



**ILLINOIS CHILD ENDANGERMENT RISK  
ASSESSMENT PROTOCOL:  
FY09 ANNUAL EVALUATION**

---

**Tamara L. Fuller, Ph.D.  
Martin Nieto, M.A.**

**April 2009**

**CHILDREN AND FAMILY RESEARCH CENTER**

**PREPARED FOR:  
ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
ERWIN MCEWEN, DIRECTOR**

**This is a project of the Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign, which is funded in part by the Department of Children and Family Services. The views expressed herein should not be construed as representing the policy of the University of Illinois or the Department of Children and Family Services.**

**Illinois Child Endangerment Risk Assessment Protocol  
FY09 Annual Evaluation**

University of Illinois Children and Family Research Center

Tamara L. Fuller, Ph.D.

Martin Nieto, M.A.

Prepared for:

Illinois Department of Children and Family Services

Erwin McEwen, Director

April 2009

## **Executive Summary**

Previous evaluations of the Child Endangerment Risk Assessment Protocol (CERAP) have found a consistent and significant relationship between CERAP re-assessment, particularly at the conclusion of the investigation, and lower rates of maltreatment recurrence among children initially assessed as “unsafe” at the initial stages of their investigation. However, concerns were raised by the Department about the validity of this finding because there are circumstances in which a CERAP assessment at the conclusion of the investigation is not required, even among cases found to be “unsafe” in the initial CERAP assessment. By including these cases in the previous analyses, we may have both miscalculated compliance rates with this practice requirement, and obscured the true relationship between CERAP assessment at investigation closure and maltreatment recurrence. Thus, the main purpose of this FY09 CERAP evaluation is to re-examine the relationship between safety re-assessment and maltreatment recurrence using the correct population of cases that most closely resembles CERAP use in the field. By ruling out possible alternative explanations for the results, we can bolster our confidence that this relationship is valid and may have important implications for Department policy and practice.

Although the re-analyses increased the statewide compliance rate with this practice requirement – from 17.9% in 2007 to 38% in both 2007 and 2008, it did not change the underlying relationship between CERAP re-assessment and maltreatment recurrence. As in previous reports, those cases – both initially safe and unsafe – that received additional safety assessment at the conclusion of the investigation were significantly less likely to experience additional indicated maltreatment in the 6 months following their initial report when compared to those that did not receive such re-assessment. Although the exact mechanism through which this protective effect occurs is not known, increasing investigator compliance with CERAP re-assessment policy above its current level of 38% may decrease state and regional maltreatment recurrence rates. A renewed emphasis on CERAP re-assessment could be coupled with the changes in practice that will occur when the enhanced CERAP model is implemented in FY10.

# **Illinois Child Endangerment Risk Assessment Protocol: FY09 Annual Evaluation**

## **Background and Introduction**

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, known as the Child Endangerment Risk Assessment Protocol (CERAP).

Over the following 15 months, 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.

## Evaluating Child Safety in Illinois

### *Early Research Questions and Results*

Public Act 88-614 mandates that the Department “submit an annual evaluation report to the Illinois General Assembly, which includes an examination of the reliability and validity of the protocol.” Beginning in 1997, researchers at the Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign have conducted a program of research that examines the impact of the CERAP implementation on child safety in Illinois. Since a true experimental design (with treatment and control groups) was not feasible to test the hypothesis that the implementation of the CERAP safety assessment protocol had a significant impact on child safety, CFRC researchers relied on an historical cohort comparison in a design called a *secular trend analysis* that examines the child safety outcome before and after the point in time when the implementation of CERAP occurred (December 1, 1995). The hypothesis of CERAP effectiveness or validity would be supported, but not proven, by significant differences on the safety outcome between those exposed to the intervention (investigations that occurred after December 1995) and those that were not exposed (investigations that occurred prior to December 1995). As with all quasi-experimental designs, however, alternative explanations for observed differences between the two historical groups are possible.

These evaluations tracked child safety as it was defined in CERAP policy, as the likelihood of immediate harm of a moderate to severe nature. This definition distinguished safety/safety assessment from the broader concepts of risk/risk assessment in two ways: 1) the threat of harm to the child must be “immediate” and 2) the potential harm to the child must be of a “moderate to severe nature.” Consistent with this definition, CERAP evaluations defined child safety in terms of the occurrence (i.e., recurrence) of an indicated report of moderate to severe maltreatment<sup>1</sup> within 60 days of the initial report. Recurrence rates were defined as the number of children who experienced indicated maltreatment within 60 days of their initial investigation divided by the total number of children with a Sequence A maltreatment report (PCs excluded). Recurrence rates were computed for four different groups: 1) all maltreatment allegations,

---

<sup>1</sup> DCFS allegation codes were used to create three mutually-exclusive groups in a definition of moderate to severe harm. Moderate physical abuse included allegations of cuts, welts, and bruises, human bites, and sprains/dislocations. Severe physical abuse included allegations of brain damage/skull fracture, subdural hematoma, internal injuries, burns/scalding, poisoning, wounds, bone fractures, and torture. Sexual abuse included allegations of sexually transmitted diseases, sexual penetration, sexual exploitation, and sexual molestation.

