

Understanding Safety Assessment in Illinois: The Child Endangerment Risk Assessment Protocol (CERAP)

Yu-Ling Chiu and Tamara L. Fuller

August 2018

The Child Endangerment Risk Assessment Protocol (CERAP) is a safety assessment protocol used in child protection investigations and child welfare services in Illinois. It is designed to provide workers with a mechanism for quickly assessing the potential for moderate to severe harm to a child in the immediate or near future and for taking quick action to protect children. Workers utilize the protocol at specified time frames throughout the life of a case, from child protection investigation to substitute care exit, to help focus their decision-making to determine whether a child is safe or unsafe with their family,¹ and if unsafe, decide what actions must be taken to assure the child's safety (Fuller & Nieto, 2012; Illinois Department of Children and Family Services, 2013a). This brief provides an overview of the CERAP, including its historical background and the specific procedures required to complete the assessments.

Historical Background

A series of high profile child deaths in Illinois in the early 1990s led to the passage of Public Act 88-614 on September 7, 1994. This Act required the Illinois Department of Children and Family Services (DCFS) to develop a standardized child endangerment risk assessment protocol and to implement its use by training staff and certifying their proficiency. This Act also required DCFS to provide an annual evaluation report to the General Assembly regarding the reliability and validity of the protocol. In response to the mandates, an advisory committee was formed to guide the development, implementation, and evaluation of the protocol. At the time, very few states used formal safety assessment protocols and limited information existed about the effectiveness of these models. The advisory committee made the decision to adapt the New York safety assessment protocol for use in Illinois, drawing on the wealth of protocol development and curriculum materials available. The protocol focuses on safety assessment instead of risk assessment. Safety assessment needs to be done quickly to prevent danger of moderate to severe harm from occurring now or in the very near future. 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 on the Illinois model (Fuller & Wells, 1999).

¹ The CERAP is a family assessment and does not apply to the child protection investigation of foster homes, residential facilities, schools, or day care facilities.

CERAP Milestones

Investigators and child welfare workers are required to use the CERAP at specified time frames, referred to as “milestones,” and at any other time when the worker believes that a child may be unsafe. These milestones differ for investigations, preventive service cases, intact family cases, and placement cases (Illinois Department of Children and Family Services, 2013a; 2013c):

Child Protection Investigation:

- 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 a child is unsafe and a safety plan is implemented. Such assessment must continue until 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 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 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.

Prevention Service:

- 1) Within 24 hours of seeing the children, but no later than 5 working days after assignment of a Prevention Services referral;
- 2) Before formally closing the Prevention Services referral, if the case is open for more than 30 calendar days;
- 3) Whenever evidence or circumstances suggest that a child’s safety may be in jeopardy.

Intact Family Services:

- 1) Within 5 working days after initial case assignment and upon any and all subsequent case transfers.
- 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 five working days following the determination that a child is unsafe and a safety plan is implemented. Such assessment must continue until 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.
- 5) Within 5 work days of a supervisory approved case closure.

Placement Cases:

- 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.

CERAP Procedures

According to DCFS policy (Illinois Department of Children and Family Services, 2013a; 2013c), the CERAP safety assessment requires that investigators and child welfare workers collect information regarding:

- Safety threats, which are family conditions that are present, uncontrolled, and likely to result in moderate to severe harm to the child immediately or in the near future. Safety threats must be considered within the context of child vulnerability, severity of the behavior or condition, history, and controllability. Currently, the safety threat identification list consists of 16 threats. When safety threats have been identified, the workers are required to document the description of how the particular threats relate to specific individuals, conditions, and circumstances. When there are no safety threats identified, a summary of reasoning should be documented under the safety threat description section as well.
- Children and adults who were not assessed and the reason why, which needs to be documented as part of the safety assessment. The timeframes in which the assessment will be done should be specified.
- Family strengths or mitigating circumstances, which serve to control or manage the safety factors based on “the initiative of family members and not at the suggestions or instigation of the Department.”² Descriptions of any family strengths or mitigating circumstances for each identified safety threat should be documented.

Based on an assessment of these safety threats and any other information known about the case, workers make a safety decision of:

- 1) Safe – there are no children likely to be in immediate danger of moderate to severe harm at this time (no safety plan is required); OR

² According Procedures 300, when the Department suggests or instigates an action in response to an identified safety threat, the action is part of a safety plan, not family strengths or mitigating circumstance.

- 2) Unsafe – a safety plan must be developed and implemented **or** one or more protective custodies must be taken because without the plan they are likely to be in immediate danger of moderate to severe harm.

Safety Planning

An “unsafe” decision in a CERAP safety assessment must result in a voluntary, short-term safety plan designed to address serious and immediate threats to children’s safety when a protective custody is not taken. A safety plan should be developed based on the identified safety threats in CERAP and “must be as minimally disruptive to the child and family as is reasonably possible” (Illinois Department of Children and Family Services, 2013a). Safety plans can take a variety of forms, including in-home or out-of-home, with the involvement of the children’s caretakers and other family members. Five key components should be included in every written safety plan: 1) the actions that have or will be taken to protect each child in relationship to indicated safety threats; 2) the person(s) responsible for ensuring the safety of each child in relationship to the indicated safety threats; 3) the actions or conditions that must occur in order for this safety plan to be terminated; 4) the time frame imposed by the safety plan; and 5) information pertinent to care of child (Illinois Department of Children and Family Services, 2014).

Highlights of the Annual CERAP Evaluations

Since 1997, the Children and Family Research Center (CFRC) has conducted an annual evaluation of the CERAP that has examined a variety of topics related to its implementation, reliability, and impact.

