

# **Illinois Child Endangerment Risk Assessment Protocol FY11 Annual Evaluation**

Tamara L. Fuller, Ph.D.  
Martin Nieto, M.A.  
Children and Family Research Center  
University of Illinois at Urbana-Champaign

Prepared for:

Illinois Department of Children and Family Services  
Richard Calica, Director  
George Vennikandam, Deputy Director of Child Protection

## Executive Summary

The Child Endangerment Risk Assessment Protocol (CERAP) was originally developed and intended to be used throughout the entire life of a child welfare case. Following the implementation of the CERAP in 1996, a series of studies examined worker use of the CERAP in the field. Findings from these studies indicated that although CERAP completion at the initial stage of the investigation was near perfect, completion among intact family and placement cases ranged from moderate to poor. Significant changes to safety assessment practice are scheduled to occur in 2012 with the implementation of the enhanced safety model. Implementation of the new assessment practices may benefit from a better understanding of how investigators and caseworkers are currently using the CERAP safety assessment tool. The current study therefore examines trends in CERAP completion in investigation and intact family cases.

Significant findings from the current study are:

1. CERAP completion at the initial stages of the investigation remains very high: 99% of investigations have at least one safety assessment.
2. The first safety assessment during an investigation typically is completed within the first few days: 50% occur within 1 day of the start of the investigation and 75% occur within 4-5 days.
3. If children are determined to be unsafe at the beginning of the investigation, additional safety assessments are required to monitor the threats to child safety. The percentage of these (initially unsafe) households that receive additional safety assessment prior to the close of the investigation has been steadily increasing over the past 8 years from 75% in 2003 to 95% in 2010.
4. Approximately half of all intact family cases have no safety assessments – for any milestone – associated with their case file.
5. Of those intact family cases that have at least one safety assessment completed, the first assessment is typically completed within the first two weeks of case opening.
6. Of the intact family cases that contained at least one safety assessment, safety assessments were most likely to occur at case assignment and case closure, and less likely to occur at regular six month intervals throughout the case.

# **Illinois Child Endangerment Risk Assessment Protocol: FY11 Annual Evaluation**

Public Act 88-614 mandates that the Illinois Department of Children and Family Services “submit an annual evaluation report to the Illinois General Assembly, which includes an examination of the reliability and validity” of the Child Endangerment Risk Assessment Protocol (CERAP). 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 has focused on three areas:

1. The implementation and use of the CERAP by investigators and caseworkers in the field (i.e., process or implementation evaluation)
2. The impact of the CERAP on child safety outcomes (outcome evaluation)
3. The relationship between how workers use the CERAP and child safety outcomes

The following sections provide brief summaries of the findings from these three areas of research.

## ***Summary of CERAP Implementation Research***

The first CERAP implementation evaluation was conducted in 1997 by the DCFS Office of Quality Assurance and examined CERAP implementation among in a sample of 100 investigations. Results indicated that 83% of the CERAPs required within 24 hours after the investigator first sees the alleged victim were completed in their entirety (DCFS, 1997).

In 1998, a case review of intact family and placement cases was conducted to determine a) if CERAP safety determination forms were completed at the appropriate milestones and b) if the forms were completed correctly (DCFS, 1998). Of the 273 intact family case files reviewed, completion rates of the CERAP safety determination forms at the required milestones varied (only those cases that had reached a particular case milestone were included in the calculations):

- Within 5 working days of case assignment (73%)
- Every six months from case opening (67%)
- Immediately prior to unsupervised visits (50%)
- Prior to closing the case (87%)

Of the 288 substitute care case files reviewed, completion rates of the CERAP safety determination forms at the required milestones varied (only those cases that had reached a particular case milestone were included in the calculations):

- Within 5 working days of case assignment (45%)
- When considering commencement of unsupervised visits (48%)
- Prior to an administrative case review (77%)

- Prior to return home (50%)
- Prior to closing the case (100%)

When the CERAP safety determination forms were checked for completion, most sections were completed correctly in the majority of cases, with the exception of the safety plans:

- the correct milestone was checked in 82% of the cases
- all 14 safety factors were assessed and checked in 94% of the cases
- a safety decisions was checked in 95% of the cases
- safety plans were present in 90% of the cases that required one
  - 72% of the safety plans identified specific individuals responsible for implementing the plan
  - 73% specified specific actions
  - 37% specified the person responsible for monitoring the plan
- worker and supervisor signatures were present in 88% of the cases

The following year, a CERAP implementation evaluation examined CERAP completion at crucial safety decision points: within 24 hours after the investigator first sees the alleged victim, within 5 days of case assignment, and immediately prior to closing a service case (Fuller & Wells, 1999). Results indicated that CERAPs required within 24 hours after the investigator first sees the alleged victim had a very high completion rate (98%), while those at later milestones had moderately high completion rates: 76% were completed within 5 days of case assignment and 74% were completed prior to case closing.

In 2000, the implementation evaluation used data collected by the DCFS Office of Quality Assurance peer review process, in which workers evaluate the quality of each other's case record documentation (Fuller & Wells, 2000). Both investigation and follow-up (intact family and substitute care) cases were reviewed, and the CERAPs at each milestone in the life of the case were rated as "excellent," "good," "fair," or "poor." Results indicated that CERAP quality remained high during the investigation, with only 5% of the CERAPs receiving a "poor" rating. CERAP quality at later milestones was lower. The proportion of CERAPs receiving a "poor" rating ranged from 30% for "within 5 days of case assignment," "when a child's safety is in jeopardy," and "every 6 months for intact family cases," to 50% for "at the commencement of unsupervised visits," "prior to returning a child home," and "prior to closing a service case."

The evaluation in 2001 re-examined CERAP completion during investigation (Fuller & Poertner, 2001). Four hundred investigation cases were randomly selected for inclusion in the study. Of these, 295 cases were located and reviewed. Results indicated that CERAP completion at the "within 24 hours after the investigator first sees the alleged victim" milestone was very high (98%) and that if a CERAP was completed, it was almost always completed in its entirety. The safety factor description and safety decision sections were completed in 99% of the cases, and the safety plan (required for CERAPs with "unsafe" safety decisions) and signatures were present in 100% of the cases. However, these safety plans varied in their quality; most described the specific actions to be taken (91%) and who would implement them (80%), but fewer described who would monitor compliance with the plan (44%).

In 2002, the implementation evaluation focused on CERAP completion in substitute care cases at the milestones before and after reunification (Fuller, 2002). CERAP completion at these later milestones was quite low: approximately 39% of the cases contained a completed CERAP for the “within 24 hours prior to return home” milestone and 12% contained a CERAP for the “when considering whether to close a reunification service case” milestone.

In summary, research on CERAP implementation in the field reveals that CERAP completion varies considerably depending on which milestone is examined, and that although the protocol was intended for use throughout the entire life of a service case, it is more consistently used during investigations than in intact family and placement cases. CERAP completion at the first investigation milestone (within 24 hours after the investigator first sees the alleged victims) is near perfect – with completion rates around 98% or above. Completion rates for other milestones were lower. There is some evidence that CERAP completion rates in substitute care cases were lower than those for intact family cases.

### ***Summary of CERAP Impact Research***

In addition to concerns about the reliability and validity of the CERAP, child welfare administrators and Illinois policy-makers were very interested in evaluating the impact of the CERAP implementation on the safety of Illinois children investigated for abuse or neglect. Although service interventions (such as the CERAP) 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. The evaluation of the impact of CERAP implementation on child safety is an example of a program of research that has had to 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, we have employed 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.

