

CHILDREN AND FAMILY RESEARCH CENTER

**Illinois Child Endangerment Risk Assessment Protocol:
FY07 Annual Evaluation**

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Executive Summary

This report analyzes the impact of the Child Endangerment Risk Assessment Protocol (CERAP) implementation on the safety of children investigated by the Illinois Department of Children and Family Services (DCFS) for abuse and neglect. A series of analyses were completed to examine CERAP effectiveness: 1) trend analysis of 60-day maltreatment recurrence rates from 1986-2006; 2) trend analysis of 6-month maltreatment recurrence rates from 1986-2006; 3) an examination of CERAP use by child protection investigators (CPI); 4) comparisons of recurrence rates between investigation cases categorized as “safe” and “unsafe” by child protective services (CPS) workers in the field, and 5) comparisons of recurrence rates among safe and unsafe households with and without a second CERAP assessment.

Summary of Major Findings

- Short-term (i.e., 60-day) maltreatment recurrence rates have decreased 53% since 1995, the year prior to CERAP implementation. This is also true for rates of moderate physical abuse (58% decrease), severe physical abuse (60% decrease), and sexual abuse (61% decrease).
- 60-day maltreatment recurrence remains very low in 2006; less than 1% of children investigated for maltreatment experience a second, indicated maltreatment report within 60 days.
- Short-term recurrence rates for moderate to severe physical and sexual abuse are *extremely* low when compared to rates for all types of maltreatment combined. The vast majority of short-term maltreatment recurrence consists of indicated allegations that fall into neglect categories.

- When 6-month maltreatment recurrence rates are to track child safety over time (which is the definition used in federal reporting), a similar pattern of overall decline is seen, although rates have been stable for the last five years at around 7.5%.
- 100% of the households initially rated as “unsafe” on the CERAP assessments had a safety plan included in their file, as required by DCFS policy
- Although the number of cases in which the household is rated as “unsafe” in the CERAP assessment is relative small, these cases are 2-3 times more likely to experience short-term (i.e., within 60 days) maltreatment recurrence than cases with a safety decision of “safe.”
- Comparison of maltreatment recurrence rates among unsafe cases with and without a second CERAP assessment finds that in general, cases without a second assessment are at significantly higher risk of recurrence (both at 60 days and 6 months later). In fact, the risk of recurrence for unsafe cases with an additional CERAP assessment is typically only slightly higher, and often the same as, cases initially rated as “safe.”
- Although additional research is needed to rule out other possible differences between these two groups, it seems clear that ongoing safety monitoring and assessment in unsafe households is crucial, and efforts to encourage this practice among investigators should be increased.

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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.

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 the Validity of the CERAP

Evaluation Strategy

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.

Although service and policy interventions are most reliably evaluated using an experimental research design with random assignment of subjects to treatment versus control groups, such designs are rarely feasible in natural settings. In such instances, observational research methods (sometimes referred to as quasi-experimental designs), which rely on naturally-occurring groups of people who were and were not exposed to the intervention, are often used. The two most common sources of comparison are historical groups (groups that occur prior to the introduction of an intervention) and geographical groups (groups that are at a spatial distance from the intervention, e.g. other counties or states). In a quasi-experimental design, the hypothesis that an intervention *does* have an impact would be supported, but not proven, by results indicating significant differences on the outcome of interest between the group exposed to the intervention and the group not exposed. However, because naturally-occurring groups by history or geography will seldom be “statistically equivalent” to the group exposed to the intervention, relevant characteristics that might influence the outcome will be distributed non-randomly between the two groups. Therefore, the influence of these factors should be controlled or assessed through research design and statistical analysis in order to draw valid inferences.

Since it is unethical to purposefully withhold safety assessment from a random “control” group of children, the evaluation of the impact of CERAP implementation on child safety is an

example of a program of research that must rely on observational research methods rather than experimental ones. To test the hypothesis that the implementation of the CERAP safety assessment protocol had a significant impact on child safety, CFRC researchers have employed an historical group 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 and those that were not exposed. As with all quasi-experimental designs, however, alternative explanations for observed differences between the two historical groups are possible.

Defining Child Safety

The CERAP assesses child **safety**, defined in Illinois as the likelihood of **immediate harm of a moderate to severe nature**. This definition distinguishes 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.” CERAP evaluations completed from FY98 through FY04 defined child safety in terms of the occurrence (i.e., recurrence) of an indicated report of maltreatment within 60 days of the initial report. While this definition captured one aspect of child safety – its immediacy – by focusing on maltreatment recurrence within 60 days of the initial report, it failed to distinguish between harm of a moderate to severe nature and other degrees of harm. Therefore, beginning in FY05, the definition of child safety was refined to include recurrence rates of indicated reports of *moderate to severe maltreatment* within 60 days of the initial report, in addition to recurrence rates for all maltreatment types combined.

DCFS policy defines “moderate to severe harm” as “threats of danger to a child’s life or health, impairment to his or her physical or mental well-being, or disfigurement” (DCFS

Procedures 300, Appendix G, page 1). However, policy manuals do not specify the abuse and neglect allegations that are included in this definition. Because the analyses included in this report are based DCFS administrative data, 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.

Computing Maltreatment Recurrence

Recurrence rates were computed in a series of steps. First, for each year of observation, the total number of children living in households investigated for maltreatment was identified. This initial group of children includes those with *any* maltreatment allegation, regardless of the severity of the allegation or the allegation finding (i.e., indicated or unfounded). If a child appeared in more than one investigated maltreatment report during the observation year, only the first report for that child was included in the analyses.

This group was further refined by selecting only children with Sequence A investigation.¹ Because the CERAP is targeted at the prevention of future maltreatment and children with multiple investigations have higher rates of indication than those in their first investigation, controlling for previous investigations by selecting only Sequence A reports provides a clearer picture of the impact of CERAP implementation. After the total number of children with a Sequence A investigation of maltreatment was defined, **children who were taken into**

¹ Sequence A is the designation given to the first report on a given *household*, as opposed to the “first reports” on a particular *child*. To select this group, the first report for each child in a given time period is obtained, and then all Sequence A reports are selected. Thus, “Sequence A reports” are a subset of all first reports during a given time period.

temporary protective custody (PC) were excluded from each of the analyses. Eliminating children taken into protective custody theoretically excludes those children who spent a portion of time out of the investigated (and CERAP evaluated) household.

Using these criteria, the total number of children maltreated each year was defined. Then, for each year of observation,² the number of children who experienced a subsequent *indicated* report of maltreatment within 60 days of the initial report was determined. Recurrence rates were therefore 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, 2) moderate physical abuse, 3) severe physical abuse, and 4) sexual abuse.

