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Illinois Child Endangerment Risk Assessment Protocol FY2021 Annual Evaluation

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Illinois Child Endangerment Risk Assessment Protocol FY2021 Evaluation

1. Introduction and Background

1.1 Development of the Child Endangerment Risk Assessment Protocol

Increased attention to incidents of severe child maltreatment in Illinois during 1993 and 1994 led to the passage of Senate Bill 1357, which became effective as PA 88-614 on September 7, 1994. In part, this bill required that the Illinois Department of Children and Family Services (DCFS, the Department):

- develop a standardized child endangerment risk assessment protocol, training procedures, and a method of demonstrating proficiency in the application of the protocol by July 1, 1996;
- train and certify all DCFS and private agency workers and supervisors in protocol use by July 1, 1996; and
- submit an annual evaluation report to the Illinois General Assembly, which includes an examination of the reliability and validity of the protocol.

In addition, the legislation specified the establishment of a multidisciplinary advisory committee, appointed by the Director of DCFS, which included representation from experts in child development, domestic violence, family systems, juvenile justice, law enforcement, health care, mental health, substance abuse, and social services. DCFS was also required to contract with an outside expert to provide services related to the development, implementation, and evaluation of the protocol.

The safety assessment protocol that was developed, known as the Child Endangerment Risk Assessment Protocol (CERAP), is a “life-of-the case” protocol is designed to provide child protection specialists (investigators) and child welfare specialists 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. DCFS and private agency staff utilize the CERAP 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.

In the 15 months following its creation, a training curriculum and certification criteria were developed, and over 6000 workers and supervisors were trained and tested for proficiency. CERAP implementation “officially” occurred on December 1, 1995, which is the date that all DCFS workers and private providers had been trained in the use of the protocol and over 99% had been successfully certified.

1.2 CERAP Practice and Procedures

Current practice for use of the CERAP throughout the life of a case is described in DCFS Procedures 300 Appendix G.¹ According to the procedures, the CERAP “is a process whose purpose is to identify the likelihood of moderate to severe harm, i.e., safety threats, in the immediate future. 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” (Appendix G, p. 3).

The CERAP must be completed at specified milestones during an investigation, an intact family case, and a placement case. During an investigation, the CERAP should be completed:

1. Within 24 hours after the investigator first sees the alleged child victim;
2. Whenever evidence or circumstances suggest that a child’s safety may be in jeopardy;
3. Every five working days following the decision that any child in a family 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 considering the child’s safety status as if there was no safety plan, (i.e., would the child be safe without the safety plan?);
4. At the conclusion of an investigation, unless a service case is opened. All children in the home, alleged victims and non-involved children must be included in the assessment. When the initial safety assessment is marked safe and no more than 30 days have lapsed since it was completed, a closing assessment is not needed unless required by the supervisor.

For intact family cases, a safety assessment must be completed on the child’s home environment at the following milestones:

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 decision 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

¹ https://www2.illinois.gov/dcf/aboutus/notices/Documents/Procedures_300_Appendix_C_to_L.pdf

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.

For placement cases with a reunification goal, CERAP assessments must be conducted considering children's safety as if they are to be returned to the caregivers from whom they were removed. At a minimum, safety must be assessed at the following milestones:

1. Within 5 working days after a worker receives a new or transferred case, when there are other children in the home of origin;
2. Every 90 calendar days from the case opening date;
3. When considering the commencement of unsupervised visits in the home of the parent or guardian;
4. Within 24 hours prior to returning a child home;
5. When a new child is added to a family with a child in care;
6. Within 5 working days after a child is returned home and every month thereafter until the family case is closed;
7. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

The first step in completing a CERAP is the safety threat assessment. Safety threats are behaviors or conditions that may be associated with a child or children being in danger of moderate to severe harm immediately or in the near future. The presence of one or more of the safety threats does not, in and of itself, mean that a child should be determined to be unsafe. The worker must also consider other factors, including the child's vulnerability, the severity of the condition or behavior, and the family's history. When a safety threat is present, the worker must summarize the available information which indicated that no child is likely to be in immediate danger of moderate to severe harm. There are 16 safety threats included in the CERAP:

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 who 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 child abuse/neglect or any person for whom there is reasonable cause to believe that he/she previously abused or neglected a child. 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 living 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 the 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 impairs 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, 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.

For each safety threat that is identified, the worker should describe how the particular threat relates to specific individuals, behaviors, conditions, and circumstances. When no safety threats are identified, the safety decision should be marked as "safe." When one or more safety threats have been identified, the worker describes any family strengths or actions that may mitigate the threat to child safety. If all of the identified threats are adequately controlled by family strengths, the children should be assessed as "safe."

Based on an analysis of the safety threats, family strengths, and mitigating circumstances, the worker makes a safety decision of either safe or unsafe. If no safety threats are identified or if one or more safety threats are identified and all are adequately controlled by family strengths or actions, all involved children should be assessed as safe. If one or more safety threat has been identified and is not controlled by family strengths or actions, the children affected should be assessed as unsafe.

If one or more children are assessed as unsafe, a safety plan must be developed and implemented or protective custody must be taken to avoid immediate danger to a child. Detailed instructions on the development of safety plans are located in DCFS Procedures 300 Appendix G, pages 16 – 22.

1.3 Evaluating the Reliability and Validity of the CERAP

Public Act 88-614 mandates that the Department complete an annual evaluation of the CERAP that examines its reliability and validity. Each year since 1997, the Children and Family Research Center (CFRC) has collaborated with the statewide CERAP Advisory Committee to design and conduct an evaluation that examines research questions related to the protocol's implementation, reliability, or validity. The terms reliability and validity are concepts used to describe how well an instrument, scale, or test measures an underlying construct. An instrument's reliability is related to how consistently it measures the underlying construct both over time (test-retest) and in between users (inter-rater), while its validity is related to the accuracy with which it measures the construct (i.e., Does the CERAP assess the construct of "safety" or some other related construct?).

CERAP evaluations have examined its predictive validity by examining the relationship between CERAP use in the field and a future criterion measure of child safety (i.e., short-term maltreatment recurrence). Previous evaluations have also examined various topics related to the use or implementation of the CERAP by investigators and caseworkers in the field, such as completion of the CERAP at each milestone in intact family or placement cases and the content of the safety plans. High fidelity use of the CERAP in the field is a pre-requisite to both reliability and validity; if DCFS and private agency staff are not using the CERAP as intended, there will be no reliability or validity. In addition, understanding how staff use the CERAP in the field can provide important information that can inform training and supervision on its proper use.

This year's evaluation examines the safety decision (i.e., safe or unsafe). According to CERAP procedures, the safety decision is based on an analysis of the safety threats, family strengths, and mitigating circumstances. If no safety threats are identified or if safety threats are identified but all are adequately controlled by family strengths or actions, the children should be assessed as safe. If one or more safety threat has been identified and is not controlled by family strengths or actions, the children should be assessed as unsafe. There is some evidence that the percentage of children assessed as unsafe in the initial investigation CERAP has increased significantly since the beginning of 2017.² The CERAP Advisory Committee wished to better understand the increase in unsafe safety decisions as well as the factors that might be related to those decisions. The FY2021 CERAP evaluation therefore examines trends in safety decisions and the child, family, and case factors that are associated with a household being assessed as unsafe on the initial CERAP assessment that is completed during an investigation.