2) moderate physical abuse, 3) severe physical abuse, and 4) sexual abuse. Results of these annual evaluations found that short-term (i.e., 60-day) maltreatment recurrence rates decreased 53% since 1995, the year prior to CERAP implementation. This was also true for rates of moderate physical abuse (58% decrease), severe physical abuse (60% decrease), and sexual abuse (61% decrease). Although these decreases in recurrence were not attributed directly to the CERAP, children were safer in the years following CERAP implementation than they were in the years immediately preceding it.

### ***Federal Safety Monitoring – Child and Family Service Reviews (CFSRs)***

On January 25, 2000, the U.S. Department of Health and Human Services (HHS) published a final rule in the *Federal Register* establishing a new approach to monitoring state child welfare programs, known as the Child and Family Service Reviews (CFSRs). Under the rule, which became effective March 25, 2000, states are assessed for substantial conformity with federal requirements for child safety, permanence, and well-being. National outcome measures were established so that each state was assessed in a standardized manner, and national standards were set to determine a state's substantial conformity. States found to be not in substantial conformity on any of the national standards are required to develop and implement Program Improvement Plans (PIPs) addressing each area of nonconformity. States that do not achieve the required improvements outlined in the PIP sustain financial penalties as prescribed in the federal regulations.

Two indicators of child safety were established in the federal rule: recurrence of maltreatment and incidence of child maltreatment in foster care.<sup>2</sup> To measure maltreatment recurrence, states were required to answer the following question: Of all children who were victims of substantiated or indicated abuse or neglect during the first six months of the reporting year, what percent did not experience another incident of substantiated or indicated abuse or neglect within a 6-month period? For the first round of CFSRs, the national standard for this measure was set at 6.1%.

With a maltreatment recurrence rate of 7.5% in 2002 and 2003, Illinois failed to meet the national standard for this indicator in its first CFSR.<sup>3</sup> The Department was therefore required to develop a Program Improvement Plan (PIP) that listed specific action steps designed to meet a

---

<sup>2</sup> Since maltreatment recurrence is the outcome measure most closely related to the CERAP, only this CFSR safety outcome is discussed in the current report.

<sup>3</sup> U.S. Department of Health and Human Services. *Child Welfare Outcomes 2003: Safety, Permanency, and Well-Being*.

state-specific PIP goal to be met at the end of two years following the PIP submission. If this goal was met, Illinois would avoid receiving financial penalties for failing to substantially conform to the national standard. No official ruling on financial penalties related to the safety indicators has been made to date, but recent data suggests that Illinois has not met its PIP goal. If true, financial penalties will be accrued from the date of the last CFSR assessment in September 2003, and will remain in effect until Illinois meets the new national standards for the upcoming second round of CFSRs.<sup>4</sup>

### ***FY08 CERAP Evaluation – Convergence with CFSR Safety Measure***

Prior to FY08, the annual CERAP evaluation and the CFSR monitoring have occurred independently. Although both processes monitor safety outcomes, the intended *purpose* of these monitoring activities is quite different. The annual CERAP evaluations have the stated purpose of “examining the reliability or validity of the protocol” – and have therefore been designed to answer questions related specifically to *CERAP implementation* and its relationship to child safety. The evaluation strategies, definitions of child safety, and study samples have all been chosen to provide the clearest possible answer to the research question being asked: Is CERAP use related to child safety? The CFSR process, on the other hand, is related to quality improvement. It seeks to determine if the Illinois child welfare system meets or exceeds certain pre-determined performance standards. Sample definitions and definitions of child safety were determined by the type of data states submit to DHHS (i.e., NCANDS submissions).

In FY08, the safety outcome examined in the CERAP evaluation was changed to match that used in the federal CFSR (i.e., 6-month recurrence) in order to examine the relationship between CERAP use in the field, other investigation practices, and maltreatment recurrence as defined by the CFSR. In addition, regional differences in maltreatment recurrence and CERAP use in the field were explored. Findings of particular interest included:

- large regional differences in maltreatment recurrence, with rates in the Cook regions consistently meeting the national standard for maltreatment recurrence of 6.1%. Recurrence rates in the Central and Southern regions were well above (i.e., fail to meet) the national standard. Rates in the Northern regions were slightly above the standard until 2007, when they met the standard for the first time.

---

<sup>4</sup> New national standards were calculated for the second round of CFSRs based on states’ performance during round one. These new standards were published in the *Federal Register* on June 7, 2006. The new standard for maltreatment recurrence was set at **5.4% or lower**.

- a clear relationship exists in all regions between unsafe cases that received an additional CERAP safety assessment at the conclusion of the investigation and lower maltreatment recurrence.

### ***FY09 CERAP Research Questions***

Based on the findings from last year's CERAP report, it was decided that a closer look at the consistently significant relationship between CERAP completion cases at the conclusion of the investigation and maltreatment recurrence among unsafe cases is warranted. Concerns were raised by the Department about the validity of this finding because CERAP policy defines several circumstances in which a CERAP assessment at the conclusion of the investigation is not required, even among those cases found to be "unsafe" in the initial CERAP assessment: 1) if the investigation is completed in less than 30 days, 2) if the investigation involves a family with an open service cases (i.e., intact family or placement) and 3) if a service case is opened during or immediately after the investigation. By including these cases in the analyses last year, we may have both miscalculated compliance rates with this practice requirement, and obscured the true relationship between CERAP assessment at investigation closure and maltreatment recurrence.