60-Day Maltreatment Recurrence Trend Analyses

Using the definitions described earlier, short-term (i.e., 60-day) recurrence rates of all maltreatment types, moderate physical abuse, severe physical abuse, and sexual abuse were calculated for each year (1986-2006) and are presented in Table and Figure 1. Examination of the trend analysis for all maltreatment types reveals that recurrence rates were at their highest level in 1987, after which they declined consistently until 1991, then remained relatively level until 1994, at which time they unexpectedly *increased by 25%*. In the first year following CERAP implementation (1996), recurrence rates significantly declined and have continued to decline or remain constant each year through 2006 (although data for 2006 suggests that recurrence rates for all maltreatment types may be trending upward instead of holding constant).

² To coincide with the date of CERAP implementation, observation years begin on December 1 and end on November 30 of the following year (e.g., the first year post-CERAP included maltreatment reports that occurred between December 1, 1995 and November 30, 1996).

This pattern of results *suggests* that the implementation of the CERAP had a positive impact on overall short-term maltreatment recurrence rates. However, the trend analysis also reveals that with the exception of the anomalous rate increase in 1994, the decline in recurrence rates began several years prior to CERAP implementation, suggesting an alternative interpretation that maltreatment recurrence would have continued their decline without the CERAP intervention. Unfortunately, the quasi-experimental design of the available data does not permit a *definitive* conclusion about the impact of the CERAP safety intervention.

Additional analyses were conducted to examine the impact of the CERAP intervention on the short-term recurrence of moderate physical abuse, severe physical abuse, and sexual abuse (see Table and Figure 1). The results of these analyses revealed several interesting findings. First, rates of moderate to severe maltreatment recurrence are *very low* when compared to the recurrence rates for all types of maltreatment combined. Short-term (i.e., within 60 days) maltreatment recurrence rates for all maltreatment types ranged from 2.56% in 1987 to slightly less than 1% in 2002 – 2006. Recurrence rates for moderate physical abuse ranged from .31% to .06%, rates for severe physical abuse ranged from .06% to .02%, and rates for sexual abuse ranged from .31% to .04% for the same time period. Although recurrence of moderate to severe maltreatment was quite rare, the patterns of the trend analyses for these types of maltreatment are roughly equivalent to that shown for all maltreatment.

What conclusions can be drawn from the data presented in Table and Figure 1? First, short-term maltreatment recurrence rates for moderate physical abuse, severe physical abuse, and sexual abuse continue to remain constant in 2006. The recurrence rate for all maltreatment types has been increasing very slightly since 2003, from .88% to .96%. Although this increase is small, it should be monitored closely to ensure rates do not begin a steeper climb. Overall, short-term maltreatment recurrence rates for all maltreatment types have decreased 53% since 1995,

the year prior to CERAP implementation. Short-term maltreatment recurrence rates for moderate physical abuse have fallen 58%, rates for severe physical abuse have fallen 60%, and rates for sexual abuse have fallen 61% since 1995.

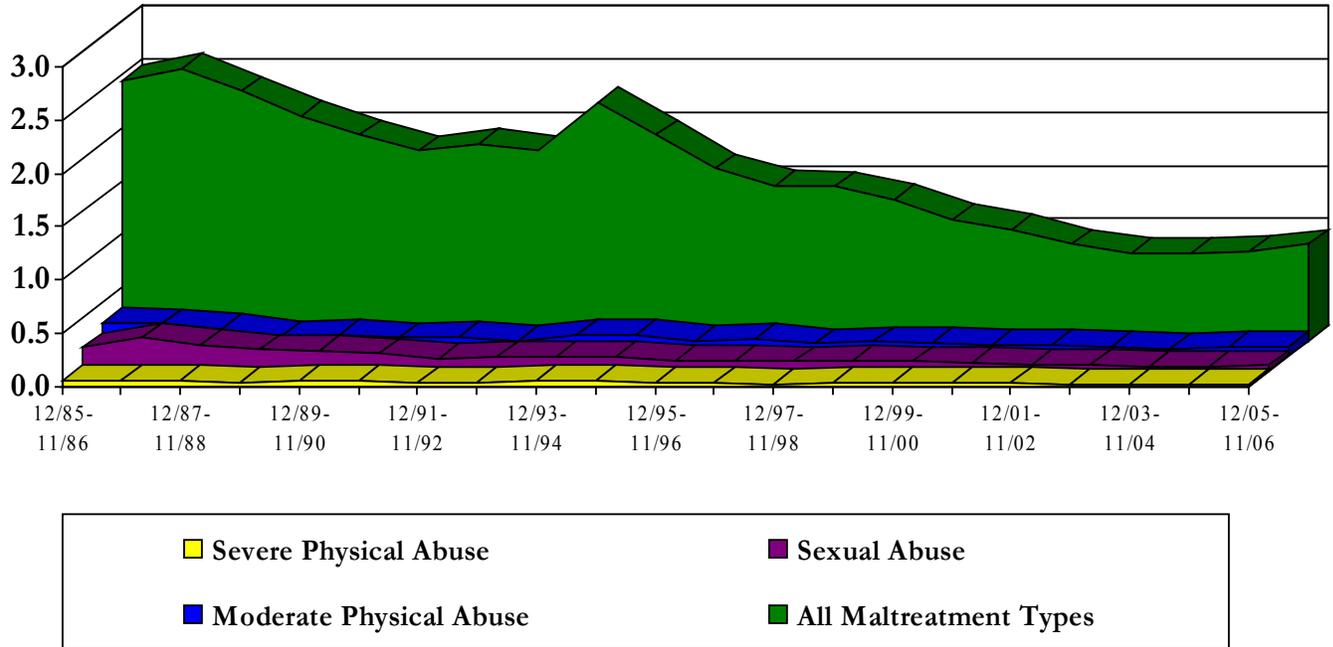
Table 1. 60-Day Maltreatment Recurrence^a (1986 – 2006)