² Personal communication from Dr. Dana Weiner, Senior Policy Fellow at Chapin Hall, to the CERAP Advisory committee on February 26, 2021.

2. Method

2.1 Data Source and Sample Selection

The data used for this report came from the Statewide Automated Child Welfare Information System (SACWIS), using a download that included data through March 31, 2021. The unit of analysis was the investigation, and the sample was selected from the population of all investigations that took place during calendar years 2014 through 2020. There were 542,215 investigations during this period of time.³ To be included in the analysis, the investigations had to have a final determination (indicated or unfounded) by December 31, 2020. Investigations were excluded from the analysis sample if any of the following conditions were met:

- Investigations without any safety assessments
- investigations with a missing initial safety decision
- investigations with missing administrative region
- investigations with missing county
- investigations with missing the alleged victim's age
- investigations that took place in facilities

In total 30,962 (5.7%) investigations were dropped due to these exclusion criteria, leaving a final sample size of 511,253.

2.2 Variable Definitions

The outcome of interest in the analyses was the CERAP safety decision, which could be either safe or unsafe. Please note that for this study the initial CERAP assessment completed during the investigation was selected, regardless of which milestone was checked; however, almost all (97.4%) of the initial CERAP assessments in the investigations had the correct milestone (Milestone 1).

Predictor variables included demographic characteristics, CPS history and information about the current investigation, CERAP information, domestic violence and substance abuse risk factors, investigator caseload, and county characteristics. For each investigated household, the following variables were created. Please note that some variables were defined as both a continuous variable and a categorical variable; one version was selected for inclusion in the regression analyses.

- *Number of children in the household at the time of the investigation (continuous):* was computed by counting the number of child IDs listed in the household at the time of the investigation.

³ If there were more than one investigation listed on the same report date, one was randomly selected.

- *Number of children in the household at the time of the investigation (categorical)*: the number of child IDs in the household at the time of the investigation was grouped into three categories: 1 = 1 child; 2 = 2 children; and 3 = 3 or more children.
- *Number of alleged victims in the household (continuous)*: was computed by counting the number of unique child ID listed as alleged victims in the investigation.
- *Number of alleged victims in the household (categorical)*: the number child IDs listed as alleged victims was grouped into three categories: 1 = 1 victim; 2 = 2 victims; and 3 = 3 or more victims.
- *Age of youngest alleged victim in the household*: the birth dates and report date were used to calculate the age of all alleged victims in the household and the age of the youngest alleged victim was selected.
- *Race/ethnicity of alleged victims in the household*: The information to compute this variable was taken from the investigation subject table that lists all individuals linked to each investigation along with their demographics. Elements from the primary race of the individual child and the ethnicity variable were used to create the race/ethnicity variables. Since most investigations included more than one alleged victim, dichotomous variables were created to take into account the fact that there may be households which include children from different racial/ethnic backgrounds. Three dichotomous variables were created to indicate where the household included an alleged victim who was: Hispanic; non-Hispanic Black; and non-Hispanic White (1=Yes and 0=No for each variable).
- *Gender of alleged victims in the household*: The information for the gender of all children in the household was taken from the investigation subject table and two dichotomous variables were created; one to indicate whether there were female victims (1=Yes, 0=No) and another to indicated if there were male victims (1=Yes, 0=No).
- *DCFS administrative region*: was defined as the administrative region at the time of investigation; Cook, Northern, Central, and Southern. The Central region was the reference category.
- *Number of prior investigations of the family (continuous)*: was computed by linking family ID to all investigations prior to the current investigation.
- *Number of prior indicated investigations of the family (continuous)*: was computed by linking family ID to all indicated investigations prior to the current investigation.
- *Parent was an alleged perpetrator*: was created by linking the relation information between the alleged perpetrator and alleged victim. If the alleged perpetrator was a parent, it was coded 1 = Yes; otherwise it was coded as 0 = No.
- *Maltreatment reporter*: information from the investigation subject table was used to create several dichotomous variables for maltreatment reporter (school personnel; medical personnel; law enforcement; DCFS employee; and social services/licensed care provider [1=Yes and 0=No for each reporter group]). Some investigations combine the information of more than one report and thus may have more than one reporter. For more details the specific types of professionals included in each maltreatment reporter group, see Appendix A.

- *Alleged maltreatment type*: was computed using information from the table that lists all alleged maltreatments for a given investigation. Because some investigations included multiple alleged victims and each alleged victim can be the subject of multiple allegations, four dichotomous variables of alleged maltreatment were created for each investigation: sexual abuse allegation (1=Yes and 0=No); physical or emotional abuse allegation (1=Yes and 0=No); neglect allegation (1=Yes and 0=No); and risk of harm allegation (1=Yes and 0=No). For more details about the allegations included in each group, see Appendix B.
- *Protective custody taken*: was computed from the protective custody table and was converted to a dichotomous variable indicating if any child was taken into protective custody between the investigation report date and the initial safety assessment date (1=Yes and 0=No).
- *Year of report date*: calendar year was used for the analysis; 2014 was the reference year.
- *Domestic violence (DV) screening form missing*: was a dichotomous variable indicating if the DV screening form was missing from the investigation file (1=Yes and 0=No).
- *Domestic violence (DV) screening score (continuous)*: was computed by counting the number of “Yes” responses on the DV screening form. The DV screening consists of 21 items so the score could range from 0 to 21. See Appendix C for the specific DV screening items.
- *Adult substance abuse (SA) screening form missing*: was a dichotomous variable indicating if the adult SA screening form was missing from the investigation file (1=Yes and 0=No).
- *Adult substance abuse (SA) screening score (continuous)*: was computed by counting the number of “Yes” responses to the items on the screening form. The range of score could be from 0 to 27. See Appendix D for the specific adult SA screening items.
- *CERAP safety threats checked yes*: dichotomous variables were created for each of the 16 CERAP safety threats and was coded 1 if the safety threat was present checked yes and 0 if it was absent/no. See Appendix E for a list of the CERAP safety threats by number.
- *CERAP safety assessment factor score (continuous)*: was computed by counting the number of safety threats marked “Yes” on the initial safety assessment. The total could range from 0 to 16.
- *Family strengths identified during the initial safety assessment*: if family strengths were noted in the CERAP safety assessment, this variable was coded as “1=yes;” if no family strengths were listed, it was coded as “0=no.”
- *Number of days to initial safety assessment*: was computed by counting the number of days between the investigation report date and the date of the initial safety assessment. The count was then converted to a dichotomous variable because the majority took place within a day of the report date (0 = within 1 day; 1 = 2 or more days).
- *Caseload (continuous)*: was computed by counting the number of investigations assigned to the investigator on the report date.