CERAP policy defines child safety as “the likelihood of immediate harm of a moderate to severe nature.” This definition distinguished safety/safety assessment from the broader concepts of risk/risk assessment in two ways: 1) the threat of harm to the child must be “immediate” and 2) the potential harm to the child must be of a “moderate to severe nature.” Consistent with this definition, CERAP evaluations from 1997 to 2007 defined child safety in terms of the occurrence (i.e., recurrence) of an indicated report of moderate to severe maltreatment<sup>1</sup> within 60 days of the initial report. Recurrence rates were defined as the number of children who experienced indicated maltreatment within 60 days of their initial investigation divided by the total number of children with a Sequence A maltreatment report (PCs excluded). Recurrence rates were

---

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

computed for four different groups: 1) all maltreatment allegations, 2) moderate physical abuse, 3) severe physical abuse, and 4) sexual abuse. Results of these annual evaluations found that short-term (i.e., 60-day) maltreatment recurrence rates decreased 53% since 1995, the year prior to CERAP implementation. This was also true for rates of moderate physical abuse (58% decrease), severe physical abuse (60% decrease), and sexual abuse (61% decrease). Although the decreases in recurrence could not be directly attributed to the CERAP, it was concluded that children were safer in the years following CERAP implementation than they were in the years preceding it.

More recent CERAP evaluations have expanded the definition of child safety to align more closely with the safety definition used in the federal Child and Family Service Review (CFSR). Illinois was found to be in non-compliance with the CFSR safety outcome in both its first CFSR in 2003 and its second review in 2009. The recurrence measure used in the CFSR uses a 6-month recurrence period rather than the 60-day period that was used in the prior CERAP evaluations. Changing the recurrence measure used in the recurrence analyses did not alter the overall trend: maltreatment recurrence declined from 12% in 1995 (the year prior to CERAP implementation) to 7.4% in 2006 (Fuller & Nieto, 2007). Recent evaluations have also shown large regional differences in recurrence rates: in 2009, 6-month maltreatment recurrence rates were under 6% in Cook North, Cook Central, and Cook South, slightly above 6% in Northern region, near 8% in the Central region and above 9% in the Southern region (Fuller & Nieto, 2010).

### ***Evaluating Safety Assessment Best Practice***

One of the most consistent findings over recent years is the relationship between safety re-assessment at the conclusion of the investigation among unsafe households and lowered maltreatment recurrence. According to CERAP policy, several actions must occur when an investigator determines that a household is “unsafe” (as indicated on the CERAP safety decision). 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. In addition to a safety plan, 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 and continue until either all children are assessed as being safe or all unsafe children are moved from the legal custody of their parents/caretakers. 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.” Results of recent CERAP evaluations suggest that this required practice is effective – unsafe cases that received an additional CERAP safety assessment at the conclusion of the investigation have much lower recurrence in the six month period following the initial investigation than those that are not assessed. However, less than half of the cases that require such reassessment receive it (Fuller & Nieto, 2010).

## ***Development of the Enhanced Safety Model in Illinois***

Following the 2003 Illinois Child and Family Service Review, the Department conducted a comprehensive analysis of the agency's current process for assessing safety and risk in families reported to or referred for services. A review of existing DCFS practice, conducted with the assistance of the National Resource Center for Child Protective Services identified several concerns, including:

- conceptual confusion in the field regarding safety versus risk and safety intervention versus safety management
- poor assessments of caretaker protective capacities
- no clear rationale between information collected by staff and their decision-making around safety and risk
- lack of understanding of the relationship between safety intervention and service provision
- safety data collection was unfocused and imprecise
- safety plans were limited in scope and not tailored to specific threats
- safety interventions and services were viewed as the same

A safety workgroup was created, comprised of DCFS staff and external stakeholders, and a multi-year process resulted in the development of an Enhanced Safety Model that “allows for the assessment of safety throughout the life of the case, from investigation to permanency, reduces confusion in the field, and provides clear definitions and links goals and objectives to safety planning” (Illinois Department of Children and Family Services, 2011, p. 7). Implementation of the Enhanced Safety Model is scheduled to occur in calendar year 2012.

## ***Current Research Questions and Results***

Findings from past evaluation have indicated that CERAP completion beyond the first investigation milestone ranges from moderate to poor. Significant changes to safety assessment practice are scheduled to occur in 2012 with the implementation of the enhanced safety model. Implementation of the new assessment practices may benefit from a better understanding of how investigators and caseworkers are currently using the CERAP safety assessment tool. The current study therefore examines trends in CERAP completion in investigation and intact family cases.