	Total	All Maltreatment Types		Moderate Physical Abuse		Severe Physical Abuse		Sexual Abuse	
		N	%	N	%	N	%	N	%
1986	66,761	1,627	2.44	205	0.31	34	0.05	148	0.22
1987	73,954	1,891	2.56	222	0.30	43	0.06	228	0.31
1988	78,292	1,834	2.34	193	0.25	44	0.06	190	0.24
1989	82,061	1,727	2.10	150	0.18	36	0.04	164	0.20
1990	81,974	1,578	1.93	167	0.20	37	0.05	153	0.19
1991	87,953	1,569	1.78	153	0.17	49	0.06	141	0.16
1992	94,721	1,753	1.85	170	0.18	34	0.04	117	0.12
1993	91,901	1,640	1.78	125	0.14	36	0.04	123	0.13
1994	98,180	2,194	2.23	184	0.19	50	0.05	140	0.14
1995	95,388	1,843	1.93	183	0.19	45	0.05	127	0.13
1996 ^b	86,025	1,382	1.61	122	0.14	35	0.04	90	0.10
1997	81,362	1,178	1.45	127	0.16	21	0.03	85	0.10
1998	78,084	1,122	1.44	86	0.11	19	0.02	68	0.09
1999	75,839	999	1.32	96	0.13	32	0.04	76	0.10
2000	77,737	890	1.14	93	0.12	25	0.03	68	0.09
2001	76,100	791	1.04	78	0.10	27	0.04	62	0.08
2002	76,322	690	0.90	78	0.10	20	0.03	43	0.06
2003	76,439	629	0.82	70	0.09	16	0.02	49	0.06
2004	78,831	646	0.82	49	0.06	19	0.02	33	0.04
2005	82,605	682	0.83	65	0.08	16	0.02	34	0.04
2006	82,938	749	0.90	67	0.08	15	0.02	41	0.05

^aThe number of children with an indicated report occurring within 60 days of their first maltreatment report in the time period observed.

^bCERAP implementation year (December 1, 1995 – November 30, 1996)

Figure 1. 60-Day Maltreatment Recurrence (1986 – 2006)



The results presented in Table and Figure 1 also highlight another important finding – the vast majority of short-term maltreatment recurrence consists of allegations outside the category of “moderate to severe harm,” and include allegations that fall into neglect categories (e.g., inadequate supervision, food, shelter, clothing, medical neglect, educational neglect, malnutrition, etc.) as well as substance exposed infants, emotional abuse, and substantial risk of harm. Additional analysis of recurrence patterns among these “less serious” allegations would add to our overall understanding of safety and risk assessment in Illinois, and should be a focus of future research.

Six-Month Maltreatment Recurrence Trend Analysis

The definition of child safety within the context of CERAP assessment has been specified as “the likelihood of immediate harm of a moderate to severe nature.” The level of *immediacy* of

the threats to child safety is not defined, however. For the purposes of this and previous CERAP evaluations, child safety has been defined as the maltreatment recurrence rate within *60 days* of an initial investigation. A 60-day time frame was selected because it was thought to capture the immediate nature of the safety concerns while still falling within a reasonable time limit of the effectiveness of a safety assessment. However, it would be equally instructive to examine recurrence rates for slightly shorter or longer follow-up time periods, such as 30 days or 120 days.

Other definitions of child safety exist within child welfare outcomes monitoring activities. For example, the U.S. Department of Health and Human Services (USDHHS), in its annual report to congress, established a measure of safety-related maltreatment recurrence: “Of all children who were victims of substantiated or indicated child abuse and/or neglect during the first 6 months of the reporting period, what percentage had another substantiated or indicated report within a 6-month period?” States that fail to meet national standards established by the USDHHS for this (and several other) outcome measure are required to submit a Program Improvement Plan (PIP) that outlines the strategies that will be undertaken to improve performance in the areas that fail to meet national standards.

Although it was intended as a safety intervention, it is unclear how the implementation of the safety assessment protocol (CERAP) in Illinois affected child safety as defined in the federal measure (i.e., 6-month maltreatment recurrence rates). In order to explore this question, a second trend analysis was performed, this time using the definition of recurrence established by the USDHHS for the Child and Family Service Reviews with one modification; all children with one indicated report during the year were tracked for 6 months after the initial indicated report. This modification of the definition increases the base population each year, but would not be expected to change the rate of recurrence and the results showed that is indeed the case. Unlike

the definition of recurrence used earlier, children taken into protective custody were **not** excluded from these analyses, since they are included in the federal definition of maltreatment recurrence. Although the federal definition examines changes in recurrence rates based on the fiscal year, the time frame used to calculate recurrence rates in the following analyses was shifted slightly to coincide with the date of CERAP implementation.³

Table and Figure 2 present the 6-month maltreatment recurrence rates for all child reports, Sequence A child reports only, and Sequence B and above child reports. The results for all child reports, which correspond most closely to the federal definition, indicate that 6-month recurrence rates have remained relatively stable at approximately 7.5% for the last 5 years. Examination of the overall 6-month recurrence trend line from 1986 to 2006 reveals that it is similar in many ways to the trend line for 60-day recurrence: rates are at the highest levels in the late 1980s and early 1990s, they experience an unexpected increase in 1994 followed by a large decrease in 1995 (the year prior to CERAP implementation) and in 1996 (CERAP implementation year). Unlike 60-day recurrence rates, 6-month rates then remain constant for three years, followed by small declines in 2000 and 2002, where they have remained relatively constant for the last 5 years. Thus, although 6-month recurrence rates did experience a decline in the year following CERAP implementation, the larger decline in rates evident the year prior to implementation and the lack of additional decline in the period immediately following implementation cast doubt on the hypothesis that CERAP implementation was the major contributing factor to the changes seen in 6-month recurrence in Illinois.

Table 2. 6-Month Maltreatment Recurrence (1986 – 2006)

	All Child Reports			Sequence A Child Reports			Sequence B+ Child Reports		
	Total Reports	Number Recurrent	% Recurrent	Total Reports	Number Recurrent	% Recurrent	Total Reports	Number Recurrent	% Recurrent

³ For instance, in Tables 1 and 2, 1996 refers to the time period beginning December 1, 1995 and ending November 30, 1996.