- *County poverty rate*: information was obtained from the Small Area Income and Poverty Estimates (SAIPE) program of the U.S. Census Bureau and was shown as a percentage ranging from 1 to 100. Note that the 2019 poverty rate data was used for Year 2020.
- *County unemployment rate*: information was obtained from the American Community Survey 5-Year Estimates and was shown as a percentage ranging from 1 to 100. Note that the 2019 unemployment data was used for Year 2020.
- *County proportion of non-Hispanic Black population under 18*: information was obtained from the National Center for Health Statistics and was shown as a percentage ranging from 1 to 100. Note that the 2019 non-Hispanic Black population (under 18) data was used for Year 2020.

2.3 Analytic Approach

The goal of the analyses was to determine which factors are associated with making a CERAP safety decision of “unsafe.” The analyses were conducted in a series of sequential stages. In the first stage, the descriptive statistics for each of the predictor variables in the sample were examined, primarily so that variables that had very low frequencies in the sample could be removed from the later analyses. Next, the relationships between each of the predictor variables and the outcome variable (the safety decision) were examined to see if there was an association at the bivariate (i.e., two variable) level. If there was no relationship at the bivariate level, the predictor variable was dropped from the regression analysis.

The second stage of the analysis used more complex multivariate analytic procedures to determine the set of variables that were significantly related to the outcome variable when they were examined at the same time. The set of predictor variables included three variables that were measured at the county level – poverty rate, unemployment rate, and percentage of non-Hispanic Black children. The rest of the variables were measured at the individual family level, such as child age and the number of prior indicated investigation. Examining the effects of variables at both the individual/family level and county level requires special procedures, known as multi-level modeling, because all families investigated in a given county will have the same value on county-level variables.

Prior to using the multi-level modeling, there was a question of whether the variables at the county level would influence safety decisions in a given county. For that purpose the GLIMMIX procedure in SAS 9.4 was used. This procedure allows the testing of generalized linear models with complex data structure such as nested designs, repeated measures, or other forms of hierarchical structure of the data. In the current analysis the structure was considered as having a two level hierarchy with household investigation being one level and the county being the second level. The first level included all the variables computed at the point of the investigation and second level included the county level variables (rates of unemployment, poverty, and non-Hispanic Black children).

After examining the results of the GLIMMIX procedure it was determined that the county level effects were not sufficiently different from zero to justify the use of that more complex analytic

procedure. The covariance parameter measures the extent to which observations with a similar profile have different outcomes in different counties depending on the value of the county level variable. If investigations with similar profile have the same outcome in all counties regardless of the value of the county level variables the covariance parameter would be 0. In this case the parameters are less than .01 and while statistically different from zero in the case of percent unemployment and percent non-Hispanic Black population in the county it is difficult to argue for their practical significance.

Therefore, a different type of regression analysis known as logistic regression was used to identify variables that were significantly related to the safety decision of the initial CERAP assessment of the investigation. The logistic procedure was run on SAS v9.4 using stepwise variable selection option. The stepwise option request that each variable be evaluated individually in the order of descending importance in relation to outcome. Thus, the process selects the predictor that shows the strongest effect in determining the initial safety outcome. In the next step, the procedure will select the predictor with the next strongest effect in determining the outcome and evaluates it together with the initially selected predictor to test whether adding the second selected variables changes the importance of the first one selected. It continues to process all variables until there are no more predictors that contribute significantly to determining the desired outcome. At the end of the process it provides a list of the variables in the model and the overall model fitness to the data.

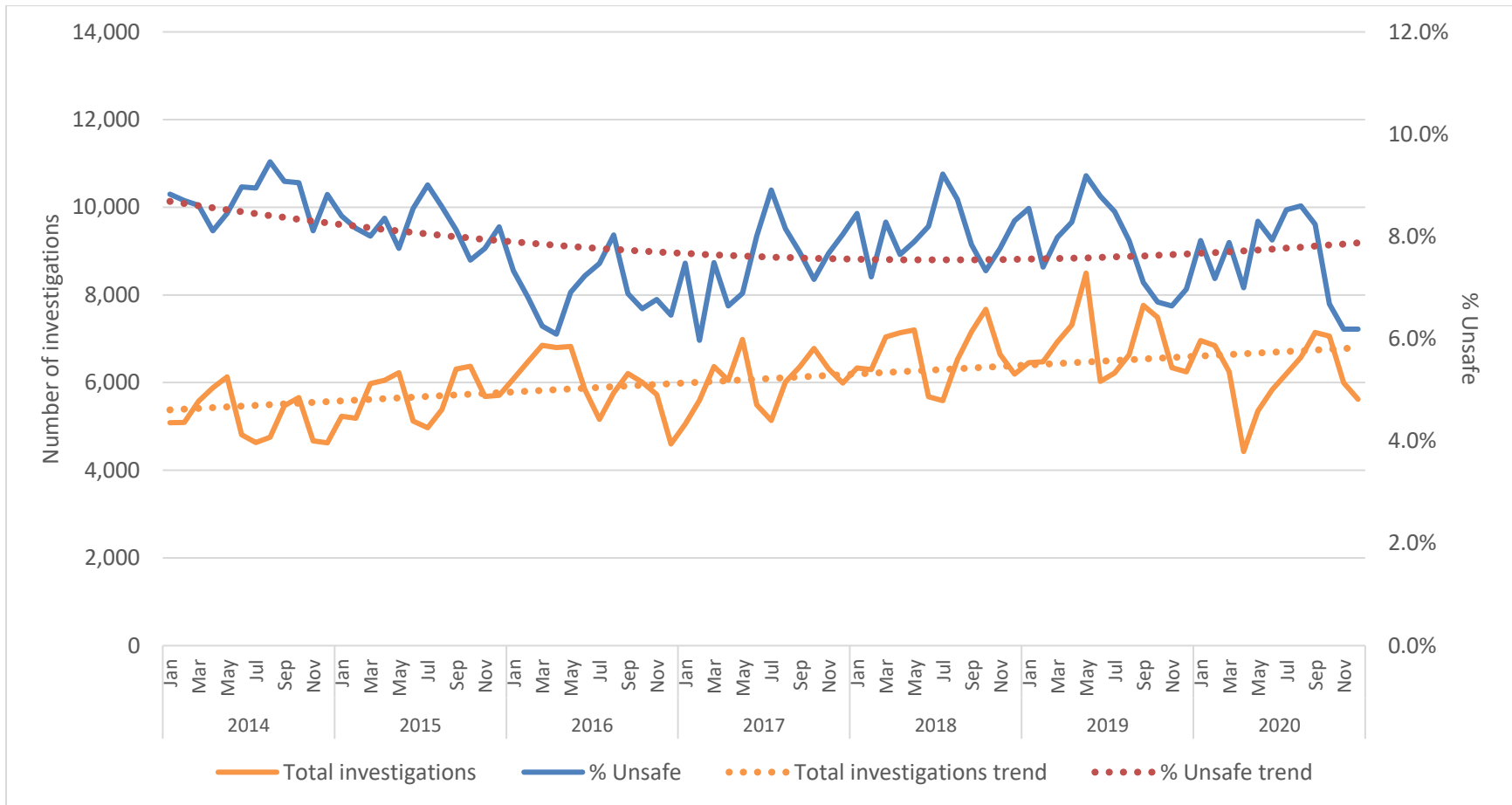
When the results of the initial logistic regression analysis were examined, some of the findings were unexpected. Specifically, the results indicated that if safety threat #1 or safety threat #15 were checked "yes/present," the CERAP safety decision was less likely to be unsafe. One hypothesis that might explain the unexpected findings was if protective custody was more likely to be used in the investigations when these two safety threats were present, which might make the investigation less likely to be viewed as "unsafe." Interaction terms were therefore included to test the interaction between the safety threats and the use of protective custody. However, including those two interaction terms did not change the unexpected direction of the main effect for the two safety threat variables. Additional consideration led to the hypothesis that the presence of family strengths could be interacting with the presence of these two safety threats to produce the unexpected results. Interaction terms for the safety threat #1 and family strengths noted in the CERAP and safety threat #15 and family strengths noted in the CERAP were included in the regression model. The results with these interaction terms were consistent with the hypothesis and were therefore kept in the regression equation.