## ***CERAP Completion Among Child Protection Investigations***

The CERAP should be completed at four milestones during an investigation:<sup>2</sup>

- 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. If the new safety 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 documenting the reasons why the safety plan should

---

<sup>2</sup> CERAP completion among child welfare services intake cases was not examined.

remain in effect. Such assessment must continue until either all children are assessed as being safe or all unsafe children are removed from the legal custody of their parents.

- 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.

The current evaluation examines CERAP completion rates for milestones (1) and (4) above. Completion rates for milestone (2) could not be computed, because “whenever circumstances suggest a child’s safety may be in jeopardy” is not a circumstance or event that is captured in the DCFS administrative data. With regard to milestone (3), workers are not required to complete a new CERAP assessment every five days, but are allowed to make a notation on the initial assessment in Part B1. These notations are not part of the administrative data used in the current study, so CERAP completion at this milestone cannot be accurately determined.

Before examining CERAP completion at these investigation milestones, we were interested in examining how many investigations did not have any CERAP assessment, how many had at least one CERAP assessment, and how many had multiple assessments from the date of case assignment to closure (Table 1). Please note that investigations at facilities were excluded from the sample, since they do not require a CERAP. In addition, it is important to note that there are several reasons why an investigation might not have a completed CERAP in the file, so that 100% compliance is an unrealistic expectation. For instance, although investigators must make a “good faith effort” to locate and contact the family, sometimes this is impossible. If a family is unable to be located, no CERAP can be completed. In addition, if there are two investigations on a single household very close together in time, these may be both accepted as reports by the State Central Register, but would later be “merged” into one investigation. It is important to keep these type of circumstances in mind when interpreting the results presented in this report.

**The results in Table 1 indicate that approximately 99% of investigations have at least one CERAP assessment.**<sup>3</sup> The majority of investigations have one CERAP assessment (62% in FY2009 and FY2010); about a third have two CERAP assessments, and 5% or fewer have three or more assessments.

Table 1. Number of CERAP completed during an investigation

Fiscal Year	Number of investigations	No CERAP		One CERAP		Two CERAPs		Three or more CERAPs	
		Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
2003	56,529	428	.76%	39,291	70%	15,244	27%	1566	3%
2004	59,771	542	.91%	42,985	73%	14,777	25%	1476	2%
2005	63,732	720	1.1%	44,505	71%	16,534	26%	2151	3%
2006	63,815	648	1.0%	42,792	68%	18,239	29%	2136	3%
2007	64,879	977	1.5%	42,065	66%	19,249	30%	2588	4%

<sup>3</sup> This includes CERAPs completed at ANY of the investigation milestones.



2008	65,106	1244	1.9%	42,220	66%	19,051	30%	2591	4%
2009	65,587	805	1.2%	40,227	62%	21,404	33%	3151	5%
2010	64,377	905	1.4%	39,526	62%	21,007	33%	2939	5%

The first CERAP assessment in an investigation is to be completed within 24 hours after the investigator first sees the alleged victim. We therefore examined the amount of time between the investigation start date and the date of the first CERAP assessment (regardless of the milestone that was checked on the first assessment). Please note that although the initial CERAP is supposed to be completed “within 24 hours after the investigator first sees the alleged victim,” this date is not noted in the dataset used for this evaluation. However, most investigations are required to initiate in-person contact within 24 hours of the receipt of the report, which suggests that most initial CERAPs should be completed within 48 hours of the investigation start date. Table 2 shows the length of time that elapsed between the investigation start date and the first CERAP assessment. In half of the investigations each year, the first CERAP assessment is completed within 1 day of the start of the investigation, and 75% were completed within 4-5 days.<sup>4</sup>

Table 2. Number of days between investigation start date and first CERAP assessment

Fiscal Year	Number of investigations	Median (50 <sup>th</sup> percentile)	75 <sup>th</sup> percentile
2003	56,529	1	4
2004	59,771	1	5
2005	63,732	1	5
2006	63,815	1	5
2007	64,879	1	4
2008	65,106	1	5
2009	65,587	1	5
2010	64,377	1	5

The next CERAP investigation milestone examined in this report is “at the conclusion of the formal investigation, unless a service case is opened.” Not all investigations require a CERAP assessment at this milestone, however, so the base sample used for the analyses had to be modified. First, investigations that led to an open service case (either an intact family case or a placement case) were excluded from the sample (see Table 3). Please note that the percentage of investigations closed without services has been slowing but steadily increasing over the past 8 years.