1986	29,850	4,095	13.72	19,402	1,984	10.23	10,448	2,111	20.20
1987	33,778	4,550	13.47	21,766	2,224	10.22	12,012	2,326	19.36
1988	35,289	4,792	13.58	22,476	2,283	10.16	12,813	2,509	19.58
1989	34,484	4,551	13.20	21,810	2,185	10.02	12,674	2,366	18.67
1990	32,233	4,029	12.50	19,967	1,831	9.17	12,266	2,198	17.92
1991	33,679	4,348	12.91	20,716	2,049	9.89	12,963	2,299	17.74
1992	37,098	4,684	12.63	22,409	2,081	9.29	14,689	2,603	17.72
1993	37,404	4,910	13.13	22,260	2,257	10.14	15,144	2,653	17.52
1994	44,485	6,389	14.36	25,724	2,946	11.45	18,761	3,443	18.35
1995	42,546	5,098	11.98	25,085	2,402	9.58	17,461	2,696	15.44
1996 ^b	38,038	4,083	10.73	21,638	1,711	7.91	16,400	2,372	14.46
1997	34,416	3,592	10.44	20,449	1,655	8.09	13,967	1,937	13.87
1998	31,361	3,307	10.54	18,300	1,466	8.01	13,061	1,841	14.10
1999	28,827	3,016	10.46	17,538	1,460	8.32	11,289	1,556	13.78
2000	27,956	2,581	9.23	17,365	1,220	7.03	10,591	1,361	12.85
2001	24,796	2,369	9.55	15,744	1,161	7.37	9,052	1,208	13.35
2002	23,811	1,834	7.70	15,844	894	5.64	7,967	940	11.80
2003	24,243	1,787	7.37	16,595	1,018	6.13	7,648	769	10.05
2004	24,764	1,946	7.86	16,668	1,102	6.61	8,096	844	10.42
2005	24,933	1,841	7.38	17,136	985	5.75	7,797	856	10.98
2006	24,318	1,801	7.41	16,943	1,005	5.93	7,375	796	10.79

^bCERAP implementation year (December 1, 1995 – November 30, 1996)

Figure 2. 6-Month Maltreatment Recurrence (Includes PCs)

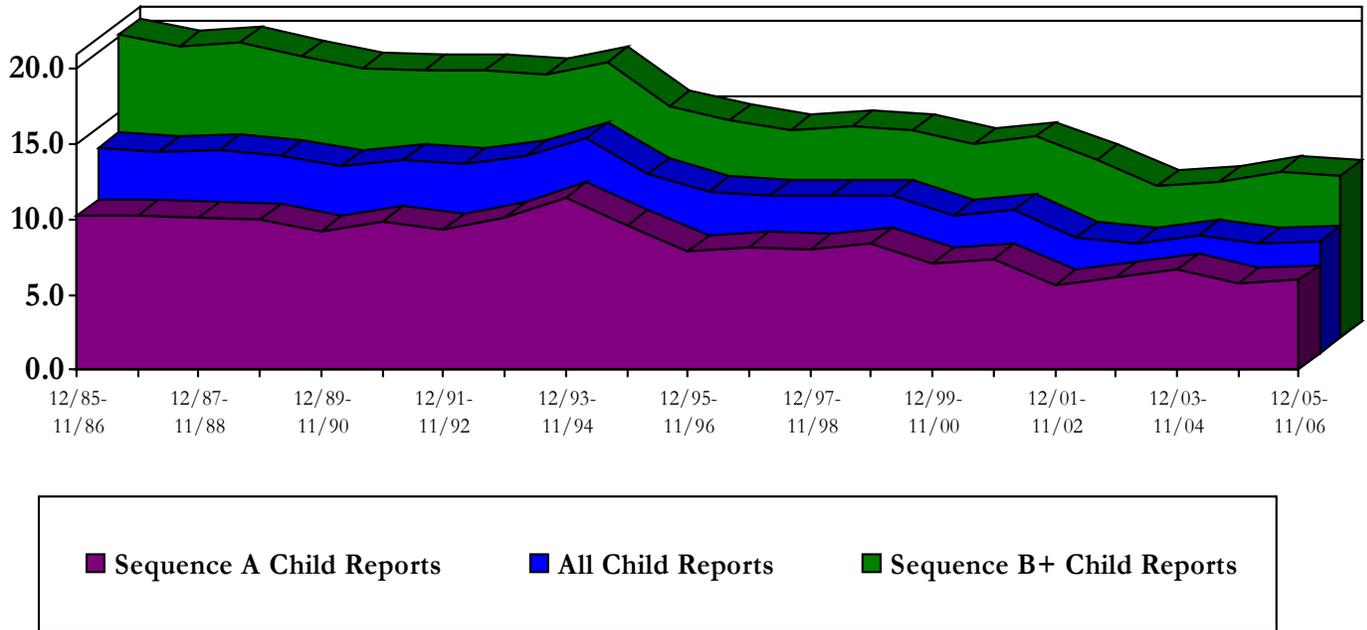


Table and Figure 2 also allow for a comparison of 6-month recurrence rates of children living in households investigated for the first time (Sequence A investigations) and those in households that have been investigated at least once before (Sequence B or higher investigations). Children in sequence B or higher investigations are, on average, about twice as likely as children Sequence A investigations to experience maltreatment recurrence within 6 months of their initial investigation. Although the finding that children who have previous maltreatment reports are at higher risk of recurrence is not new, the fact that previously investigated households are at such elevated risk of recurrence may have implications for safety assessment policy and practice.

Maltreatment Recurrence in Cases Categorized as “Safe” versus “Unsafe”

While ethical considerations prevent true experimental evaluation of the impact of the CERAP on child safety, closer examination of the relationship between CERAP use in the field and subsequent

maltreatment recurrence in specific child cases would provide valuable information about the utility of the CERAP. The intended purpose of the CERAP is not only to guide worker assessment of possible threats to child safety (Section 1, Part A – Safety Factor Identification), but also to assist workers in their ultimate assessment of the household as safe or unsafe (Section 2 – Safety Decision). If a case is categorized as “unsafe,” the worker is then required to formulate a safety plan that will protect children from immediate harm of a moderate to severe nature (Section 3 – Safety Plan). In theory, a well-designed and implemented safety plan should mitigate the immediate risks posed by the threats to child safety identified in the CERAP so that children in “unsafe” households are no more likely to experience maltreatment recurrence than those in “safe” households.

To investigate this assumption, the relationship between the CERAP safety decisions, safety plans, and subsequent maltreatment recurrence was examined. Information about CERAP completion patterns by investigators (including information on safety milestones, safety decisions (safe versus unsafe), and safety plans) was obtained from the Illinois Statewide Automated Child Welfare Information System (SACWIS) database. This information was available for all investigations completed after May 20, 2002, when Phase I of SACWIS implementation was completed, and was then linked (via unique investigation numbers) to maltreatment recurrence data. Before these analyses are presented, information about how the CERAP is actually being used in the field (as compared to Department policy and procedures) is highlighted.

CERAP Use in the Field

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,⁴ 3) at the conclusion of the formal investigation,

⁴ 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

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 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, and whether a child welfare service case is opened.

Examination of CERAP completion data reveals that the number of CERAP assessments completed *per investigation case* ranges from 1 to 18. Approximately two-thirds of Sequence A investigation cases⁵ contain a single CERAP assessment; between 27-30% have two CERAP assessments; 2-3% have three CERAP assessments; and less than 1% each year have four or more (see Table 3).