3. Results

3.1 Trend in Unsafe Safety Decisions

The first analysis examined the total number of investigations per month as well as the percentage of the initial CERAP assessments in these investigations that had a safety decision of unsafe (see Figure 1). The solid orange line shows the number of investigations that occurred during each month; the number varies a lot from month to month which can make discerning an overall pattern difficult. Therefore, the dotted orange line shows the trend line, which is shows the best fit of all the data points and the general direction of the overall trend. The trend line shows that the number of investigations per month has been increasing across the entire time period between 2014 and 2020. The solid blue line displays the percentage of investigations that had a safety decision of unsafe on the initial CERAP and the dotted blue line shows the trend line for across the seven year period. The trend line for the percentage of investigations with unsafe decisions declines from 2014 until the beginning of 2017. Concerns had been reported about an increase in the percentage of investigations with unsafe safety decisions, but the trend line in Figure 1 shows only a small increase between 2017 and 2020.

Figure 1. Number of Investigations and Percent of Initial CERAP Assessments with Unsafe Decisions by Month (2014 – 2020)



3.2 Sample Characteristics

The descriptive statistics for the sample (frequency distributions for categorical variables and means and standard deviations for continuous variables) are presented in Table 1. Of particular interest: only 2.5% of investigations involve the use of protective custody between the investigation date and the initial CERAP date; 6.7% of investigations had a substance abuse screening that was missing; and 6.8% of investigations had a domestic violence screening that was missing. The occurrence of many of the CERAP safety threats was quite rare; safety threats #5, #6, #7, #8, #9, and #16 were checked “yes” in less than 1% of the initial CERAPs during the investigation. The most commonly occurring safety threats were #1 (“a caregiver, paramour, or member of the household whose behavior is violent or out of control”) which was present in 4.6% of investigations, #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 who has made a plausible threat of such harm to a child” – 5.1%), #4 (“child sexual abuse is suspected and circumstances suggest child safety may be an immediate concern” – 4.1%), #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” – 5.4%), 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” – 4.7%).

Table 1. Sample Characteristics (N = 511,253)

Categorical Variables		Frequency	
		N	%
Number of alleged victims in household	1	314,251	61.5
	2	109,649	21.5
	3 or more	87,353	17.1
Number of children in household	1	164,760	32.2
	2	155,292	30.4
	3 or more	191,201	37.4
Alleged victim race/ethnicity = non-Hispanic Black	No	347,651	68.0
	Yes	163,602	32.0
Alleged victim race/ethnicity = non-Hispanic White	No	260,311	50.9
	Yes	250,942	49.1
Alleged victim race/ethnicity = Hispanic origin	No	426,560	83.4
	Yes	84,693	16.6
Alleged victim gender = female	No	254,653	49.8
	Yes	256,600	50.2
Alleged victim gender = male	No	259,494	50.8
	Yes	251,759	49.2
DCFS administrative region	Cook	145,346	28.4
	Northern	146,452	28.7
	Central	143,691	28.1
	Southern	75,764	14.8

Parent was an alleged perpetrator	No	33,794	6.6
	Yes	477,459	93.4
Maltreatment reporter = school personnel	No	386,942	75.7
	Yes	124,311	24.3
Maltreatment reporter = law enforcement	No	362,710	71.0
	Yes	148,543	29.0
Maltreatment reporter = DCFS	No	503,933	98.6
	Yes	7,320	1.4
Maltreatment reporter = medical personnel	No	427,718	83.7
	Yes	83,535	16.3
Maltreatment reporter = social service/licensed care staff	No	428,327	83.8
	Yes	82,926	16.2
Alleged maltreatment = sexual abuse	No	465,398	91.0
	Yes	45,855	9.0
Alleged maltreatment = physical/other abuse	No	401,184	78.5
	Yes	110,069	21.5
Alleged maltreatment = neglect	No	361,239	70.7
	Yes	150,014	29.3
Alleged maltreatment = risk of harm	No	212,522	41.6
	Yes	298,731	58.4
Protective custody taken during investigation	No	498,595	97.5
	Yes	12,658	2.5
Calendar year	2014	62,405	12.2
	2015	68,230	13.4
	2016	72,341	14.2
	2017	72,141	14.1
	2018	79,474	15.5
	2019	82,391	16.1
	2020	74,271	14.5
Substance abuse (SA) screening = missing	No	477,184	93.3
	Yes	34,069	6.7
SA screening = at least one item checked yes	No items checked	187,548	36.7
	At least one checked	323,705	63.3
Domestic violence (DV) screening = missing	No	476,478	93.2
	Yes	34,775	6.8
DV screening = at least one item checked yes	No items checked	346,889	67.9
	At least one checked	164,364	32.1
CERAP – family strengths noted	No	405,960	79.4
	Yes	105,293	20.6
Number of days between report date and CERAP assessment	1 day	353,736	69.2