Table 3. Percentage of investigations that closed without a service case

Fiscal Year	Number of investigations	Number of investigations closed with no service case	% of investigations closed with no service case

<sup>4</sup> Statistical average or mean is not a good measure in this instance, because it is heavily influenced by outliers. For instance, if there were just a few investigations in which the number of days until the first CERAP assessment was very large, this would skew the mean toward those unusual cases.

2003	56,529	42,712	75.6%
2004	59,771	45,737	76.5%
2005	63,732	49,281	77.3%
2006	63,815	50,187	78.6%
2007	64,879	51,921	80.0%
2008	65,106	51,804	79.6%
2009	65,587	52,523	80.1%
2010	64,377	51,787	80.4%

The requirement for an additional CERAP at the conclusion of an investigation may be waived if no more than 30 days have elapsed since it was completed. Therefore, investigations completed within 30 days of the initial assessment were also excluded from the sample. Table 4 shows the number and percentage of investigations closed after 30 days (these investigations were retained in the sample). The percentage has been increasing steadily over the past 8 years.

Table 4. Percentage of investigations closed 30 days or more after their start date

Fiscal Year	Number of investigations closed with no service case	Number of investigations closed after 30 days	% closed after 30 days
2003	42,712	19,364	45.3%
2004	45,737	21,566	47.1%
2005	49,281	23,247	47.2%
2006	50,187	28,700	57.2%
2007	51,921	29,327	56.5%
2008	51,804	29,847	56.6%
2009	52,523	33,190	63.2%
2010	51,787	33,743	65.2%

This population of investigations – those that are closed after 30 days with no service case opening – should have an additional CERAP assessment at the conclusions of the investigation. Table 5 shows the percentage of these investigations that had an additional CERAP assessment prior to the conclusion of the investigation – regardless of the milestone that was checked on the subsequent assessment.<sup>5</sup> This percentage has been steadily increasing from about 48% in 2003 to over 54% in 2010.

Table 5. Percentage of investigations with a second safety assessment prior to close date\*

Fiscal Year	Number of investigations (closed after 30 days and no service case opened)	% with an additional CERAP assessment (any milestone)
2003	19,364	48.9%
2004	21,566	44.9%
2005	23,247	48.5%

<sup>5</sup> The decision was made to look at *any* additional CERAP assessment rather than only those with the “at the conclusion of the investigation” milestone checked, because analyses suggested that investigators were not reliable about checking the correct milestone box on the CERAP form.

2006	28,700	48.9%
2007	29,327	53.1%
2008	29,847	52.0%
2009	33,190	55.1%
2010	33,743	54.2%

\*Among investigations closed after 30 days and no service case opened

Previous CERAP evaluations suggest that investigators are more likely to do an additional safety assessment if the initial safety assessment determined that the children were unsafe. This was examined in Table 6, which shows the rates of additional safety assessment among initially safe versus unsafe households. The results show that investigations were much more likely to have an additional safety assessment if the children were initially assessed “unsafe” at the beginning of the investigation. In recent years, nearly all investigations (around 95%) with an initially unsafe safety determination have had at least one additional safety assessment prior to the conclusion of the investigation.

Table 6. Percentage of investigations with a second safety assessment prior to close date\*

Fiscal Year	Number of investigations (closed after 30 days and no service case opened)	Initial CERAP Safety Determination <sup>6</sup>			Investigations with additional CERAP assessment (any milestone)	
			n	%	n	%
2003	19,364	Safe	17,877		8,477	47.4
		Unsafe	1,317		989	75.1
2004	21,566	Safe	19,751		8,476	42.9
		Unsafe	1,574		1,206	76.6
2005	23,247	Safe	21,518		10,059	46.8
		Unsafe	1,412		1,214	86.0
2006	28,700	Safe	27,023		12,826	47.5
		Unsafe	1,348		1,210	89.8
2007	29,327	Safe	27,518		14,418	52.4
		Unsafe	1,232		1,167	94.7
2008	29,847	Safe	27,823		14,332	51.5
		Unsafe	1,269		1,185	93.4
2009	33,190	Safe	31,137		16,689	53.6
		Unsafe	1,706		1,611	94.4
2010	33,743	Safe	31,765		16,770	52.8
		Unsafe	1,588		1,511	95.2