Implementation in Child Protection Investigation:

- 1) During an investigation, a CERAP should be completed within 24 hours after the investigator first sees the alleged victim. Analysis of CERAP data found that over 99% of investigations have at least one CERAP completed during the investigation (Fuller & Nieto, 2011).
- 2) Unless a service case is opened, an additional CERAP assessment should be completed at the conclusion of the investigation. This requirement can be waived if the initial safety determination is “safe” and the investigation is completed in less than 30 days. Around half of all investigations completed in FY2013 had a CERAP assessment completed at the conclusion of the investigation (Fuller & Nieto, 2014).

Implementation in Intact Family Services:

- 1) Between 67% and 76% of intact family cases each year had a CERAP assessment within 15 days of case opening.
- 2) Between 13-18% of intact family cases had a CERAP completed every 90 days during the time that the case was open.

- 3) Between 56% and 65% of the CERAP assessments with an unsafe safety decision had another CERAP completed within 5 working days.
- 4) Between 64% and 71% of intact family cases had a CERAP completed within 30 days prior to the case close date or within 5 days after it (Fuller, Wakita, Nieto, & Chiu, 2018).

Implementation in Placement Cases:

- 1) Compliance rates for CERAP completion within 5 working days after a worker received a new or transferred placement case when there were other children in the home of origin ranged from 31.2% to 53.1% between FY2005 and FY2014 (Chiu, Nieto, Wakita, & Fuller, 2015).
- 2) Almost a third of placement cases in which a child was returned home in FY2014 did not have a CERAP at the milestone immediately prior to reunification (Chiu, Nieto, & Fuller, 2016).
- 3) Over a quarter of reunification cases in FY2014 had no CERAP after reunification (Chiu, Nieto, & Fuller, 2016).
- 4) A survey of placement workers revealed that the CERAP is rarely included in the court reports that are shared with attorneys prior to decision-making regarding reunification. Over 80% of the placement workers surveyed indicated that they never or rarely included the CERAP as part of the court report, and most attorneys who responded to the survey agreed that they never or rarely see one. Only 45% of placement workers felt the CERAP was very important for informing decision-making about returning a child home from substitute care (Fuller & Chiu, 2017).

Impact of CERAP Assessment on Child Safety:

Several evaluations have examined the relationship between CERAP completion and maltreatment recurrence:

- 1) If a child was determined to be unsafe during the initial safety assessment in an investigation, they were significantly less likely to experience an additional indicated maltreatment report within 6 months if a CERAP assessment was completed at the conclusion of the investigation. In other words, the presence of a CERAP at the conclusion of the investigation was associated with increased child safety (Fuller & Nieto, 2013).
- 2) The relationship between CERAP assessment at the conclusion of the investigation and future child safety remained significant even after statistically controlling for the influence of variables that are known to impact maltreatment recurrence, such as number of prior reports, age of the child, and type of indicated maltreatment. Children

in investigations that did not have a CERAP assessment at the conclusion of the investigation were twice as likely to experience a maltreatment recurrence within 6 months compared to those that had a re-assessment (Fuller & Nieto, 2013).

- 3) When the relationship between CERAP completion among intact family cases and 6-month maltreatment recurrence was examined, the relationship was inconsistent over time – it was significant some years, but not others. The lack of a consistently significant relationship between CERAP completion among intact family cases and later maltreatment recurrence does not mean that safety assessment among intact families is unimportant; it merely suggests that other variables were more predictive of recurrence (Fuller & Nieto, 2014).

Recommended Citation

Chiu, Y., & Fuller T. L. (2018). *Understanding Safety Assessment in Illinois: The Child Endangerment Risk Assessment Protocol (CERAP)*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

References

- Chiu, Y. C., Nieto, M., & Fuller, T. L. (2016). *Illinois Child Endangerment Risk Assessment Protocol FY2016 Annual Evaluation*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.
- Chiu, Y. C., Nieto, M., Wakita, S., & Fuller, T. L. (2015). *Illinois Child Endangerment Risk Assessment Protocol FY2015 Annual Evaluation*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.
- Fuller, T. L., & Chiu, Y. (2017). *Illinois Child Endangerment Risk Assessment Protocol FY2017 Annual Evaluation*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.
- Fuller, T.L., & Nieto, M. (2011). *Illinois Child Endangerment Risk Assessment Protocol FY11 Annual Evaluation*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.
- Fuller, T.L., & Nieto, M. (2012). *Illinois Child Endangerment Risk Assessment Protocol FY12 Annual Evaluation*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.
- Fuller, T.L., & Nieto, M. (2013). *Illinois Child Endangerment Risk Assessment Protocol FY13 Annual Evaluation*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.
- 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.

Fuller, T. L., Wakita, S., Nieto, M. G., & Chiu, Y. C. (2018). *Illinois Child Endangerment Risk Assessment Protocol FY2018 Annual Evaluation*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Fuller, T. L., & Wells, S. (1999). *Illinois Child Endangerment Risk Assessment Protocol: FY99 Implementation Evaluation*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Illinois Department of Children and Family Services. (2013a). *Procedures 300 Reports of Child Abuse and Neglect Appendix G—Child Endangerment Risk Assessment*. Springfield, IL: Author.

Illinois Department of Children and Family Services. (2013c). *CFS 1441 CERAP Safety Determination Form*. Springfield, IL: Author.

Illinois Department of Children and Family Services. (2014). *CFS 1441-A Safety Plan Form*. Springfield, IL: Author.

Acknowledgements

This research brief was supported by funding from the Illinois Department of Children and Family Services. The information and opinions expressed herein reflect solely the position of the authors, and should not be construed to indicate the support or endorsement of its content by the funding agency.