Since CERAP re-assessment and maltreatment recurrence have been consistently linked in past CERAP evaluations, it is important to re-examine this relationship using the correct population of cases that most closely resembles CERAP use in the field. By ruling out possible alternative explanations for these results, we can bolster our confidence that this relationship is valid and may have important implication for Department policy and practice. Therefore, the following questions will be examined in this report:

1. Do the regional differences in 6-month maltreatment recurrence, as defined in the CFSR, persist in 2008?
2. Do regional differences in compliance exist for CERAP re-assessment among "unsafe" cases at the conclusion of the investigation, even after investigations closed within 30 days, investigations involving already open service cases, and cases opened for services during and immediately after the investigation are excluded from the sample?
3. Does the relationship between CERAP re-assessment among "unsafe" cases and lower maltreatment recurrence remain significant once investigations closed within 30 days, investigations involving already open service cases, and cases



opened for services during and immediately after the investigation are excluded from the sample?

### ***Safety Outcome Used in the Current Analyses***

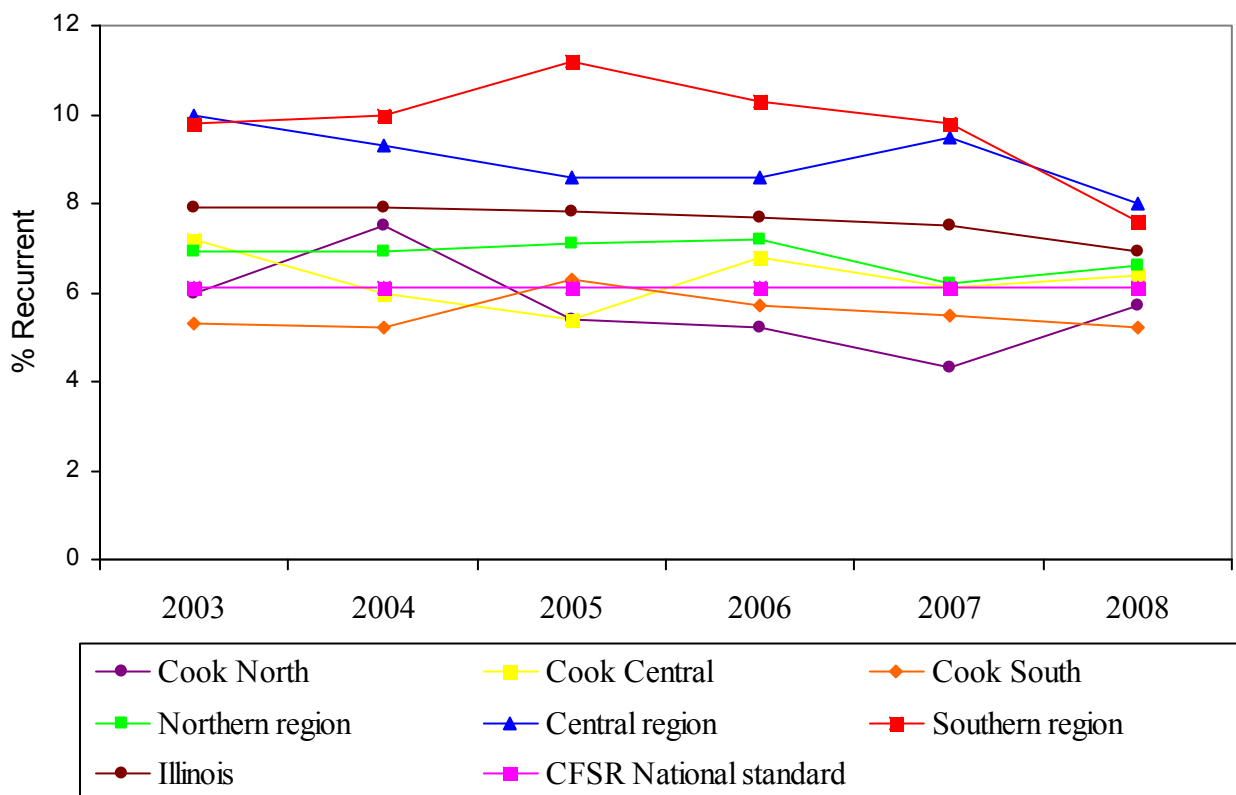
As in last year's report, the safety outcome of interest in this evaluation is maltreatment recurrence as defined in the CFSR, i.e., of all children who were victims of substantiated or indicated abuse or neglect during the first six months of the reporting year, the percent that experience another incident of substantiated or indicated abuse or neglect within a 6-month period. Although the current evaluation duplicates the maltreatment recurrence measure used in the CFSR as closely as possible, differences exist that will lead to slight differences in the recurrence rates reported here when compared to those reported in federal monitoring reports. Federal outcomes are computed on the NCANDS and AFCARS submissions that states send to the US DHHS. These data submissions consist of yearly cross-sectional "snapshots" of the children investigated and in foster care. The cross-sectional nature of these submissions makes it difficult to track children across years, which is why the CFSR recurrence measure is based on a 6 month sample of children tracked for the subsequent 6 months. The DCFS integrated database contains longitudinal data – which allows us to track outcomes across multiple years and is a much better alternative than a series of cross-sectional cuts. Thus, instead of breaking each year into two 6-month sections, the current analyses examine all children with indicated maltreatment for a full year and tracks maltreatment recurrence in the subsequent 6 months following the initial indicated report.