\*Among investigations closed after 30 days and no service case opened

<sup>6</sup> The initial safety determination was missing for a small number of cases, which were excluded from the analyses. The number of cases with safe and unsafe initial safety decisions will therefore not exactly equal the total number of investigations in each year.

### ***CERAP Completion Among Intact Family Cases***

There are several milestones during an intact family service case that a CERAP should be completed:

- 1) Within 5 working days after initial case assignment and within five working days of any and all subsequent case transfers
- 2) Every 6 months from case opening
- 3) When considering whether to close an intact service case, immediately prior to supervisory approval of this decision
- 4) Every five working days following the determination that any child in the family is unsafe and a safety plan is implemented. If the new safety 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 documenting the reasons why the safety plan should remain in effect. Such assessment must continue until either all children are assessed as being safe or all unsafe children are removed from the legal custody of their parents.
- 5) Whenever circumstances suggest that the child's safety may be in jeopardy.

To examine CERAP completion among intact family cases, it was first determined how many of these cases had at least one CERAP assessment (see Table 7). **The percentage of intact cases without any CERAP safety assessment in their case record has been between 43% in 2007 and 60% in 2010.** Although about half of the intact family cases opened each year did not have any safety assessment for any of the milestones, those that did have safety assessments tended to have multiple CERAP assessments per case. Between 14-18% had two safety assessments, 10-12% had three assessments, 5-7% had four safety assessments, and 5-6% had seven or more (a handful of cases had over 50 safety assessments).

Table 7. Number of safety assessments completed during an intact family case

Fiscal Year*	Number of intact family cases	None		One		Two		Three		Four		Five		Six		Seven or More	
		n	%	n	%	n	%	n	%	n	%	N	%	n	%	n	%
2005	9,508	5,354	56	643	6.8	1218	12.8	884	9.3	470	4.9	288	3.0	177	1.9	474	5.0
2006	8,469	4,182	49	575	6.8	1326	15.7	865	10.2	527	6.2	282	3.3	183	2.2	529	6.3
2007	8,001	3,412	43	381	4.8	1470	18.4	1023	12.8	667	8.3	314	3.9	207	2.6	527	6.6
2008	8,087	3,558	44	399	4.9	1371	17.0	1033	12.8	592	7.3	342	4.2	214	2.7	578	7.2
2009	8,229	3,713	45	429	5.2	1304	15.9	1167	14.2	602	7.3	304	3.7	192	2.3	518	6.3
2010	8,130	4,889	60	317	3.9	1128	13.9	926	11.4	420	5.2	131	1.6	68	.8	215	3.1

\*CERAP data on intact family cases are unreliable prior to 2005

Intact family cases can be opened for a variety of reasons, including abuse or neglect, child behavior problems, and a variety of other reasons. Although we could not find any notations in the current CERAP policy that excludes any type of intact family case from CERAP assessment requirements, we hypothesized that intact family cases that were opened for reasons of abuse or neglect might be more likely to have at least one safety assessment than those opened for other reasons (Table 8). The results support this hypothesis: intact family cases opened for physical abuse, sexual abuse, and neglect were much more likely to have at least one CERAP assessment (most years in the 60-70% range) than cases opened for dependency or other reasons (most years in the 20-30% range).

Table 8. Percentage of intact family cases with at least one CERAP by case open reason

	Physical Abuse	Sexual Abuse	Neglect	Behavior Problems/Dependent	Other Reasons <sup>7</sup>
2005	61.5%	72.9%	53.9%	30.7%	22.8%
2006	70.0%	77.5%	64.8%	34.2%	26.3%
2007	78.4%	77.4%	70.1%	27.2%	31.8%
2008	71.1%	75.7%	67.5%	20.7%	30.2%
2009	66.4%	69.2%	65.2%	25.3%	32.8%
2010	48.0%	50.9%	45.3%	9.2%	29.4%

---

<sup>7</sup> Other open codes include: extended family, adoption assistance, refugee assistance, unwed mother, preventative services, and several others.

