

COLORADO FAMILY RISK ASSESSMENT

Case Name: _____ Worker Name: _____ Date: ____/____/____

NEGLECT	Score
N1. Current Allegation is For Neglect	
a. No.....	-1
b. Yes.....	1
N2. Prior <u>Neglect</u> Investigations (assign highest score that applies)	
a. None.....	-1
b. Investigation only.....	1
c. One substantiated investigation.....	2
d. Two or more substantiated investigations.....	3
N3. Household has Previously Received Child Protective Services	
a. No.....	0
b. Yes, previously received services.....	1
c. Yes, prior CPS child removal from household.....	3
N4. Number of Children in Household	
a. Two or fewer.....	-1
b. Three or more.....	1
N5. Age of Youngest Child in Household	
a. Three or older.....	0
b. Two or younger.....	1
N6. Primary Caregiver's Assessment of Incident (Check applicable items and add for score)	
a. ___ Not applicable.....	0
b. ___ Minimizes harm to children.....	2
c. ___ Displaces responsibility or severity.....	2
N7. Primary Caregiver Provides Physical Care or Supervision Inconsistent with Child's Need	
a. No.....	0
b. Yes.....	2
N8. Primary Caregiver has a Substance Use Problem	
a. No.....	0
b. Yes.....	1
N9. Child in Household has Mental Health/Behavioral Problem	
a. No.....	0
b. Yes.....	1
N10. Recent or History of Domestic Violence in the Household.	
a. No.....	0
b. Yes.....	1
N11. Caregiver(s) Have History of Homelessness	
a. No.....	0
b. Yes.....	3

ABUSE	Score
A1. Prior Investigations (assign highest score that applies)	
a. None.....	-1
b. 1 to 3.....	1
c. 4 or more.....	3
A2. Household has Previously Received Child Protective Services	
a. No.....	0
b. Yes.....	2
A3. Primary Caregiver has History of Abuse or Neglect as a Child	
a. No.....	0
b. Yes.....	2
A4. Primary Caregiver was Placed in Protective Services as a Child	
a. No.....	0
b. Yes.....	3
A5. Caregiver(s) Provides Supervision Inconsistent with Child's Needs	
a. No.....	0
b. Yes.....	1
A6. Caregiver(s) Employs Excessive/Inappropriate Discipline	
a. No.....	0
b. Yes.....	2
A7. Caregiver(s) Involved in Disruptive/Volatile Adult Relationships	
a. No.....	0
b. Yes.....	1
A8. Characteristics of Children in the Household (check applicable items and add for score)	
a. ___ Not applicable.....	0
b. ___ Mental health/behavioral problems.....	2
c. ___ Physical disability.....	2
A9. Caregiver(s) has History of Mental Health Treatment	
a. No, neither caregiver.....	0
b. Either caregiver.....	1
c. Both caregivers.....	2
A10. Secondary Caregiver has a Substance Use Problem	
a. N/A - no secondary caregiver.....	0
b. No problem with drugs or alcohol.....	-1
c. Alcohol only.....	1
d. Other drugs or drugs and alcohol combined.....	2

TOTAL NEGLECT RISK SCORE _____

TOTAL ABUSE RISK SCORE _____

SCORED RISK LEVEL. Assign the family's scored risk level based on the highest score on either the neglect or abuse instrument, using the following chart:

Neglect Score	Abuse Score	Scored Risk Level
_____ -3 - -1	_____ -2 - 0	_____ Low
_____ 0 - 7	_____ 1 - 6	_____ Moderate
_____ 8+	_____ 7+	_____ High

POLICY OVERRIDES. Circle yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to high.

- | | | | |
|-----|----|----|-----------------------------------------------------------------------------------------------------------------|
| Yes | No | 1. | Sexual abuse case AND the perpetrator is likely to have access to the child victim. |
| Yes | No | 2. | Non-accidental injury to an infant. |
| Yes | No | 3. | Serious non-accidental physical injury requiring hospital or medical treatment. |
| Yes | No | 4. | Parent/Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current). |

DISCRETIONARY OVERRIDE. If a discretionary override is made, circle yes, circle override risk level, and indicate reason. Risk level may be overridden one level higher.

- | | | | |
|-----|----|----|-----------------------------------------------------------------------------|
| Yes | No | 5. | If <u>yes</u> , override risk level and circle one: Moderate High |
|-----|----|----|-----------------------------------------------------------------------------|

Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ____/____/____

FINAL RISK LEVEL (circle final level assigned): Low Moderate High

COLORADO FAMILY RISK REASSESSMENT

Case Name: _____ Worker Name: _____ Date: _____ / _____ / _____

- R1. Prior Investigations (assign highest score that applies)
 - a. None -1
 - b. 1 to 3..... 1
 - c. 4 or more..... 3
- R2. Household has Previously Received Child Protective Services
 - a. No..... 0
 - b. Yes..... 2
- R3. Number of Children in Household
 - a. Two or fewer..... -1
 - b. Three or more 1
- R4. Age of Youngest Child in Household
 - a. 3 or older.....0
 - c. 2 or younger1

The following case observations pertain since the initial risk assessment or most recent reassessment that was not prompted by an investigation:

- R5. New CPS Substantiated or Inconclusive Investigation since the Initial Risk Assessment or most Recent Reassessment that was not prompted by an Investigation
 - a. No0
 - b. Yes3
- R6. Either Caregiver has a Current Substance Use Problem
 - a. No0
 - b. Yes1
 - d. Yes, and refuses treatment3
- R7. Disruptive/Volatile Relationships in the Household
 - a. No problems.....0
 - c. Yes2
- R8. Caregiver is Able to Provide Physical Care/Supervision to Children
 - a. Yes0
 - b. No, minor problems1
 - c. No, major problems.....2
- R9. Primary Caregiver's Use of Treatment/Training Programs
 - a. Not applicable; all services unavailable.....0
 - b. Successfully completed all services recommended or actively participating in services; pursuing objectives detailed in FSP..... -1
 - c. Minimal participation in pursuing objectives in FSP.....1
 - d. Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required.....2
- R10. Secondary Caregiver's Use of Treatment/Training Programs
 - a. Not applicable; all services unavailable0
 - b. Not applicable; only one caretaker in home.....0
 - c. Successfully completed all services recommended or actively participating in services; pursuing objectives in FSP..... -1
 - d. Minimal participation in pursuing objectives in FSP1
 - e. Has participated but is not meeting objectives; refuses involvement in services or failed to comply/participate as required.....2

TOTAL REASSESSMENT SCORE _____

SCORED RISK LEVEL Assign the family's risk level using the following chart
 2 ___ Low 3 - 7 ___ Moderate 8 + ___ High

POLICY OVERRIDES. Circle yes if a condition shown below either occurred previously or during this reassessment period. If any condition is applicable, override final risk level to high. This overrides the scored risk level.

- Yes 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
- Yes 2. Non-accidental injury to an infant.
- Yes 3. Serious non-accidental physical injury requiring hospital or medical treatment.
- Yes 4. Parent/Caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).

POLICY OVERRIDE RISK LEVEL (check): _____ High

DISCRETIONARY OVERRIDE. If a discretionary override is made, circle yes, check override risk level, and indicate reason. Either the scored risk level or the policy override risk level may be overridden one level. If approved, the discretionary override risk level becomes the overall risk level for this assessment period.

Yes If yes, check DISCRETIONARY OVERRIDE RISK LEVEL (Check one): ___ Low ___ Moderate ___ High
 Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: _____ / _____ / _____