Recurrence rates in this report were calculated using the date the alleged maltreatment was reported to the Department (the report date) rather than the date the incident allegedly occurred (the incident date). There may be instances in which a second report (based on the report date) involving a particular child is counted as maltreatment recurrence when it may actually be a second report related to the first incident. The extent of this type of "measurement error" is unknown, but it should be kept in mind when interpreting the results of the analysis. Until a few years ago, the incident date was not available in the administrative database, and future CERAP reports should attempt to incorporate this information into the analysis to avoid bias in the calculation of recurrence rates.

## Results: Regional Analysis of Six-Month Maltreatment Recurrence

Figure 1 present the 6-month maltreatment recurrence rates for the state as a whole (labeled as “Illinois” in the figure) and six DCFS regions. Raw numbers and recurrence rates are also included in Appendix Table 1. Recurrence rates for Illinois as a whole remained constant at about 7.8% from 2003 to 2006, dropped slightly to 7.5% in 2007, and dropped again in 2008 to 6.9%, which is still above the national standard of 6.1%. However, **large regional differences in recurrence rates exist**, although these differences became smaller in 2008 than in previous years. In 2008, 6-month maltreatment recurrence rates were under 6% in both Cook North and Cook South, slightly above 6% in Cook Central and the Northern region, and almost 8% in the Central and Southern regions. Recurrence rates in the Central and Southern regions dropped about 2% from 2007 to 2008, which helped lower the recurrence rate for the state as a whole from 7.5% in 2007 to 6.9% in 2008.

Figure 1. 6-Month Maltreatment Recurrence by Region



## **Results: Additional Safety Assessment in Investigation Cases**

According to DCFS policy, during an investigation the first CERAP assessment should first be completed “within 24 hours after the investigator first sees the alleged child victims” (see Procedures 300, Appendix G, page 3). Additional CERAP assessments should be completed during the investigation if and when any of the following milestones occur: 1) whenever evidence or circumstance suggest that a child’s safety may be in jeopardy, 2) every 5 working days following the determination that any child in the family is unsafe and a safety plan is implemented,<sup>5</sup> 3) at the conclusion of the formal investigation, unless a service case is opened (this provision may be waived by the supervisor if the initial safety assessment was marked safe and no more than 30 days have elapsed since it was completed), and 4) at CWS intake within 24 hours of seeing the children. Therefore, each investigation case can have anywhere from one to several CERAP assessments that are completed over the life of the investigation case, and the number will vary depending on whether the case was determined to be safe or unsafe, whether more than one investigator assesses the household, whether circumstances in the household change, the length of time needed to complete the investigation, and whether a child welfare service case is opened.

Cases (both safe and unsafe) must have a CERAP assessment completed “at the conclusion of the formal investigation,” although several circumstances exist under which this requirement can be waived: 1) if the investigation is completed within less than 30 days, 2) if the investigation involves an already opened service case, or 3) if a service case is opened during or immediately following the investigation. Thus, these cases in which a CERAP is not required at this milestone were excluded from the sample. Table 2 presents the percentage of indicated investigations that fall into each of these categories (regional breakdowns are presented in Appendix Table 2). Eliminating investigations closed within 30 days of the report date reduced the total sample of indicated children by about 15% per year. Another 8-10% of the children in the sample were excluded each year because they had an open service case at the time of the investigation. Finally, another 35% or so of the sample was excluded each year because a child

---

<sup>5</sup> If the new safety assessment determination is that the child or children remain unsafe and the safety plan will continue, the worker must make a notation in Part B1 of the CFS 1441 (CERAP Safety Determination form) documenting the reason or reasons why the safety plan should remain in effect (DCFS Procedures 300, Appendix G, p. 15).

or family service case was opened within 60 days of the maltreatment report date.<sup>6</sup> This left a final sample of about 9,000 – 12,000 indicated children each year, or about 35-45% of the original sample of indicated children.

Table 2: Indicated children per year and percentage investigations excluded from CERAP re-assessment

FY	Total # of indicated children	Investigations closed within 30 days of report date		Child or family service case at report date		Child or family service case opened within 60 days of initial report		No service case open + investigation completed after 30 days of report date	
		N	%	N	%	N	%	N	%
2003	24,844	4,695	18.9%	2,470	9.9%	8,805	35.4%	8,874	35.7%
2004	24,909	4,239	17.0%	2,458	9.9%	9,090	36.5%	9,122	36.6%
2005	25,076	3,976	15.9%	2,349	9.3%	9,462	37.7%	9,289	37.0%
2006	24,107	2,640	11.0%	2,140	8.9%	8,369	34.7%	10,958	45.5%
2007	25,433	3,237	12.7%	2,185	8.6%	7,981	31.4%	12,030	47.3%
2008 <sup>7</sup>	20,873	3,321	15.9%	1,679	8.0%	7,113	34.1%	8,760	42.0%

After excluding those cases that are not *required* to have a CERAP completed at the conclusion of the investigation, investigator compliance with CERAP re-assessment at this milestone can be re-examined. The final column in Table 3 presents the percentage of indicated children with CERAP assessments completed at the conclusion of the investigation.

<sup>6</sup> Since most investigations are completed within 60 days, a 60-day “window” for case opening after the report date was selected to capture those case openings during or immediately after the investigation.

