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Illinois Child Endangerment Risk Assessment Protocol
FY2020 Annual Evaluation

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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 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 determination 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 determination that a child is unsafe and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being

[1] https://www2.illinois.gov/dcfs/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 of 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 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 tests measures an underlying construct. An instrument's reliability is related to how consistently it measures the underlying construct, while its validity is related to the accuracy with which it measures the construct. The underlying construct that the CERAP is intended to assess is child safety, which is defined as the likelihood of moderate to severe harm either immediately or in the near future.

There are several types of instrument reliability and validity that can be examined, but not all of them are applicable to the CERAP.

1. Internal consistency reliability examines how consistently the items of an instrument or scale measure the underlying construct. For example, if a 20-item scale is separated into two 10-item scales, an individual's scores on the two separate scales should be highly correlated if there is a high level of internal consistency. The "items" (i.e., safety threats) on the CERAP assess different behaviors and circumstances that indicate a child is unsafe, but there is no expectation that they will be correlated with one another. For example, there is no reason to assume that the safety threat for sexual abuse (child sex abuse is suspected and circumstances suggest child safety may be an immediate concern) is highly correlated with the threat for inadequate food, shelter, or clothing (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). Therefore, measures of internal consistency reliability are not applicable to the CERAP.

2. Test-retest reliability examines the consistency of an instrument's scores over time. This type of reliability is measured by having the same individual take a test or produce a score for an individual at two points in time (days, weeks, or months apart) and examining the correlation between the two scores. A family's "scores" on the CERAP, measured as either the presence/absence of individual safety threats or as the safety decision, would not be expected to remain stable over time. Interventions would be put in place to remove the safety threats and change the family's circumstances from unsafe to safe. Therefore, test-retest reliability is not applicable to the CERAP.

3. Inter-rater reliability examines the consistency of a measure across raters or observers. If a measure or scale has high inter-rater reliability, different people administering the protocol should produce similar results. This type of reliability is relevant for the CERAP and could be assessed by having two (or more) different workers complete a CERAP assessment on the same family at the same time and examining the consistency of the results across workers.

4. Content validity refers to the extent to which the items on a measure assess the full scope of the construct being measured. Content validity is typically examined by having subject matter experts review the items or by comparing the content of the measure to other measures of the same or similar constructs to see if the content is comprehensive. Comparison of the items (safety threats) in the CERAP with those in safety assessments instruments used in other states has revealed a high degree of similarity, which is evidence that the CERAP has high content validity.[2] [3]

5. Construct validity refers to the extent to which a measurement method accurately represent a construct (e.g., latent variable that cannot be measured directly) and produces an observation or score that is distinct from that which is produced by a measure of different construct. Construct validity is typically assessed by comparing scores on an instrument or scale with those of theoretically related constructs and seeing if the strength of the correlations are close to what would be predicted. Construct validity would be difficult to assess for the CERAP, because it would involve comparing "scores" on the CERAP with scores on theoretically related constructs, such as risk, and determining if the strength of the correlations between the scores are as predicted.

6. Criterion validity indicates the extent to which the instrument's score correlates with an external criterion (another measurement from a different instrument). In other words, it is an estimate of an extent to which a measure agrees with a gold standard, if it exists. There are two types of criterion validity. Concurrent validity is the extent to which a score on a new measure is related to a score from a criterion measure and predictive validity is the extent to which a score on a test predicts scores on some criterion measure in the future.

Previous CERAP evaluations have examine 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). The most recent example of this type of CERAP evaluation was in FY2014, where the CFRC examined the relationship between CERAP completion at the investigation milestone "at the conclusion of an investigation, unless a service case is opened."

[2] Fluke, J., Edwards, M., Bussey, M., Wells, S., & Johnson, W. (2001). Reducing recurrence in child protective services: Impact of a targeted safety protocol. *Child* Maltreatment, *6*, 207-18.

[3] Vial, A., Assink, M., Stams, G., & van der Put, C. (2020). Safety assessment in child welfare: A comparison of instruments. *Children and Youth Services Review*, *108*, 1-18.