Table 3. Number of CERAP assessments per investigation case (Sequence A, PCs excluded)

Number of CERAP assessments per investigation	2003		2004		2005		2006	
	N	%	N	%	N	%	N	%
1	57,704	68.2%	56,682	70.9%	56,433	69.8%	56,646	66.4%
2	24,434	28.9%	21,284	26.6%	21,857	27.0%	25,619	30.0%
3	2,128	2.5%	1,601	2.0%	1,953	2.4%	2,337	2.7%
4 or more	353	.4%	381	.4%	589	.7%	752	.9%
Total CERAP assessments	84,619	100%	79,948	100%	80,832	100%	85,354	100%

For each CERAP assessment that is completed, investigators must check the case “milestone” that describes the point in the life of the case for each assessment. The only milestone that should be completed for *all* investigation cases, regardless of the safety decision or other factors, is “within 24 hours after the investigator first sees the alleged child victim(s).” For investigation cases with only one CERAP assessment, around 99% of the CERAPs are completed for this milestone (see Table 4). It is unclear why CERAP assessments with any milestone other than this would be included in cases with only one CERAP

reasons why the safety plan should remain in effect (DCFS Procedures 300, Appendix G, p. 15).

⁵ The number of CERAP assessments per investigation for Sequence B and higher investigations is nearly identical to those for Sequence A investigations.

assessment. This may be due to worker error when completing the milestone question during the assessment.

Table 4. Case milestones for CERAP assessments in cases with one CERAP (Seq. A, PCs excluded)

	2003		2004		2005		2006	
	N	%	N	%	N	%	N	%
Within 24 hours after the investigator first sees the alleged child victims	57160	99.0	55762	98.4	55722	98.7	55823	98.6
Whenever evidence or circumstances suggest that a child’s safety may be in jeopardy	201	.35	243	.43	139	.25	128	.23
Every 5 working days following the determination that any child in a family is unsafe and a safety plan is implemented	0	0	16	.03	14	.02	9	.02
At the conclusion of the formal investigation, unless a service case is opened	347	.60	655	1.16	551	.98	682	1.20
At CWS intake within 24 hours of seeing the children	1	0	6	.01	7	.01	4	.01

About 30% of all investigation cases each year have more than one CERAP assessment per household. Table 5 displays the case milestones that are associated with the *second* CERAP assessments in cases that have two or more assessments. The majority (around 55-58%) of second assessments were completed “at the conclusion of the formal investigation, unless a service case is opened,” which makes sense, because this is the only milestone other than the first milestone that reliably should occur for most investigation cases. However, an interesting finding revealed in Table 5 is that around one-third of the second CERAP assessments were completed for the milestone “within 24 hours after the investigator first sees with alleged child victim(s)” (i.e., the same milestone associated with the first CERAP assessment for most cases). It isn’t entirely clear why so many cases have more than one CERAP assessment for this milestone, other than the possibility that “if a worker initiates an investigation after hours, conducts the initial CERAP, and then hands the case off to a child protection investigator (CPI) on the next work day,

the CPI should complete a new CERAP to verify the current safety of the children” (Procedures 300 – Appendix G, p. 3). A very small percentage of the second CERAP assessments for a case with multiple assessments are completed for the “every 5 working days following the determination that any child in a family is unsafe and a safety plan is implemented” and “at CWS intake within 24 hours of seeing the children” milestones, perhaps because the majority of investigation cases do NOT experience these case milestones (i.e., relatively few cases are determined to be unsafe, and even fewer have a CWS case opened).

Table 5. Case milestones for second CERAP assessments in cases with two or more CERAPs (Sequence A, PCs excluded)

	2003		2004		2005		2006	
	N	%	N	%	N	%	N	%
Within 24 hours after the investigator first sees the alleged child victims	11,586	43.1	8,034	34.5	9,005	36.9	9,849	34.3
Whenever evidence or circumstances suggest that a child’s safety may be in jeopardy	1,453	5.4	1,031	4.4	1,251	5.1	1,207	4.2
Every 5 working days following the determination that any child in a family is unsafe and a safety plan is implemented	0	0	603	2.6	802	3.3	787	2.7
At the conclusion of the formal investigation, unless a service case is opened	13,779	51.2	13,532	58.2	13,332	54.6	16,853	58.7
At CWS intake within 24 hours of seeing the children	97	.4	66	.3	9	.04	12	.04

The milestones associated with the *third* CERAP assessment in cases with 3 or more assessments are presented in Table 6. Again, about half of these assessments were completed “at the conclusion of the formal investigation.” A smaller, although still substantial, portion (around 25%) are completed “within 24 hours after the investigator first sees the alleged victim,” and a larger percentage (around 16-17%) are

completed “every 5 working days following the determination that any child in the family is unsafe and a safety plan is implemented.”

Table 6. Case milestones for third CERAP assessments in cases with three or more CERAPs (Sequence A, PCs excluded)

	2003		2004		2005		2006	
	N	%	N	%	N	%	N	%
Within 24 hours after the investigator first sees the alleged child victims	879	35.4	479	24.2	714	28.1	787	25.5
Whenever evidence or circumstances suggest that a child’s safety may be in jeopardy	301	12.1	152	7.7	222	8.7	182	5.9
Every 5 working days following the determination that any child in a family is unsafe and a safety plan is implemented	0	0	326	16.5	429	16.9	537	17.4
At the conclusion of the formal investigation, unless a service case is opened	1299	52.4	1021	51.5	1174	46.2	1583	51.3
At CWS intake within 24 hours of seeing the children	2	.08	4	.2	3	.12	0	0

According to CERAP policy, several actions must occur when an investigator determines that a household is “unsafe.” First, a *safety plan* must be developed and implemented to protect the child(ren) from immediate harm of a moderate to severe nature OR one or more children must be removed from the home. Since 2003, all investigation cases marked as “unsafe” have had a safety plan included in their CERAP assessment (Table 7). Although CERAP procedures do not require it, a small number of safety plans are also present in cases with a safety decision of “safe.”