<sup>7</sup> The first column in this table represents the total number of unduplicated children with an indicated report during the fiscal year for which we were able to match their investigation data to their CERAP assessment data for the *initial* CERAP, based on their investigation IDs in the administrative database. Prior to 2008, the matching process was able to match nearly 100% of the indicated investigations each year to CERAP data. In 2008, 13% of indicated investigations did NOT have matching CERAP data, and were therefore excluded from the sample. This gives the impression that there were significantly fewer indicated investigations in 2008 compared to previous years, when in fact the number of overall investigations increased slightly that year.

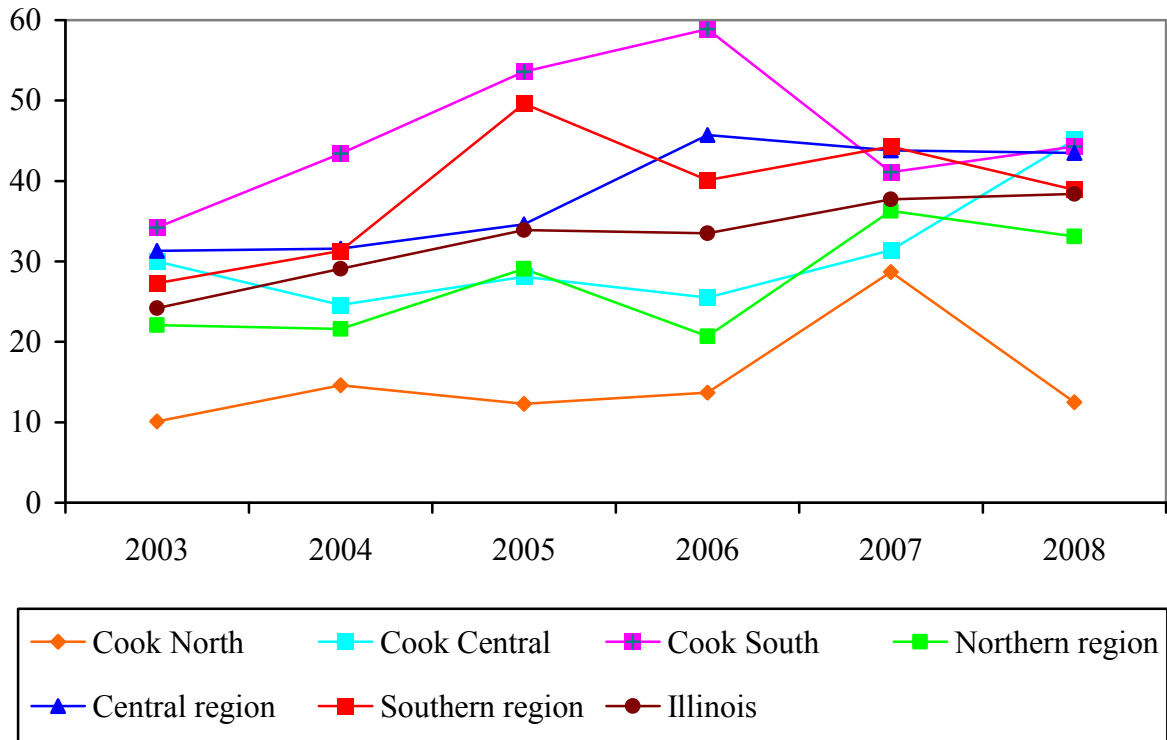
Table 3: Indicated Children\* with CERAP re-assessment at investigation close

Fiscal Year	Total number indicated children*	Initial CERAP Safety Determination			CERAP re-assessment at investigation close	
			n	%	n	%
2003	8,874	Unsafe	1,302	14.7	315	24.2
		Safe	7,572	85.3	2,369	31.3
2004	9,122	Unsafe	1,431	15.7	416	29.1
		Safe	7,691	84.3	2,462	32.0
2005	9,289	Unsafe	1,127	12.1	382	33.9
		Safe	8,162	87.9	2,816	34.5
2006	10,958	Unsafe	1,121	10.2	376	33.5
		Safe	9,837	89.8	3,789	38.5
2007	12,030	Unsafe	1,076	8.9	406	37.7
		Safe	10,954	91.1	4,584	41.9
2008	8,760	Unsafe	842	9.6	323	38.4
		Safe	7,918	90.4	3,376	42.6

\*This is the number of initial indicated children during the year, after excluding investigations completed in less than 30 days, investigations involving already open service cases, and investigations in which services were open within 60 days of report date.

Figure 2 displays the percentage of unsafe cases with an additional CERAP assessment at the conclusion of the investigation, after excluding cases for which this is not required (see Appendix Table 3 for raw numbers and percentages). Compliance with this requirement has been increasing for the state as a whole, climbing from 24% in 2003 to 38% in 2008. When examined by region, compliance increased for most regions from 2003 to 2006, after which time it has leveled off and remained fairly constant. It should be noted that re-calculating compliance rates greatly improved rates for the state as a whole, and especially in the Central and Southern regions, compared to rates reported in the previous CERAP evaluation. Compliance rates in the Cook North region have been, and remain, significantly lower than in all other regions.