	More than 1 day	157,517	30.8
CERAP safety threat #1 checked yes	No	487,581	95.4
	Yes	23,672	4.6
CERAP safety threat #2 checked yes	No	485,215	94.9
	Yes	26,038	5.1
CERAP safety threat #3 checked yes	No	497,679	97.3
	Yes	13,574	2.7
CERAP safety threat #4 checked yes	No	490,214	95.9
	Yes	21,039	4.1
CERAP safety threat #5 checked yes	No	510,290	99.8
	Yes	963	0.2
CERAP safety threat #6 checked yes	No	506,606	99.1
	Yes	4,647	0.9
CERAP safety threat #7 checked yes	No	508,959	99.6
	Yes	2,294	0.5
CERAP safety threat #8 checked yes	No	510,258	99.8
	Yes	995	0.2
CERAP safety threat #9 checked yes	No	510,462	99.9
	Yes	791	0.1
CERAP safety threat #10 checked yes	No	491,377	96.1
	Yes	19,876	3.9
CERAP safety threat #11 checked yes	No	504,709	98.7
	Yes	6,544	1.3
CERAP safety threat #12 checked yes	No	501,360	98.1
	Yes	9,893	1.9
CERAP safety threat #13 checked yes	No	483,823	94.6
	Yes	27,430	5.4
CERAP safety threat #14 checked yes	No	503,091	98.4
	Yes	8162	1.6
CERAP safety threat #15 checked yes	No	487,488	95.4
	Yes	23,765	4.7
CERAP safety threat #16 checked yes	No	510,923	99.9
	Yes	330	0.1
Continuous Variables		Mean	SD
Age of the youngest alleged victim (years)		6.7	5.3
Number of prior investigations		1.1	2.4
Number of prior indicated investigations		0.4	1.0
Total number SA screening items checked		1.8	2.1
Total number DV screening items checked		1.3	2.6
Total number CERAP safety threats checked		0.4	0.7
Investigator caseload		18.0	7.7

County poverty rate		13.2	3.9
County unemployment rate		7.5	2.2
Non-Hispanic Black children		15.8	10.1

3.3 Bivariate Test Results

The relationships between each of the predictor variables and the outcome of interest (whether or not the initial CERAP had a safety decision of unsafe) were examined next. For the categorical variables, the strength of the relationships were tested using Chi-Square Tests of Association. If there is an association between the predictor variable and the safety decision, we would expect there to be large difference(s) in the percentages of CERAPs with unsafe decisions between the different values of the predictor variable. For example, if there is an association between DCFS region and unsafe decisions, we would expect large differences in the percentage of unsafe decisions when the four regions compared.

Table 2 shows the bivariate relationships between each of the categorical predictor variables and safety decision. The first column lists each variable and its categories, the second column lists the percentages of CERAPs with unsafe safety decisions in each category, and the third column lists the significance level (or *p* value) of the Chi-Square test. Since the sample in this study is very large, even relatively small differences between the categories will result in a test result that is significant; this is why almost all of the tests are significant at the $p < .0001$ level. A better indication of the strength of the relationship between the predictor variable and unsafe decisions is to look at the size of the difference in the percentages of unsafe in each category. Within each variable, the category with the biggest percentage is more likely to have an unsafe decision. For example, if you look at the “number of alleged victims in household,” you can see that households with 3 or more children are significantly more likely to have an unsafe decision than those with 1 or 2 children.

Table 2. Bivariate Association Between Categorical Variables and Unsafe CERAP Safety Decisions (N = 511,253)

Categorical Variable	% with Unsafe Decision	p value
Number of alleged victims in household		<.0001
1	7.2	
2	8.0	
3 or more	9.8	
Number of children in household		<.0001
1	9.5	
2	7.0	
3 or more	7.0	
Alleged victim race/ethnicity = non-Hispanic Black		<.0001
No	7.2	

Yes	9.0	
Alleged victim race/ethnicity = non-Hispanic White		<.0001
No	8.2	
Yes	7.0	
Alleged victim race/ethnicity = Hispanic origin		<.0001
No	8.0	
Yes	7.0	
Alleged victim gender = female		0.008
No	7.7	
Yes	7.9	
Alleged victim gender = male		0.03
No	7.9	
Yes	7.7	
DCFS administrative region		<.0001
Cook	9.6	
Northern	5.4	
Central	9.0	
Southern	6.7	
Parent was an alleged perpetrator		<.0001
No	4.4	
Yes	8.1	
Maltreatment reporter = school personnel		<.0001
No	9.0	
Yes	4.1	
Maltreatment reporter = law enforcement		<.0001
No	7.3	
Yes	9.0	
Maltreatment reporter = DCFS		<.0001
No	7.5	
Yes	25.9	
Maltreatment reporter = medical personnel		<.0001
No	5.8	
Yes	17.9	
Maltreatment reporter = social service/licensed care staff		<.0001
No	7.7	
Yes	8.6	
Alleged maltreatment = sexual abuse		<.0001
No	7.8	
Yes	8.4	
Alleged maltreatment = physical/other abuse		<.0001

No	7.2	
Yes	10.1	
Alleged maltreatment = neglect		0.09
No	7.8	
Yes	7.9	
Alleged maltreatment = risk of harm		<.0001
No	5.7	
Yes	9.3	
Protective custody taken during investigation		<.0001
No	6.0	
Yes	80.0	
Calendar year		<.0001
2014	8.8	
2015	8.2	
2016	6.9	
2017	7.5	
2018	8.0	
2019	7.9	
2020	7.6	
Substance abuse (SA) screening = missing		<.0001
No	7.7	
Yes	10.0	
SA screening = at least one item checked yes		<.0001
No items checked yes	5.5	
At least one item checked yes	9.2	
Domestic violence (DV) screening = missing		<.0001
No	7.6	
Yes	10.0	
DV screening = at least one item checked yes		<.0001
No items checked yes	6.9	
At least one item checked yes	9.8	
CERAP – family strengths noted		<.0001
No	6.4	
Yes	13.1	
Number of days between report date and CERAP assessment		<.0001
1 day	9.5	
More than 1 day	3.9	
CERAP safety threat #1 checked yes		<.0001
No	7.2	
Yes	20.9	
CERAP safety threat #2 checked yes		<.0001

No	6.5	
Yes	31.7	
CERAP safety threat #3 checked yes		<.0001
No	6.7	
Yes	49.5	
CERAP safety threat #4 checked yes		<.0001
No	7.3	
Yes	19.7	
CERAP safety threat #5 checked yes		<.0001
No	7.7	
Yes	72.2	
CERAP safety threat #6 checked yes		<.0001
No	7.5	
Yes	37.2	
CERAP safety threat #7 checked yes		<.0001
No	7.7	
Yes	31.7	
CERAP safety threat #8 checked yes		<.0001
No	7.7	
Yes	44.7	
CERAP safety threat #9 checked yes		<.0001
No	7.7	
Yes	51.0	
CERAP safety threat #10 checked yes		<.0001
No	6.9	
Yes	30.0	
CERAP safety threat #11 checked yes		<.0001
No	7.6	
Yes	27.6	
CERAP safety threat #12 checked yes		<.0001
No	7.3	
Yes	35.5	
CERAP safety threat #13 checked yes		<.0001
No	5.6	
Yes	47.0	
CERAP safety threat #14 checked yes		<.0001
No	7.1	
Yes	52.4	
CERAP safety threat #15 checked yes		<.0001
No	7.1	
Yes	23.2	
CERAP safety threat #16 checked yes		<.0001

No	7.8	
Yes	30.0	

The relationships between the continuous variables in the study and the unsafe safety decisions were examined using a t-test, which looks at differences in the means of two groups (safe and unsafe) on each of the continuous variables (see Table 3). If the difference is large enough, we can conclude that there is a relationship between the continuous variable and the safety decision (safe or unsafe). Again, since the sample size is so large, almost all of the t-test results were significant at the $p < .0001$ level. It is therefore also helpful to look at the size of the difference between the means for safe and unsafe. For example, the mean age of children with safety decisions of safe was 7.0 years, compared to a mean age of 3.8 years for the children with unsafe decisions. This tells us that younger children are significantly more likely to have an unsafe decision than older children.