Table 7. Safety Plan Inclusion in Safe and Unsafe Investigation Cases

	Initial Safety Decision	Safety Plan Present?	
		n	%
2003 ^a	Unsafe (n=8,385)	No	0

	Safe (n=98,704)	Yes	8,385	100
		No	98,147	99.4
		Yes	557	.6
2004 ^b	Unsafe (n=7,684)	No	0	0
		Yes	7,684	100
	Safe (n=87,209)	No	86,218	98.9
		Yes	991	1.1
2005 ^c	Unsafe (n=6,919)	No	0	0
		Yes	6,919	100
	Safe (n=86,308)	No	84,741	98.2
		Yes	1,567	1.8
2006 ^d	Unsafe (n=6,011)	No	0	0
		Yes	6,011	100
	Safe (n=89,951)	No	88,016	97.8
		Yes	1,935	2.2

^aMay 20, 2002 – May 19, 2003

^bMay 20, 2003 – May 19, 2004

^cMay 20, 2004 – May 19, 2005

^dMay 20, 2005 – May 19, 2006

In addition to a safety plan, DCFS policy states that cases which are determined “unsafe” require close monitoring of the child(ren)’s safety, which should occur through additional CERAP assessments completed *every 5 working days* after a child is determined to be unsafe and the safety plan is implemented. However, if the new safety assessment determination is that the child or children remain unsafe and the safety plan will continue, the worker may make a notation in Part B1 of the CFS 1441 documenting the reason or reasons why the safety plan should remain in effect (rather than completed an entire new safety assessment). These additional assessments must continue every 5 days until either all children are assessed as being safe or all unsafe children are moved from the legal custody of their parents/caretakers (DCFS Procedures 300, Appendix G, p. 15). Analysis of CERAP completion data reveal that few unsafe cases have a CERAP completed for this milestone (every 5 working days after a child is

determined to be unsafe and a safety plan is implemented), although the percentage of unsafe cases that have an assessment at this milestone has increased since 2003 (see Table 8). Available data did not indicate whether a notation in section B1 of the CERAP was completed by workers instead of an additional CERAP assessment at this milestone.

Table 8. CERAP completion in investigation cases marked as “unsafe”

	Total Unsafe Cases	% Unsafe Cases with CERAP assessment “every 5 working days following the determination that any child in the family is unsafe and a safety plan is implemented”	% Unsafe Cases with CERAP assessment “at the conclusion of the formal investigation, unless a service case is opened”
2003	8,386	0	21.7
2004	7,703	10.2	25.0
2005	6,921	15.9	29.9
2006	6,014	18.0	28.3
2007	4,853	30.3	29.5

Finally, cases with an unsafe safety decision must have a CERAP assessment completed “at the conclusion of the formal investigation, unless a service case is opened” (unlike cases in which the initial safety assessment was marked “safe,” which can waive the assessment for this milestone if no more than 30 days have elapsed since the initial assessment and supervisor approves). As shown in Table 8, approximately 30% of cases with an unsafe safety decision have a CERAP assessment completed for this milestone.

60-Day Maltreatment Recurrence in Safe and Unsafe Investigation Cases

The relationship between the CERAP safety decision and 60-day maltreatment recurrence was examined in a series of analyses. First, the relationship between safety decisions (safe versus unsafe) and maltreatment recurrence was examined in *cases in which only one CERAP assessment was completed*. These analyses examined indicated maltreatment recurrence of all types. Maltreatment recurrence was calculated as the number of children who experienced indicated maltreatment recurrence *within 60 days* divided by the total number of children from Sequence A investigated households. Children who were taken into protective custody were excluded from the analysis. Results are presented in Table 9.

Table 9. 60-Day Maltreatment Recurrence and Safety Decisions in Sequence A Cases with One CERAP Assessment

		Safe	Unsafe	Total
2003 ^a	Number	55,698	2,006	57,704
	Number Recurrent	552	53	605
	% Recurrent	.99%	2.64%***	1.05%
2004 ^b	Number	54,731	1,951	56,682
	Number Recurrent	443	52	495
	% Recurrent	.81%	2.67%***	.87%
2005 ^c	Number	55,308	1,125	56,433
	Number Recurrent	483	24	507
	% Recurrent	.87%	2.13%***	.90%
2006 ^d	Number	55,813	833	56,646
	Number Recurrent ^e	429	24	453
	% Recurrent	.77%	2.88%***	.80%

^aMay 20, 2002 – May 19, 2003 $\chi^2(1) = 50.87, p < .001$

^bMay 20, 2003 – May 19, 2004 $\chi^2(1) = 74.95, p < .001$

^cMay 20, 2004 – May 19, 2005 $\chi^2(1) = 19.66, p < .001$

^dMay 20, 2005 – May 19, 2006 $\chi^2(1) = 46.17, p < .001$

The results presented in Table 9 highlight several interesting findings. First, the number of children considered “unsafe” in Sequence A investigations in which only one CERAP is completed is relatively small when compared to those considered “safe”: 3.5% in 2003, 3.4% in 2004, 2.0% in 2005, and 1.5% in 2006. Although only a relatively small number of cases are

classified as “unsafe,” these cases are at significantly higher risk for short-term maltreatment recurrence when compared to those classified as “safe.” Specifically, *cases categorized as unsafe were 2-3 times more likely to experience short-term maltreatment recurrence than cases with a safety decision of “safe.”* Since previous analyses revealed that all cases rated as “unsafe” contain some type of safety plan (although the content of the safety plans was not examined), it appears that a safety plan in and of itself does not completely reduce the risk of 60-day maltreatment recurrence among cases rated as “unsafe.”

To further examine the relationship between cases rated as “unsafe” and maltreatment recurrence, the recurrence rates among unsafe cases that did and did not contain a second CERAP assessment were compared. It should be noted that all cases rated as unsafe should, *in theory*, contain at least one additional CERAP assessment completed at either the “every five working days following the determination that any child in the family is unsafe and a safety plan is implemented” milestone OR the “conclusion of the formal investigation, unless a service case is opened” milestone. Even if investigators make a notation on the CERAP assessment rather than complete additional assessments every 5 days (as is allowed by policy), investigated households rated as “unsafe” should have at least one additional CERAP completed at the conclusion of the investigation.

The results presented in Table 10 indicate that between 67% (in 2003) and 83% (in 2006) of Sequence A cases with an “unsafe” safety decision are associated with a second CERAP assessment,⁶ and that this percentage is increasing over time. When recurrence rates for initially “unsafe” cases with and without a second CERAP assessment are compared, it is clear that cases *without* a second CERAP are at a statistically significant higher risk of short-term maltreatment recurrence (2.64% versus 1.3% in 2003; 2.67% versus 1.13% in 2004; 2.13% versus 1.27% in

⁶ The second CERAP could be associated for any of the investigation milestones. This analysis merely examines whether a second CERAP assessment, at any time or for any milestone, is associated with recurrence rates.

2005; and 2.88% versus 1.36% in 2006. In fact, the recurrence rates for initially “unsafe” cases with an additional CERAP assessment are only slightly higher than those of cases judged to be initially “safe.” Much of the risk associated with “unsafe” cases appears to occur among cases that do not receive a second CERAP assessment. Interestingly, the presence of a second CERAP assessment in Sequence A cases initially rated as “safe” is not associated with lower recurrence rates (except for 2005).