The first CERAP assessment for an intact family case is to be completed within 5 working days of case assignment. We therefore examined the amount of time between the case open date and the date of the first CERAP assessment (regardless of the milestone that was checked on the first assessment). Of the intact family cases opened each year, the first CERAP assessment is completed within 4-6 days of case opening in 50% of the cases, and is completed within 10-15 days in 75% of the cases.

Table 9. Number of days between intact family case opening date and first CERAP assessment

Fiscal Year	Number of cases with at least one CERAP	Median (50 <sup>th</sup> percentile)	75 <sup>th</sup> percentile
2005	4154	6	27
2006	4287	6	20
2007	4589	6	15
2008	4529	5	13
2009	4516	4	11
2010	3241	4	10

The next set of analyses looks only at those intact family cases that have at least one CERAP assessment in the case file. We wanted to get a sense of which case milestones were mostly likely to have a safety assessment completed by the caseworker. The frequencies presented in Table 10 should be considered *exploratory and descriptive* only, because we do not know what percentage of the cases experienced each of the milestones (e.g., cases closed within 6 months would not need a safety assessment for the “every 6 month” milestone; not all cases experience circumstances that suggest a child is in jeopardy, and some of the cases were still open at the time of the analyses). In addition, the percentages in Table 10 should not be considered “completion rates” for these milestones among intact family cases, because the percentages are calculated among only the cases that had at least one CERAP assessment, and does not figure in the almost 50% of the cases that did not have any CERAP assessment.

Table 10. CERAP assessments among intact family cases with at least one safety assessment

Fiscal Year	Number of cases with at least one CERAP	Within 5 working days of case assignment	Every six months from case opening	Whenever circumstances suggest a child’s safety is in jeopardy	Prior to closing an intact family case
2005	4154	82%	41%	14%	69%
2006	4287	87%	43%	14%	72%
2007	4589	93%	47%	13%	77%
2008	4529	93%	48%	13%	78%
2009	4516	92%	51%	11%	78%
2010	3241	94%	46%	8%	81%

The results suggest that when intact family caseworkers use the CERAP, they are most likely to do so at case assignment and at case closure, and less likely to complete a safety assessment at six month intervals.



## References

- Fuller, T.L. (2002). *Illinois Child Endangerment Risk Assessment Protocol: FY2002 implementation evaluation*. Urbana, IL: Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.
- Fuller, T.L., & Nieto, M. (2007). *Illinois Child Endangerment Risk Assessment Protocol: FY07 annual evaluation*. Urbana, IL: Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.
- Fuller, T.L., & Nieto, M. (2010). *Illinois Child Endangerment Risk Assessment Protocol: FY10 annual evaluation*. Urbana, IL: Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.
- Fuller, T.L., & Poertner, J. (2001). *Illinois Child Endangerment Risk Assessment Protocol: FY2001 implementation evaluation*. Urbana, IL: Children and Family Research Center, School of Social Work, 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, School of Social Work, University of Illinois at Urbana-Champaign.
- Fuller, T.L., & Wells, S. (2000). *Illinois Child Endangerment Risk Assessment Protocol: FY2000 implementation evaluation*. Urbana, IL: Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign.
- Illinois Department of Children and Family Services. (1997). *Illinois Child Endangerment Risk Assessment Protocol: A report to the Illinois General Assembly concerning the implementation and validation of the protocol*. Springfield, IL: Author.
- Illinois Department of Children and Family Services. (1998). *Illinois Child Endangerment Risk Assessment Protocol: A report to the Illinois General Assembly concerning the implementation and validation of the protocol*. Springfield, IL: Author.
- Illinois Department of Children and Family Services. (2011). *Child and Family Services Review Program Improvement Plan*. Springfield, IL: Author.