Figure 2. Percentage of Unsafe Indicated Children with Additional CERAP assessment at the conclusion of the investigation



### Results: CERAP Re-assessment at Investigation Conclusion and 6-Month Maltreatment Recurrence

Previous CERAP evaluations have found a clear and significant relationship between CERAP assessment at the conclusion of the investigation and lower maltreatment recurrence within 6 months. The current analysis re-examined this relationship after excluding those types of investigation cases that may *not require* a CERAP re-assessment at the conclusion of the investigation (Table 4 and Figure 3).<sup>8</sup> **Even after excluding these cases, the significant relationship between CERAP re-assessment and reduced risk for maltreatment recurrence exists.** In many years (2004, 2005, 2006), recurrence rates among these initially “unsafe” cases that received a CERAP re-assessment are even lower than those cases initially assessed as “safe.” Interestingly, there is a similar significant relationship between CERAP re-assessment at investigation close and lower maltreatment recurrence among children thought to be “safe” following the initial CERAP assessment at the beginning of the investigation.

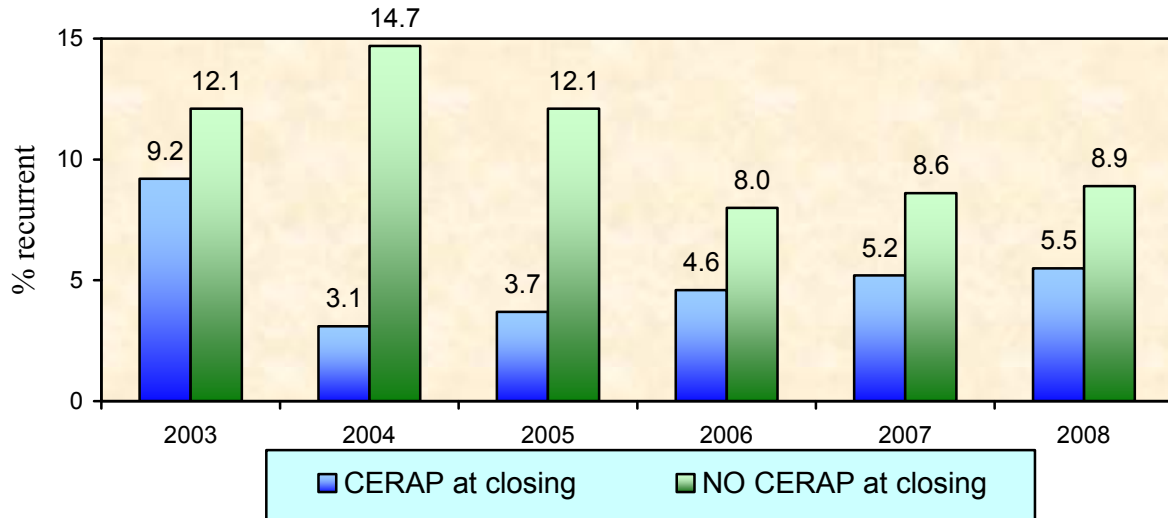
<sup>8</sup> Regional differences in recurrence among unsafe cases with and without a CERAP assessment are not presented because the numbers are too small to support statistical testing.

**Table 4: 6-Month Maltreatment Recurrence Among Initially Safe and Unsafe Cases with and without a CERAP Assessment at the Conclusion of the Investigation (State)**

	Initial Safety Decision	Additional CERAP completed		Number Recurrent	% Recurrent	
			n			%
2003	Unsafe (n=1,302)	No	987	75.8	120	12.2
		Yes	315	24.2	29	9.2
	Safe (n=7,572)	No	5,203	68.7	418	8.0***
		Yes	2,369	31.3	108	4.6
2004	Unsafe (n=1,431)	No	1,105	70.9	149	14.7***
		Yes	416	29.1	13	3.1
	Safe (n=7,691)	No	5,229	68.0	451	8.6***
		Yes	2,462	32.0	128	5.2
2005	Unsafe (n=1,127)	No	745	66.1	90	12.1***
		Yes	382	33.9	14	3.7
	Safe (n=8,126)	No	5,346	65.5	477	8.9***
		Yes	2,816	34.5	156	5.5
2006	Unsafe (n=1,121)	No	745	66.5	75	10.1*
		Yes	376	33.5	26	6.9
	Safe (n=9,837)	No	6,048	61.5	558	9.2***
		Yes	3,789	38.5	223	5.9
2007	Unsafe (n=1,076)	No	670	62.3	64	9.6
		Yes	406	37.7	45	11.1
	Safe (n=10,954)	No	6,370	58.1	560	8.8***
		Yes	4,584	41.9	260	5.7
2008	Unsafe (n=842)	No	519	61.6	57	11.0
		Yes	323	38.4	30	9.3
	Safe (n=7,918)	No	4,542	57.4	351	7.7***
		Yes	3,376	42.6	196	5.8

\*p < .10 \*\*p < .01 \*\*\*p < .0001

Figure 3: 6-Month recurrence rates among initially unsafe cases with and without CERAP assessment at investigation closing



## Discussion and Conclusions

The primary purpose of this evaluation was to further examine the relationship between CERAP re-assessment at the conclusion of the investigation and maltreatment recurrence. Previous evaluations have found that CERAP re-assessment in general, and at the conclusion of the investigation in particular, decreased the risk of maltreatment recurrence following a Child Protective Services (CPS) investigation. This relationship is robust – it remains significant whether the recurrence time-frame is short-term (60 days) or 6 months, and whether the families were investigated for the first time or had previous maltreatment reports. The consistency of the relationship across conditions strengthened the conclusion that it captures a true phenomenon, and not just a random coincidence or statistical anomaly. However, discussion of these results with DCFS administrators generated an alternative explanation for the results that raised doubts about their usefulness. Specifically, CPS policy states that not all investigation cases require a CERAP re-assessment at the conclusion of the investigation, even if the children in the home are assessed as “unsafe” during the initial safety assessment. Since previous analyses included these cases that did not require a CERAP re-assessment at this milestone, this introduced a potential source of error. Thus, to provide a more accurate test of the relationship between CERAP re-



assessment and maltreatment recurrence, these cases were eliminated and the analyses were repeated.