Table 10. 60-Day Maltreatment Recurrence Among Initially Safe and Unsafe Cases with and without a Second CERAP Assessment (Sequence A Investigations)⁷

	Initial Safety Decision	Additional CERAP completed		Number Recurrent	% Recurrent	
			n			%
2003 ^a	Unsafe (n=6,060)	No	2,006	33%	53	2.64%***
		Yes	4,064	67%	53	1.30%
	Safe (n=78,549)	No	55,698	71%	552	.99%
		Yes	22,851	29%	211	.92%
2004 ^b	Unsafe (n=6,127)	No	1,951	32%	52	2.67%***
		Yes	4,176	68%	47	1.13%
	Safe (n=73,821)	No	54,731	74%	443	.81%
		Yes	19,090	26%	166	.87%
2005 ^c	Unsafe (n=5,700)	No	1,125	20%	24	2.13%*
		Yes	4,575	80%	58	1.27%
	Safe (n=75,132)	No	55,308	74%	483	.87%**
		Yes	19,824	26%	134	.68%
2006 ^d	Unsafe (n=5,027)	No	833	17%	24	2.88%***
		Yes	4,194	83%	57	1.36%
	Safe (n=80,327)	No	55,813	70%	429	.77%
		Yes	24,514	30%	188	.77%

^aMay 20, 2002 – May 19, 2003

^bMay 20, 2003 – May 19, 2004

^cMay 20, 2004 – May 19, 2005

^dMay 20, 2005 – May 19, 2006

*p < .05

**p < .01

*** p < .001

⁷ Maltreatment recurrence of all types. Recurrence was calculated as the number of children who experienced indicated maltreatment recurrence within 60 days divided by the total number of children from a Sequence A investigated household (PCs excluded).

The analyses included in the previous table include only Sequence A investigations, or the first investigation on a household, and exclude children taken into protective custody. Since the risk of maltreatment recurrence increases among cases with previous maltreatment reports, the same analyses were performed for all investigations Sequence B and above (Table 11). First, recurrence rates among Sequence B and higher investigations are higher than those that occur among Sequence A investigations. These results are consistent with previous research indicating that maltreatment risk increases as the number of previous maltreatment reports increases. Second, it should be noted that the proportion of “unsafe” cases with an additional CERAP assessment (as is required by policy) is *lower* among Sequence B and higher investigations (compared to Sequence A investigations in Table 10), ranging from 57% in 2003 to 75% in 2006. Finally, the pattern of findings among Sequence B and higher investigations seems to be quite similar to that found among Sequence A investigations: *households initially rated as unsafe without a second CERAP assessment had the highest risk of maltreatment recurrence, while unsafe households with a second CERAP assessment had recurrence rates slightly higher than (or in some cases equal to) households initially rated as “safe.”*

Table 11. 60-Day Maltreatment Recurrence Among Initially Safe and Unsafe Cases with and without a Second CERAP Assessment (Sequence B and higher investigations)⁸

	Initial Safety Decision	Additional CERAP completed		Number Recurrent	% Recurrent	
			n			%
2003 ^a	Unsafe (n=2,316)	No	993	43%	34	3.42%
		Yes	1,323	57%	28	2.12%
	Safe (n=20,283)	No	14,370	71%	371	2.58%***
		Yes	5,913	29%	81	1.37%
2004 ^b	Unsafe (n=1,576)	No	669	42%	15	2.24%
		Yes	907	58%	17	1.87%
	Safe (n=13,464)	No	10,017	74%	194	1.94%
		Yes	3,447	26%	59	1.71%
2005 ^c	Unsafe (n=1,221)	No	358	29%	13	3.63%
		Yes	863	71%	20	2.32%
	Safe (n=11,199)	No	8,151	73%	138	1.69%
		Yes	3,048	27%	51	1.67%
2006 ^d	Unsafe (n=987)	No	247	25%	10	4.05%
		Yes	740	75%	15	2.03%
	Safe (n=9,634)	No	6,617	69%	122	1.84%*
		Yes	3,017	31%	36	1.19%

^aMay 20, 2002 – May 19, 2003

*p < .05

***p < .001

^bMay 20, 2003 – May 19, 2004^cMay 20, 2004 – May 19, 2005^dMay 20, 2005 – May 19, 2006

6-Month Maltreatment Recurrence in Safe and Unsafe Investigation Cases

The relationship between safety decisions, second CERAP completion, and 6-month maltreatment recurrence was examined for both Sequence A cases (Table 12) and sequence B and higher cases (Table 13). For initially unsafe cases, the presence of a second CERAP assessment was reliably and significantly associated with lower 6-month recurrence rates most years. Interestingly, when 6-month recurrence rates are examined (rather than 60-day), the presence of a second CERAP assessment was also reliably associated with lower recurrence rates

⁸ These analyses examined indicated maltreatment recurrence of all types. Maltreatment recurrence was calculated in the same manner as the previous analyses: the number of children who experienced indicated maltreatment recurrence within 60 days was divided by the total number of children from a Sequence B or higher investigated household (PCs excluded).

among cases initially rated as safe. *In each analysis, however, the cases most at risk for additional maltreatment were unsafe cases without an additional CERAP assessment.*

Table 12. 6-Month Maltreatment Recurrence Among Initially Safe and Unsafe Cases with and without a Second CERAP Assessment (Sequence A Investigations)⁹

	Initial Safety Decision	Additional CERAP completed		Number Recurrent	% Recurrent	
			n			%
2003 ^a	Unsafe (n=2,549)	No	1,046	41%	86	8.22***
		Yes	1,503	59%	71	4.72
	Safe (n=11,857)	No	7,660	65%	541	7.06***
		Yes	4,197	35%	187	4.46
2004 ^b	Unsafe (n=2,822)	No	1,184	42%	115	9.71*
		Yes	1,638	58%	117	7.14
	Safe (n=11,739)	No	7,838	67%	506	6.46
		Yes	3,901	33%	240	6.15
2005 ^c	Unsafe (n=2,683)	No	758	28%	64	8.44
		Yes	1,925	72%	124	6.44
	Safe (n=12,170)	No	7,826	64%	520	6.64**
		Yes	4,344	36%	233	5.36
2006 ^d	Unsafe (n=2,121)	No	463	22%	47	10.15*
		Yes	1,658	78%	115	6.94
	Safe (n=12,740)	No	7,603	60%	494	6.50***
		Yes	5,137	40%	260	5.06

^aMay 20, 2002 – May 19, 2003

^bMay 20, 2003 – May 19, 2004

^cMay 20, 2004 – May 19, 2005

^dMay 20, 2005 – May 19, 2006

*p < .05 **p < .01 ***p < .001

⁹ Maltreatment recurrence of all types. Recurrence was calculated as the number of children who experienced indicated maltreatment recurrence within 6 months of initially indicated report divided by the total number of children with an indicated Sequence A maltreatment report (PCs excluded).