Table 3. Bivariate Association Between Continuous Variables and CERAP Safety Decisions (N = 511,253)

Continuous Variable	Safe		Unsafe		p value
	Mean	SD	Mean	SD	
Age of youngest alleged victim	7.0	5.2	3.8	4.8	<.0001
Number of prior investigations	1.0	2.4	1.6	2.7	<.0001
Number of prior indicated investigations	0.4	1.0	0.8	1.3	<.0001
Total domestic violence screen score	1.3	2.5	2.0	3.4	<.0001
Total substance abuse screen score	1.7	2.0	3.1	3.0	<.0001
Number of safety threats checked	0.3	0.6	1.6	1.1	<.0001
Caseload	18.0	7.7	18.5	7.8	<.0001
Poverty rate (%)	13.1	3.9	13.8	3.6	<.0001
Unemployment rate (%)	7.5	2.2	7.8	2.3	<.0001
Non-Hispanic Black population under age of 18 (%)	15.7	10.1	17.5	9.9	<.0001

SD = Standard Deviation

3.4 Logistic Regression Results

Although the bivariate tests tell us which predictor variables are related to the safety decision when you just look at those two factors, what we really want to know is if a variable is related to the safety decision when you take into consideration the effects of other variables that might also be related to the outcome. A logistic regression analysis is used when you are trying to predict the value of a dichotomous (2-value) category dependent variable; in this case, safe or unsafe safety decision. The predictor variables can be both categorical and continuous, however, the assumptions of the logistic regression test require that there are no high correlations among the predictor variables (another term for this is multicollinearity).

We used logistic regression to determine which variables were significantly related to whether or not the initial CERAP safety decision was “unsafe,” while holding the effects of all the other predictor variables constant. Not all of the variables were included in the logistic regression analysis, however. If there were variables that were highly correlated with one another, only one was included in the regression analysis; the one with the strongest bivariate relationship was selected. In addition, to avoid overfitting the model, variables that were not related to the safety decision at the bivariate level were not included in the multivariate model.

Table 4 lists the variables that were significantly related to the outcome variable (unsafe safety decision) in the final regression model in descending order of importance/strength of the relationship. The first column lists each variable included in the model; for categorical variables with more than two categories, the comparison group is noted. For example, the region variable has four categories – Northern, Central, Southern, and Cook – and the results for Cook, Northern, and Southern are compared to Central. The second column of the table lists the beta coefficient, which provides an indication of the strength of the relationship between the predictor variable and the dependent variable. The third column shows the probability that the observed differences were due to chance, with smaller p values indicating higher levels of statistical significance. The fourth column in the table shows the odds ratio (OR) for each variable.

An odds ratio is the ratio of the odds of an event (in this case, the event is an unsafe decision) in one variable category (e.g., 0-2 year old children) divided by the probability of the same event in a comparison group (e.g., 15-17 year old children). If the probability of the event is similar in the two groups, the OR will be close to 1. An odds ratio greater than 1 indicates that the event is *more likely* to occur in that group than in the comparison group, while an odds ratio less than 1 indicates that the event is *less likely* to occur in that group than in the comparison group. For example, an OR of 2 indicates that the odds of the event are twice as likely in that group than in the comparison group, while an OR of .5 indicates that the odds of the event are half as likely to occur in that group as in the comparison group. For continuous variables (such as the number of prior indicated reports), the OR indicates the change in odds associated with a one unit increase in the predictor variable. For example, an OR of 1.1 for the substance abuse screening score means that for each one point increase in the score, the odds of an unsafe CERAP safety decision increase by 10%.

There were 38 variables that were included in the final regression model. However, the first 10 listed in the table are the variables that account for most of the predictive power of the model; the amount of additional variance explained by each of the predictors after that point becomes very small. Therefore, we will focus on those listed at the top of Table 4:

- As the number of safety threats present in the household increased by one, the odds of an unsafe decision increased by 3.3
- Households in which protective custody was taken had odds that were nearly 27 times higher of having an unsafe decision compared to households where no PC was taken
- Investigations that were reported by medical personnel had 2.4 times higher odds of having an unsafe decision than those that were not reported by medical personnel; those reported by DCFS staff had 2.5 times higher odds
- As child age increased by each year, the odds of an unsafe decision decreased by 10% (in other words, households with younger children had higher odds of being determined as unsafe)
- The effects of family strengths and safety threats on the safety decision must be discussed in terms of their interaction effects, which are shown in Figure 2 and discussed below
- If the CERAP was completed 2 or more days after the report date, the odds of the safety decision being unsafe decrease by 50% compared to those investigations in which the CERAP was completed within 1 day of the report date
- The odds of an unsafe decision were lower in the Cook, Northern, and Southern regions compared to the Central region
- As the total score on the substance abuse screening tool increased by one, the odds of an unsafe decision increased by 10%
- Investigations that included allegations of physical or emotional abuse had odds that were 1.5 times greater of an unsafe decision compared to investigations that did not have them

Table 4. Logistic Regression Analysis Results (N=511,253)

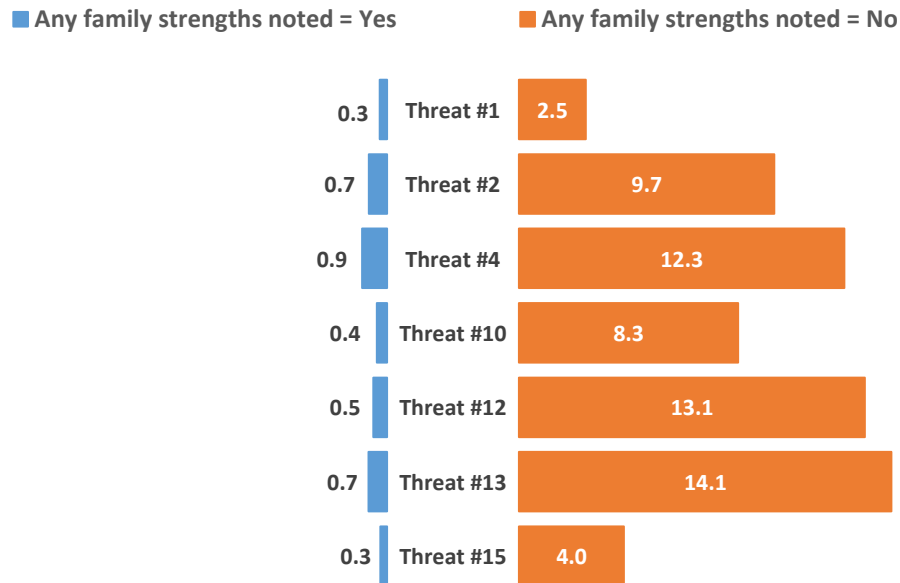
Variable	Beta	P	Odds Ratio
Total number of safety threats checked	1.19	<.0001	3.3
Protective custody taken	1.64	<.0001	26.7
Maltreatment reporter = medical personnel	0.45	<.0001	2.4
Age of the youngest alleged victim in the household	-0.11	<.0001	0.9
Family strengths noted in the CERAP	-4.22	<.0001	— ^a
Number of days between the Investigation report date and initial CERAP assessment date	-0.40	<.0001	0.5
Safety threat #1 checked yes	-0.10	<.0001	— ^a
DCFS administrative region			
Cook	0.10	<.0001	0.7
Northern	-0.22	<.0001	0.5