Last year, we reported that statewide “compliance” for safety re-assessment for unsafe cases at the investigation conclusion was 17.9% in 2007, with large regional differences in compliance. Removing the three categories of cases that do not require such re-assessment increased the state compliance rate to 38% in both 2007 and 2008, and rates were dramatically improved in the Central and Southern regions after the recalculation. However, even with this increase, there is still considerable room for improvement in compliance with this requirement. Regional compliance rates varied considerably from year to year, except for Cook North, where rates were well below those in other regions.

Perhaps more importantly, the removal of these cases did not change the underlying relationship between CERAP re-assessment at the conclusion of the investigation and maltreatment recurrence. Although the relationship was not statistically significant each year, which is most likely due to the small numbers of unsafe cases in a single year, the *direction* of the relationship remained consistent. Interestingly, the significant relationship between CERAP re-assessment and lower maltreatment recurrence was also observed among cases initially assessed as safe.

These results further strengthen the conclusion that CERAP re-assessment at the conclusion of the investigation provides a protective effect against additional maltreatment for those cases in which a service case is *not* opened. Although the exact mechanism through which this protective effect occurs is not known, increasing investigator compliance with CERAP re-assessment policy above its current level of 38% may decrease state and regional maltreatment recurrence rates. In addition, since the protective effect of CERAP re-assessment extends to those cases initially assessed as “safe,” and these cases comprise around 85-90% of indicated investigations each year, increasing compliance with CERAP reassessment in these cases as well could make an even bigger impact on overall recurrence rates. A renewed emphasis on CERAP re-assessment could be coupled with the changes in practice that will occur when the enhanced CERAP model is implemented in FY10.

Finally, the results of some additional analysis not related to the original research questions suggests that the requirement for CERAP assessment at the conclusion of the investigation should NOT be waived for investigations closed in 30 days or less, even if they were initially assessed as “safe.” Analyses revealed that among these “short” investigations, 6-

month maltreatment recurrence rates were significantly reduced when CERAP re-assessment was completed at the conclusion of the investigation, compared to those cases in which it was not (Table 5).

**Table 5: 6-Month Maltreatment Recurrence Among Investigations Closed in 30 Days or Less with and without a CERAP Assessment at the Conclusion of the Investigation (State)**

	Initial Safety Decision	Additional CERAP completed		Number Recurrent	% Recurrent
			n		
2003	Unsafe (n=699)	No	577	87	15.1**
		Yes	122	5	4.1
	Safe (n=3,996)	No	3,734	333	8.9*
		Yes	262	12	4.6
2004	Unsafe (n=583)	No	483	67	13.9
		Yes	103	10	9.7
	Safe (n=3,653)	No	3,393	252	7.4
		Yes	260	13	5.0
2005	Unsafe (n=467)	No	360	45	12.5
		Yes	107	8	7.5
	Safe (n=3,509)	No	3,352	273	8.1*
		Yes	157	6	3.8
2006	Unsafe (n=318)	No	285	59	20.7*
		Yes	33	1	3.0
	Safe (n=2322)	No	2,221	164	7.4
		Yes	101	7	6.9
2007	Unsafe (n=271)	No	230	22	9.6
		Yes	41	5	12.2
	Safe (n=2,966)	No	2,861	203	7.1
		Yes	105	3	2.9
2008	Unsafe (n=339)	No	297	34	11.5
		Yes	42	1	2.4
	Safe (n=2,982)	No	2,898	201	6.9
		Yes	84	7	8.3

\*p < .05 \*\*p < .01

**Appendix Table 1. 6-Month Maltreatment Recurrence**

FY	Region	Children with an Indicated Report		
		Total Children	# Recurrent	% Recurrent
2003	Cook North	3,325	198	5.95
	Cook Central	1,562	112	7.17
	Cook South	3,642	192	5.27
	Northern	5,504	377	6.85
	Central	7,109	709	9.97
	Southern	3,702	364	9.83
	Illinois	24,844	1,952	7.86
2004	Cook North	2,049	153	7.47
	Cook Central	2,787	166	5.96
	Cook South	2,768	145	5.24
	Northern	5,506	379	6.88
	Central	8,039	751	9.34
	Southern	3,760	377	10.03
	Illinois	24,909	1,971	7.91
2005	Cook North	2,036	109	5.35
	Cook Central	2,581	138	5.35
	Cook South	2,750	173	6.29
	Northern	5,805	412	7.10
	Central	7,905	678	8.58
	Southern	3,999	446	11.15
	Illinois	25,076	1,956	7.80
2006	Cook North	1,941	101	5.20
	Cook Central	2,753	187	6.79
	Cook South	2,459	140	5.69
	Northern	5,927	428	7.22
	Central	7,429	636	8.56
	Southern	3,598	369	10.26
	Illinois	24,107	1,861	7.72

