impacts his/her ability to meet the immediate needs of the child" and "the presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection of a child from moderate to severe harm." About half of the MS3 CERAPs each year had a safety decision of unsafe.

Additional analyses examined if certain types of intact family cases were more likely to have a MS3 completed; the results indicated that caseworkers were more likely to complete a MS3 CERAP in intact family cases with young children (less than 4 years old)[1] and White children, and in cases in which there was an indicated investigation within the 24 months prior to the case open date. Caseworkers in the Central and Southern regions were also more likely to complete a MS3 CERAP than those in the Cook region.

The final set of analyses examined what happened to intact families after a MS3 CERAP was completed. About a quarter of the families had a new investigation within 6 months of a MS3 CERAP and 9-13% had an indicated investigation within 6 months. In addition, between 21-28% of the families had at least one child removed following the completion of a MS3 CERAP.

[1] This was true for intact cases opened in FY2017 and FY2018. The relationship between child age and MS3 CERAP completion was not significant in FY2014-FY2016.

Based on the results of the evaluation, the CERAP Advisory Committee offers the following recommendations:

1. On the current CERAP safety assessment form, there is no place for the caseworker to indicate why they believe that "evidence or circumstances suggest that a child's safety may be in jeopardy" (i.e., why they are completing the MS3 CERAP assessment). The committee recommends that space be added to the form so that the caseworker completing the form can describe the evidence or circumstances that led them to complete the CERAP at that time.
2. The results of the current report should be distributed to intact staff through presentations at a CWAC Front End subcommittee and quarterly intact providers meeting.

Appendix A. Allegations Included in Allegation Groups

Allegation Group	Allegations
Sexual Abuse	(18) Sexually Transmitted Diseases
	(19) Sexual Penetration
	(20) Sexual Exploitation
	(21) Sexual Molestation
	(40/90) Human Trafficking of Children
Physical or Other Abuse	(1) Death
	(2) Head Injuries
	(4) Internal Injuries
	(5) Burns
	(6) Poison/Noxious Substances
	(7) Wounds
	(9) Bone Fractures
	(11) Cuts Bruises Welts Abrasions and Oral Injuries
	(12) Human Bites
	(13) Sprains/Dislocations
	(15/65) Substance Misuse
	(14) Tying/Close Confinement
	(16) Torture
	(17/67) Mental and Emotional Impairment
Neglect	(51) Death by Neglect
	(52) Head Injuries by Neglect
	(54) Internal Injuries by Neglect
	(55) Burns by Neglect
	(56) Poison – Noxious Substances by Neglect
	(57) Wounds by Neglect
	(59) Bone Fractures by Neglect
	(61) Cuts Bruises Welts Abrasions and Oral Injuries by Neglect
	(62) Human Bites by Neglect
	(63) Sprains/Dislocations by Neglect
	(74) Inadequate Supervision
	(75) Abandonment/Desertion
	(76) Inadequate Food
	(77) Inadequate Shelter
	(78) Inadequate Clothing
	(79) Medical Neglect
	(81) Failure to Thrive
	(83) Malnutrition
	(84) Lock-out
	(85) Medical Neglect of Disabled Infants
	(93-84a) Lock-Out-Community Location

	(94-84b) Lock-Out-Psychiatrically Hospitalized
	(95-84c) Lock-Out-Correctional Facility
Risk of Harm	(10/60) Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare
	(86-10a) Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare-Incidents of Violence or Intimidation
	(87-10b) Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare-Medical Child Abuse (Factitious Disorder by Proxy or Munchausen by Proxy.....)"
	(22a) Substantial Risk of Sexual Abuse - Sex offender has access
	(22b) Substantial Risk of Sexual Abuse - Sibling of sex abuse victim
	(22c) Substantial Risk of Sexual Abuse - Sexualized behavior of young child
	(22d) Substantial Risk of Sexual Abuse - Child Pornography
	(22e) Substantial Risk of Sexual Abuse – Suggestive Behavior