Table 13. 6-Month Maltreatment Recurrence Among Initially Safe and Unsafe Cases with and without a Second CERAP Assessment (Sequence B and higher investigations)¹⁰

	Initial Safety Decision	Additional CERAP completed		Number Recurrent	% Recurrent	
			n			%
2003 ^a	Unsafe (n=1,258)	No	647	51%	91	14.06*
		Yes	611	49%	63	10.31
	Safe (n=4,722)	No	3,288	70%	433	13.17**
		Yes	1,434	30%	149	10.39
2004 ^b	Unsafe (n=1,334)	No	653	49%	75	11.49*
		Yes	681	51%	69	10.13
	Safe (n=4,759)	No	3,448	72%	456	13.23***
		Yes	1,311	28%	117	8.92
2005 ^c	Unsafe (n=1,329)	No	520	39%	64	12.31
		Yes	809	61%	99	12.24
	Safe (n=4,823)	No	3,294	68%	440	13.36**
		Yes	1,529	32%	154	10.07
2006 ^d	Unsafe (n=1,028)	No	318	31%	42	13.21
		Yes	710	69%	71	10.00
	Safe (n=4,682)	No	3,010	64%	454	15.08**
		Yes	1,672	36%	203	12.14

^aMay 20, 2002 – May 19, 2003^bMay 20, 2003 – May 19, 2004^cMay 20, 2004 – May 19, 2005^dMay 20, 2005 – May 19, 2006

*p < .05 **p < .01 ***p < .001

¹⁰ These analyses examined indicated maltreatment recurrence of all types. Maltreatment recurrence was calculated in the same manner as the previous analyses: the number of children who experienced indicated maltreatment recurrence within 6 months of initially indicated report divided by the total number of children with an indicated Sequence B or higher maltreatment report (PCs excluded).

Summary and Conclusions

The annual evaluation of the Child Endangerment Risk Assessment Protocol (CERAP) attempts, at a minimum, to assess the impact of CERAP assessment on the safety of children in Illinois. After a decade of evaluation, a large amount of knowledge has been gathered about child safety in Illinois and its relationship to safety assessment.

Trends in Maltreatment Recurrence

When child safety is defined by examining short-term (i.e., 60-day) maltreatment recurrence trends, it is unmistakable that children in Illinois are safer now than they were prior to the implementation of safety assessment. In fact, short-term maltreatment recurrence rates have decreased 53% since 1995, the year prior to CERAP implementation. This is also true for rates of moderate physical abuse (58% decrease), severe physical abuse (60% decrease), and sexual abuse (61% decrease). Can we attribute the large declines in short-term maltreatment recurrence solely to the implementation of safety assessment? Unfortunately not; recurrence rates were already falling prior to CERAP implementation. While this does not rule out the hypothesis that the introduction of safety assessment was a contributing factor to the decline in maltreatment recurrence, we cannot rule out the possibility that other policy or practice changes, or perhaps factors completely unrelated to child welfare, also contributed to the declines seen. Regardless of the causal factors, 60-day maltreatment recurrence remains very low in 2006; less than 1% of children investigated for maltreatment experience a second, indicated maltreatment report within 60 days.

Federal reporting of child welfare outcomes relies on a different measure of child safety, 6 month maltreatment recurrence rates. When the federal measure is used to track child safety over time, the overall pattern from 1986 to 2006 is one of consistent decline, although rates have been stable for the last five years at around 7.5%. A closer examination of 6-month recurrence

rates shows that families that have been investigated at least once before experience recurrence at a rate that is double that of families investigated for the first time. The fact that research on maltreatment recurrence consistently shows that previous maltreatment reports place families at an increased risk of additional maltreatment suggests that this factor should be given special consideration when safety planning and other interventions are put into place.

Maltreatment Recurrence Among At-Risk Households

Although we cannot definitively conclude that the statewide implementation of safety assessment caused a decline in maltreatment recurrence in Illinois, examination of the relationship between CERAP use in the field and maltreatment recurrence can suggest ways in which safety assessment practice can be changed to increase child safety. When an investigator determines that a household is “unsafe,” CERAP policy requires that a safety plan be developed and implemented to protect the child(ren) from immediate harm or one or more of the children must be removed from the home. Results of the current report conclude that investigators reliably include a safety plan for all households determined to be “unsafe.” However, when maltreatment recurrence rates for households categorized as safe versus unsafe are compared, unsafe households (even with a safety plan) remain at a much higher risk of additional maltreatment than safe households. Future analyses should examine the actual content of the safety plans to determine if certain features of safety plans are closely associated to decreased recurrence. However, the fact remains that inclusion of a safety plan is not enough to keep these at-risk families safe from future maltreatment.

In addition to a safety plan, DCFS policy states that cases which are determined “unsafe” require close monitoring of the child(ren)’s safety, which should occur through additional CERAP assessments completed *every 5 working days* after a child is determined to be unsafe and the safety plan is implemented, as well as at the conclusion of the formal investigation. Data

from the current report suggest that this occurs in approximately 30% of unsafe cases.

Comparison of maltreatment recurrence rates among unsafe cases with and without a second CERAP assessment finds that in general, cases without a second assessment are at significantly higher risk of recurrence (both at 60 days and 6 months later). In fact, the risk of recurrence for unsafe cases with an additional CERAP assessment is typically only slightly higher, and often the same as, cases initially rated as “safe.” Although additional research is needed to rule out other possible differences between these two groups, it seems clear that ongoing safety monitoring and assessment in unsafe households is crucial, and efforts to encourage this practice among investigators should be increased.

Next Steps

The results of the current report suggest that although maltreatment recurrence is at its lowest rate in two decades, a greater understanding is needed of the specific factors related to safety assessment that protect children from additional harm. Future research should examine safety plans more closely, as well as the specific “safety factors” that are identified during a safety assessment. Recurrence rates vary tremendously among different regions of the state, leading to additional questions about differences in safety assessment in these regions. Finally, additional information about households rated as “unsafe” is needed to determine if specific factors, such as family characteristics, type of maltreatment, or service interventions, predict which families will experience future maltreatment.