2007	Cook North	1,904	81	4.25
	Cook Central	2,947	180	6.11
	Cook South	2,280	125	5.48
	Northern	6,587	407	6.18
	Central	7,949	757	9.52
	Southern	3,766	368	9.77
	Illinois	25,433	1,918	7.54
2008	Cook North	1,698	97	5.71
	Cook Central	2,078	132	6.39
	Cook South	2,116	110	5.20
	Northern	5,637	374	6.63
	Central	6,512	519	7.97
	Southern	2,832	215	7.59
	Illinois	20,873	1,447	6.93

**Appendix Table 2: Indicated children per year and percentage investigations excluded from CERAP re-assessment**

Fiscal year	DCFS Region	Total # of indicated children	% Investigations closed within 30 days of report date	% Child or family service case at report date	% Child or family service case opened within 60 days of initial report	% No service case open + investigation completed after 30 days of report
2003	Cook North	3,325	16.72	9.23	36.12	37.92
	Cook Central	1,562	24.46	7.62	42.00	25.93
	Cook South	3,642	18.70	10.90	37.48	32.92
	Northern	5,504	19.99	6.32	24.27	49.42
	Central	7,109	21.35	11.84	40.33	26.47
	Southern	3,702	12.37	12.34	37.28	38.01
	Illinois	24,844	18.90%	9.94%	35.44%	35.72%
2004	Cook North	2,049	19.13	8.00	35.72	37.14
	Cook Central	2,787	15.00	9.04	37.14	38.82
	Cook South	2,768	14.34	11.42	40.07	34.18
	Northern	5,506	19.45	6.59	27.82	46.13
	Central	8,039	19.94	11.64	39.88	28.54
	Southern	3,760	9.52	11.36	39.26	39.87
	Illinois	24,909	17.02%	9.87%	36.49%	36.62%
2005	Cook North	2,036	20.14	7.66	36.15	36.05
	Cook Central	2,581	11.39	7.87	45.95	34.79
	Cook South	2,750	19.75	8.55	49.31	22.40
	Northern	5,805	14.63	6.96	24.75	53.66
	Central	7,905	18.13	10.70	39.61	31.56
	Southern	3,999	11.18	12.63	40.41	35.78
	Illinois	25,076	15.86%	9.37%	37.73%	37.04%
2006	Cook North	1,941	15.71	6.75	35.55	41.99
	Cook Central	2,753	9.99	8.21	33.85	47.95
	Cook South	2,459	18.46	8.21	42.46	30.87
	Northern	5,927	9.63	7.34	23.15	59.88

	Central	7,429	10.67	10.16	38.52	40.64
	Southern	3,598	6.73	10.87	40.83	41.58
	Illinois	24,107	10.95%	8.88%	34.72%	45.46%
2007	Cook North	1,904	21.48	7.51	35.40	35.61
	Cook Central	2,947	9.81	6.58	29.01	54.60
	Cook South	2,280	16.01	7.98	39.78	36.23
	Northern	6,587	9.56	6.66	22.09	61.68
	Central	7,949	16.44	9.91	33.78	39.87
	Southern	3,766	6.29	11.66	37.31	44.74
	Illinois	24,433	12.73%	8.59%	31.38%	47.30%
2008	Cook North	1,698	23.09	7.36	37.34	32.21
	Cook Central	2,078	10.35	6.69	34.46	48.51
	Cook South	2,116	11.81	9.22	39.70	39.27
	Northern	5,637	9.83	6.67	27.57	55.93
	Central	6,512	24.92	8.51	33.26	33.31
	Southern	2,832	10.13	10.24	42.48	37.15
	Illinois	20,873	15.91%	8.04%	34.08%	41.97%

**Appendix Table 3. CERAP Assessment at Investigation Close in Indicated Children\*  
Assessed as “Unsafe” – by Region**

FY	Region	Unsafe indicated cases*	% with CERAP assessment at conclusion of investigation
2003	Cook North	308	10.1
	Cook Central	87	30.0
	Cook South	307	34.2
	Northern	258	22.1
	Central	214	31.3
	Southern	128	27.3
	Illinois	1,302	24.2
2004	Cook North	192	14.6
	Cook Central	317	24.6
	Cook South	325	43.4
	Northern	190	21.6
	Central	256	31.6
	Southern	151	31.3
	Illinois	1,413	29.1
2005	Cook North	138	12.3
	Cook Central	242	28.1
	Cook South	166	53.6
	Northern	213	29.1
	Central	243	34.6
	Southern	125	49.6
	Illinois	1,127	33.9
2006	Cook North	102	13.7
	Cook Central	302	25.5
	Cook South	151	58.9
	Northern	232	20.7
	Central	245	45.7
	Southern	89	40.1
	Illinois	1,121	33.5
2007	Cook North	87	28.7
	Cook Central	258	31.4
	Cook South	124	41.1
	Northern	226	36.3

	Central	320	43.8
	Southern	61	44.3
	Illinois	1,076	37.7
2008	Cook North	64	12.5
	Cook Central	184	45.1
	Cook South	140	44.3
	Northern	248	33.1
	Central	170	43.5
	Southern	36	38.9
	Illinois	842	38.4