Southern Central (reference)	-0.29	<.0001	0.5
Adult substance abuse (SA) screening score	0.07	<.0001	1.1
Safety threat #15 checked yes	0.0008	0.9648	— ^a
Alleged maltreatment type: physical and other abuse	0.21	<.0001	1.5
Safety threat #4 checked yes	0.61	<.0001	— ^a
Safety threat #13 checked yes	0.57	<.0001	— ^a
Maltreatment reporter = DCFS	0.45	<.0001	2.5
Safety threat #2 checked	0.47	<.0001	— ^a
Number prior indicated investigations of the family	0.14	<.0001	1.2
County unemployment rate (%)	0.09	<.0001	1.1
Year of report date			
2014 (reference)			
2015	-0.06	0.0033	1.1
2016	-0.17	<.0001	0.9
2017	-0.03	0.1491	1.1
2018	0.22	<.0001	1.4
2019	0.22	<.0001	1.4
2020	-0.08	0.0001	1.0
Maltreatment reporter = social service/licensed care provider	0.16	<.0001	1.4
Alleged maltreatment type = risk of harm	0.14	<.0001	1.3
Number of children in the household at investigation			
One child (reference)			
2 children	-0.03	0.0030	0.8
3 and more	-0.13	<.0001	0.7
Caseload	0.01	<.0001	1.0
Race/ethnicity of alleged victims = non-Hispanic Black	0.07	<.0001	1.2
Safety threat #12 checked yes	0.48	<.0001	— ^a
Substance abuse screening form missing	-0.13	<.0001	0.8
Alleged perpetrator = parent	0.14	<.0001	1.3
Alleged victims gender = female	0.03	<.0001	1.1
Alleged maltreatment type = sexual abuse	-0.06	0.0012	0.9
Maltreatment reporter = law enforcement	0.02	0.0182	1.0
Maltreatment reporter = school personnel	0.04	0.0002	1.1
Safety threat #10 checked yes	0.29	<.0001	— ^a
Safety threat #1 (checked) x Any records of the family strength	-0.56	<.0001	See Figure 2
Safety threat #2 (checked) x Any records of the family strength	-0.66	<.0001	See Figure 2
Safety threat #4 (checked) x Any records of the family strength	-0.64	<.0001	See Figure 2
Safety threat #10 (checked) x Any records of the family strength	-0.77	<.0001	See Figure 2
Safety threat #12 (checked) x Any records of the family strength	-0.81	<.0001	See Figure 2
Safety threat #13 (checked) x Any records of the family strength	-0.75	<.0001	See Figure 2
Safety threat #15 (checked) x Any records of the family strength	-0.69	<.0001	See Figure 2

Note. ^aWhen a variable is involved in an interaction there is not a single odds ratio estimate for it. Rather, the odds ratio for the variable depends on the levels of the interacting variable.

Figure 2 shows the effects of the interaction of the presence of a CERAP safety threat combined with the presence or absence of family strengths noted on the CERAP. For each safety threat, the figure shows the odds ratio if the safety threat was checked “yes” and family strengths were noted (blue bars) and if no family strengths were noted (orange bars). It is apparent that the effect of the presence of a safety threat on an unsafe safety decision is moderated by whether or not family strengths were noted on the CERAP. For example, if safety threat #12 was checked yes and no family strengths were noted, the odds of the household having an unsafe safety decision were 13.1 times higher than if the safety threat was not present. If safety threat #12 was present and family strengths were noted, the odds of the household having an unsafe safety decision were 50% less than if the safety threat was not present.

Figure 2. Interaction of Safety Threats and Family Strengths on Safety Decision



4. Summary and Recommendations

This year's CERAP evaluation examined the factors associated with the safety decision made by an investigator during the initial CERAP assessment during the investigation. According to CERAP procedures, the safety decision of safe or unsafe should be based on an analysis of the safety threats, family strengths, and mitigating circumstances. If no safety threats are identified or if one or more safety threats are identified and all are adequately controlled by family strengths or actions, all involved children should be assessed as safe. If one or more safety threat has been identified and is not controlled by family strengths or actions, the children affected should be assessed as unsafe. Therefore, the presence of specific safety threats and family strengths should be significantly associated with the safety decision. The current study examined those factors, as well as other information about the family and the report, such as the number of children in the household, the type of alleged maltreatment, or the maltreatment reporter, and contextual information such as the caseworker's caseload and the county unemployment rate.

The results of the logistic regression indicated that numerous family and case characteristics are significantly associated with the safety decision in the initial CERAP. Of particular importance were the total number of safety threats present in the household and the interaction of the presence of specific safety threats and family strengths, which is what would be expected if investigators were using the CERAP as intended. Regarding the total number of safety threats present in the household, for each additional safety threat that was present, the odds of an unsafe safety decision more than tripled. The presence of individual safety threats was important as well, but the direction of the relationship with the safety decision depended on whether any family strengths were noted on the CERAP assessment. If family strengths were not noted, the presence of safety threats increased the odds of an unsafe safety decision by anywhere from 2.5 to over 14 times. However, the presence of a safety threat did not increase the odds of an unsafe safety decision if family strengths were noted in the CERAP assessment. These findings provide some evidence of the procedural validity of the CERAP safety decision; meaning that the presence of both safety threats and family strengths are related to the decision. However, an alternative explanation for these findings is that investigators are not using the CERAP to inform their safety decisions but instead are making decisions based on other information and completing the CERAP after to justify their decision. Additional discussion with investigators about their use of the CERAP would provide useful information to deepen our understanding about this issue.

Other factors that significantly increased the odds of an unsafe safety decision included maltreatment reports from medical personnel and DCFS employees, if younger children were living in the household, if there were substance abuse risk factors present, if protective custody of the child(ren) was taken, if physical or emotional abuse allegations were present, if the CERAP was completed within one day of the report date, and if the investigation was in the Central region.