After removing the investigations that did not require an assessment at the conclusion of the investigation (e.g., those in which a service case was opened or those that were assessed as safety and the investigation lasted less than 30 days), the analyses examined whether CERAP completion at the conclusion of the investigation was related to future maltreatment recurrence (i.e., predictive validity). The results of the analyses, which are reproduced from the FY2014 CERAP evaluation report, show that rates of 6-month maltreatment recurrence are significantly higher in investigations where there is no CERAP completion at the conclusion of the investigation.

Table 1. Safety reassessment at investigation conclusion and 6-month maltreatment recurrence

	Initial Safety Decision	**Additional CERAP completed**			**Number Recurrent**	**% Recurrent**
			n	**%**		
2004	Unsafe (n=1,479)	No	1,051	71.1	156	14.8***
		Yes	428	28.9	14	3.3
	Safe (n=7,818)	No	5,330	68.2	466	8.7***
		Yes	2,488	31.8	125	5.0
2005	Unsafe (n=1,153)	No	758	65.7	90	11.9***
		Yes	395	34.3	16	4.1
	Safe (n=8,356)	No	5,503	65.9	503	9.1***
		Yes	2,853	34.1	152	5.3
2006	Unsafe (n=1,175)	No	797	67.8	84	10.5*
		Yes	378	32.2	26	6.9
	Safe (n=9,949)	No	6,139	61.7	564	9.2***
		Yes	3,810	38.3	232	6.1
2007	Unsafe (n=1,172)	No	726	62.0	69	9.5
		Yes	446	38.0	45	10.1
	Safe (n=11,292)	No	6,568	58.2	583	8.9***
		Yes	4,724	41.8	268	5.7
2008	Unsafe (n=1,245)	No	776	62.3	93	12.0
		Yes	469	37.7	41	8.7
	Safe (n=11,252)	No	6,382	56.7	558	8.7***
		Yes	4,870	43.3	310	6.4
2009	Unsafe (n=1,436)	No	874	60.9	97	11.1***
		Yes	562	39.1	29	5.2
	Safe (n=11,467)	No	6,295	54.9	603	9.6***

		Yes	5,172	45.1	265	5.1
2010	Unsafe (n=1,460)	No	972	66.6	111	11.4***
		Yes	488	33.4	20	4.1
	Safe (n=11,590)	No	6,432	55.5	498	7.7***
		Yes	5,158	44.5	257	5.0
2011	Unsafe (n=1,556)	No	962	61.8	92	9.6***
		Yes	594	38.2	29	4.9
	Safe (n=11,881)	No	6,446	54.3	561	8.7***
		Yes	5,435	45.7	266	4.9
2012	Unsafe (n=1,747)	No	1,122	64.2	139	12.4**
		Yes	625	35.8	43	6.9
	Safe (n=12,576)	No	6,990	55.6	598	8.6***
		Yes	5,586	44.4	319	5.7
2013	Unsafe (n=1,800)	No	1,006	55.9	118	11.7***
		Yes	794	44.1	40	5.0
	Safe (n=13,714)	No	6,630	48.3	472	7.1**
		Yes	7,084	51.7	404	5.7

Notes: *p < .05 **p < .001 ***p < .0001
Source: Fuller, T.L., & Nieto, M. (2014). *Illinois Child Endangerment Risk Assessment Protocol: FY14 Annual Evaluation.* Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Thus, the results of the FY2014 CERAP evaluation provided evidence for the predictive validity of the CERAP. However, in the six years since those analyses were completed, rates of 12-month maltreatment recurrence in Illinois have increased substantially, from 8.4% in FY2012 to 14.3% in FY2019.[4] Therefore, the FY2020 CERAP evaluation uses the most recently available administrative data to re-examine the predictive validity of CERAP by analyzing the relationship between CERAP completion at the conclusion of the investigation and short-term maltreatment recurrence.

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 January 1, 2020. The sample for the analyses included indicated child reports with report dates during FY2014 – FY2019. To be included in the analyses, the child reports had to be completed by October 1, 2019. The report

[4] CFRC Data Center: https://www.cfrc.illinois.edu/cfsr-tables.php?ind=pct_repeat_subreps

date and child's ID with at least one indicated allegation were used to count the number of indicated child reports per year. An indicated child report included every child-report combination during the observation period meaning that children with multiple indicated reports during the period appear each time there is a new indicated report where the same child is identified as a victim. The total number of indicated child reports during the period was 201,602.