Appendix A – Maltreatment Reporter Categories

Reporter Group	Type
DCFS Employees	Adoption Worker
	DCP Investigator
	DCP Supervisor/Administrator
	Follow Up Worker/Supervisor
	Home Maker
	Licensing Worker
	Other DCFS Personnel
	Resource Worker
Law Enforcement	Emergency Service Personnel
	Juvenile Officer
	Other Law Enforcement
	Police
Licensed Care Providers	Administration/Subject Facility
	Agency CEO/Executive Director
	Child Care Center
	Child Care Home
	Former Employee/Subject Facility
	Non-Related Foster Parents
	Other Licensed Care Provider
	Preschool/Nursery
	Related Foster Parents
	Staff/Subject Facility
Medical	Clinic or Hospital Physician
	Coroner
	Dentist/Dental Hygienist
	Funeral Home Director
	Hospital Social Worker
	Medical Examiner
	Nurse LPN
	Nurse RN
	Other Medical Personnel
Private Physician	
School	Assistant Principal
	Athletic Program Staff
	Counselor
	Early Intervention Personnel
	Other School Personnel
	Principal

	School Nurse
	School Social Worker
	Teacher
	Truant Officer
Social Services	Dept of Corrections
	Dept of Human Services
	Human Rights Personnel
	MH Institutional Staff
	Mental Health Staff
	Non MH Institutional Staff
	Other Social Services
	POS Adoption Worker
	POS Follow-up Worker
	POS Homemaker
	POS Licensing Worker
	POS Resource Worker
	POS Worker
	Psychologist

Appendix B – Maltreatment Allegation Categories

Allegation Category	Allegation Name and Number (SACWIS)
Sexual Abuse	Sexually Transmitted Diseases Sexual Penetration Sexual Exploitation Sexual Molestation Human Trafficking of Children Human Trafficking of Children by Neglect
Physical or Other Abuse	Death Head Injuries Internal Injuries Burns Poison Noxious Substances Wounds Bone Fractures Cuts Bruises Welts Abrasions and Oral Injuries Human Bites Sprains/Dislocations Tying/Close Confinement Substance Misuse Torture Mental Injury Substance Misuse by Neglect Mental Injury by Neglect
Lack of Supervision or Neglect	Inadequate Supervision Abandonment/Desertion Lock Out Inadequate Supervision – Left Alone at Home Outside or in the Community Inadequate Supervision – Left Alone in Vehicle Inadequate Supervision – Left in the Care of an Inadequate Caregiver Inadequate Supervision – General Category Lock-Out-Community Location Lock-Out-Psychiatrically Hospitalized Lock-Out-Correctional Facility Inadequate Food Inadequate Shelter Inadequate Clothing Environmental Neglect Medical Neglect Medical Neglect of Disabled Infants

	<p>Death by Neglect Head Injuries by Neglect Internal Injuries by Neglect Burns by Neglect Poison – Noxious Substances by Neglect Wounds by Neglect Bone Fractures by Neglect Cuts Bruises Welts Abrasions and Oral Injuries by Neglect Human Bites by Neglect Sprains/Dislocations by Neglect Failure to Thrive Malnutrition Neglect by Agency</p>
<p>Substantial Risk of Harm</p>	<p>Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare Substantial Risk of Sexual Abuse - Sex offender has access Substantial Risk of Sexual Abuse - Sibling of sex abuse victim Substantial Risk of Sexual Abuse - Sexualized behavior of young child Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare by Neglect Substantial Risk of Sexual Abuse - Child Pornography Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare-Incidents of Violence or Intimidation Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare-Medical Child Abuse (Factitious Disorder by Proxy or Munchausen by Proxy.....)" Substantial Risk of Sexual Abuse – Suggestive Behavior</p>

Appendix C – Domestic Violence Screen Items

Item	Description
1	There are third party reports of domestic violence.
2	There is a criminal history of assault or damage to property that has been verified through LEADS.
3	There have been physical injuries to an adult (e.g. bruises, cuts, black eyes, marks on neck).
4	One partner seems to control everything (e.g. answers questions for the other partner).
5	Damage to home has been observed (e.g. phone ripped from the wall, holes in wall, broken doors or furniture).
6	There has been a self-reported incident or incidents of domestic violence.
7	One partner uses the children to control what the other partner says, does or thinks.
8	There has been prior or there is current police involvement for domestic violence.
9	There is a past order of protection.
10	There is an existing order of protection.
11	The family has a history of receiving domestic violence services.
12	Has your partner ever tried to keep you away from your family, friends, work or neighbors?
13	Has your partner ever threatened you or done something else that frightened you?
14	Has your partner ever pushed, slapped, punched, kicked or hurt you in other ways?
15	Has your partner ever threatened to use the children to control you in any way?
16	Has your partner ever called you bad names, ridiculed you, or put you down verbally?
17	Was or is there physical danger posed to the child from the batterer?
18	Does the physical, developmental or emotional impact of the domestic violence on the children rise to the level of suspected abuse and neglect?
19	Are there strategies the adult victim has used in the past that can be supported or strengthened to protect the children?
20	Has the batterer ever used or threatened to use weapons of any kind?
21	In consultation with the supervisor, is there any action required to address safety and/or risk?

Appendix D – Adult Substance Abuse Screen Items

Item	Description
1	Facts of the case: Delivered Substance Exposed Infant
2	Facts of the case: Previous DCFS Involvement
3	Drug Related Criminal Charges on LEADS
4	Non-drug related Criminal Charges on LEADS
5	Was there a police report indicating the presence of a methamphetamine laboratory?
6	Are you currently on any medication prescribed for a medical condition?
7	Do you have or have you ever had a mental health diagnosis?
8	Are you currently on any medication prescribed for a mental health diagnosis?
9	Has the doctor ever prescribed medication to "calm you down", "help you sleep", or to "help lift depression"?
10	Have you ever taken prescription drugs (such as Vicodin, Valium, OxyContin, others) that have not been prescribed for you?
11	Do you receive disability benefits?
12	Smell of alcohol and/or marijuana
13	Visible drug paraphernalia (e.g., pipes, razor blades, syringe, other)
14	Staggering tremors, slurred or rapid speech, glassy eyed.
15	Unusual or extreme behavior (overly alert, agitated, paranoid)
16	Difficulty concentrating, easily distracted, confused
17	Are you currently (or have you been) in a substance abuse or methadone maintenance treatment program?
18	Do you use drugs?
19	Have you ever felt you should cut down on your drinking and/or drug use?
20	Have people criticized your drinking and/or drug use?
21	Have you ever felt guilty about your drinking or drug use?
22	Have you ever taken a drink or used drugs in the morning to steady your nerves or get rid of a hangover?
23	Does the person being screened have a drug or alcohol problem?
24	Do any of the family members, caregivers, significant others, persons living in the home, or who interact with the child/ren have a problem with alcohol or drugs?
25	Does the person being screened need protection from anyone?
26	Are you aware of any indicators of domestic violence?
27	Is there a Referral for Screening?

Appendix E – CERAP Safety Threats

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 who 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 child abuse/neglect or any person for whom there is reasonable cause to believe that he/she previously abused or neglected a child. 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 living 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 the 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	[Prior to 7/6/2016] A caregiver, paramour or member of the household whose alleged or observed mental/physical illness or developmental disability may seriously impair or affect his/her ability to provide care for a child. [After 7/6/2016] A caregiver, paramour or member of the household whose observed or professionally diagnosed or documented mental/physical illness or

	developmental disability seriously impairs 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, 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.