Not all investigations require a CERAP assessment at the conclusion of the investigation. Reports were excluded from the analysis sample if any of the following conditions were met:

- child death;
- child report that could not be linked to a safety assessment;
- child report involving an ongoing intact or placement case;
- child report that resulted in an open intact or placement case prior to the conclusion of the investigation;
- child report associated with an intact or placement case that started within 14 days of the conclusion of the investigation; and
- child report with an initial safety determination of "safe" and the investigation is completed in 30 days or less.

Of the 201,602 child reports in the sample, 93,755 reports (46.5%) were excluded from the analyses for one of those reasons (see Table 2).

Table 2. Number of Indicated Child Reports Included and Excluded from the Analyses

Fiscal Year	Number of indicated child reports	Included in the analyses		Excluded from the analyses	
		n	%	N	%
2014	27,605	13,584	49.2	14,021	50.8
2015	34,100	17,448	51.2	16,652	48.8
2016	33,255	18,972	57.1	14,283	42.9
2017	32,563	17,198	52.8	15,365	47.2
2018	36,280	19,570	53.9	16,710	46.1
2019	37,799	21,075	55.8	16,724	44.2
Total	201,602	107,847	53.5	93,755	46.5

Note. State fiscal year spans the 12-month period from July 1 to June 30.

2.2 Variable Definitions

The outcome of interest in the analyses (the predictive criterion) was "short-term" maltreatment recurrence. Previous CERAP evaluations used 6-months from the initial investigation report date as the outcome in the analyses so that results could be compared to the outcome indicators used in the Child and Family Service Reviews (CFSR). However, this definition fails to capture the short-term component of child safety; therefore the current analyses defined a maltreatment recurrence as a second indicated child report that occurred

within 30, 60, or 90 days after an investigation close date. If there was more than one indicated report during the period, we counted them as one event.

The CERAP practice variable of interest in the current analysis was whether or not the investigation had a safety assessment "at the conclusion of the investigation." Child reports were counted as meeting this criterion if they had a safety assessment that was checked for the correct milestone and was completed before the investigation close date.

3. Results

3.1 Short-term Maltreatment Recurrence Rates

Table 3 presents the trends in short-term maltreatment recurrence rates following the conclusion of an indicated investigation, defined as the percentage of children with an indicated maltreatment report within 30, 60, and 90 days of the investigation close date. For each of the three outcomes, rates of maltreatment recurrence have increased over the past 6 years.

Table 3. Maltreatment Recurrence Following Indicated Investigations

Fiscal Year	Number of indicated investigations	Maltreatment recurrence					
		Within 30 days		Within 60 days		Within 90 days	
		n	%	n	%	n	%
2014	13,584	137	1.0	271	2.0	370	2.7
2015	17,448	182	1.0	376	2.2	564	3.2
2016	18,972	255	1.3	468	2.5	674	3.6
2017	17,198	236	1.4	432	2.5	613	3.6
2018	19,570	268	1.4	470	2.4	661	3.4
2019	21,075	316	1.5	597	2.8	888	4.2

Notes. Investigations completed in less than 31 days with the 'Safe' initial safety decision, investigations involving already open service cases, or investigations in which services were opened within 14 days after the initial investigation completion were excluded. Reports where the allegation was death in the initial investigation or the case where the investigations did not receive any CERAP assessments were also excluded.

3.2 CERAP Re-Assessment at the Conclusion of the Investigation

According to CERAP procedures, all investigations should have a safety assessment completed within 24 hours after the investigator first sees the alleged child victim. In addition, investigators should also completed a safety assessment at the conclusion of the investigation, unless a) a service case was opened or b) the initial safety assessment was determined to be "safe" and the investigation was completed in 30 days or less. Table 4 shows the number and percentage of indicated investigations that should have had a CERAP at the conclusion of the investigation (second column) and the number and percentage that did (columns 5 and 6). Around 66-69% of investigations that should have had a CERAP assessment at the conclusion of the investigation had one; there has been no clear trend over time.

Table 4. CERAP Assessment at the Conclusion of the Investigation

Fiscal Year	Number of indicated investigations	CERAP assessment at conclusion of the investigation			
		No		Yes	
		n	%	n	%
2014	13,584	5,099	37.5	8,485	62.5
2015	17,448	5,373	30.8	12,075	69.2
2016	18,972	6,231	32.8	12,741	67.2
2017	17,198	5,526	32.1	11,672	67.9
2018	19,570	6,103	31.2	13,467	68.8
2019	21,075	7,227	34.3	13,848	65.7

Notes. Investigations completed in less than 31 days with the 'Safe' initial safety decision, investigations involving already open service cases, or investigations in which services were opened within 14 days after the initial investigation completion were excluded. Reports where the allegation was death in the initial investigation or the case where the investigations did not receive any CERAP assessments were also excluded.

3.3 Safety Assessment at Investigation Conclusion and Short-term Maltreatment Recurrence

Table 5 shows the relationship between indicated investigations that did and did not have a safety assessment at the conclusion of the investigation and the rates of maltreatment recurrence within 30, 60, and 90 days of the investigation close date. The analyses were done for each fiscal year between 2014 and 2019. The results are inconsistent across the years and therefore difficult to interpret. For example, in FY2016, there were significant differences in maltreatment recurrence within 30 days, 60 days, and 90 days between investigations that had a safety assessment at the conclusion of the investigation and those that did not; however, the differences were in the opposite direction of what was expected. For that year, investigations that followed CERAP procedures and had a safety assessment completed at the conclusion of the investigation had significantly higher rates of maltreatment recurrence compared to those that did not have an assessment at the conclusion of the investigation. In FY2019, however, the opposite relationship was observed for maltreatment within 60 days and 90 days of the investigation—those that had a safety assessment at the conclusion of the investigation had lower rates of maltreatment recurrence.

Table 5. CERAP Assessment at Investigation Conclusion and Maltreatment Recurrence

Fiscal Year	Safety assessment at the conclusion of the investigation?	Number of indicated investigations	Maltreatment recurrence					
			Within 30 days		Within 60 days		Within 90 days	
			n	%	n	%	n	%
2014	No	5,099	60	1.2	106	2.1	155	3.0
	Yes	8,485	77	0.9	165	1.9	215	2.5
2015	No	5,373	54	1.0	104	1.9	150	**2.8***
	Yes	12,075	128	1.1	272	2.3	414	**3.4**
2016	No	6,231	68	**1.1***	130	**2.1***	180	**2.9****
	Yes	12,741	187	**1.5**	338	**2.7**	494	**3.9**

2017	No	5,526	87	1.6	137	2.5	193	3.5
	Yes	11,672	149	1.3	295	2.5	420	3.6
2018	No	6,103	86	1.4	161	2.6	221	3.6
	Yes	13,467	182	1.4	309	2.3	440	3.3
2019	No	7,227	118	1.6	235	**3.3****	359	**5.0****
	Yes	13,848	198	1.4	362	**2.6**	529	**3.8**

* p < .05 ** p < .01

Notes. Investigations completed in less than 31 days with the 'Safe' initial safety decision, investigations involving already open service cases, or investigations in which services were opened within 14 days after the initial investigation completion were excluded. Reports where the allegation was death in the initial investigation or the case where the investigations did not receive any CERAP assessments were also excluded.

4. Summary and Recommendations

Public Act 88-614, which mandated the creation of the Child Endangerment Risk Assessment Protocol, included language that specified an annual evaluation that examined the reliability and validity of the protocol. There are several different types of measurement reliability and validity, not all of which are applicable to the CERAP instrument. The current report examined the predictive validity of the CERAP by analyzing the relationship between correct CERAP practice (completion of a safety assessment at the conclusion of an investigation) and child safety (maltreatment recurrence within 30, 60, or 90 days of the investigation close date). Unlike previous analyses that examined this relationship, the results in the current analysis were inconsistent across time. Results for the most recent data available (FY2019) provided evidence for the predictive validity of the CERAP—children in investigations in which workers followed correct procedures were more likely to remain safe compared to children in investigations with no safety assessment at the conclusion of the investigation. However, in the other years, there were either no differences between the two groups or the differences in recurrence were in the wrong direction. Thus, the current analyses failed to produce evidence for the predictive validity of the CERAP. Please note that this does not mean that the CERAP is invalid or that CERAP procedures need to be changed. Future CERAP evaluations should examine other indicators of concurrent and predictive validity, as well as the inter-rater reliability of the protocol.