

Iowa Department of Human Services

Family Risk Assessment

Family Name: _____

Incident Nbr: _____

Worker Name: _____

Date: _____

NEGLECT

- N1 Current Complaint is for Neglect | **1**
- a. No | -1
- b. Yes | 1
- N2 Prior Child Neglect assessments | **-1**
- a. None | -1
- b. Assessment only | 1
- c. One Confirmed or Founded | 2
- d. Two or more Confirmed or Founded | 3
- N3 Household has Previously Received CPS | **0**
- a. No | 0
- b. Yes, previously received services | 1
- c. Yes, prior child removal from Household | 2
- N4 Number of children in household | **-1**
- a. Two or fewer | -1
- b. Three or more | 1
- N5 Age of youngest child in household | **1**
- a. Six or older | 0
- b. Five or younger | 1
- N6 Primary Caregiver's assessment of incident (Check applicable items and add for score) | **0**
- 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 needs | **0**
- a. No | 0
- b. Yes | 2
- N8 Primary Caregiver has substance use problem | **0**
- a. No | 0
- b. Yes | 1
- N9 Child in household has mental health/behavioral problem | **0**
- a. No | 0
- b. Yes | 1
- N10 Recent or history of domestic violence in the household | **0**
- a. No | 0
- b. Yes | 1
- N11 Caregiver(s) have history of homelessness | **0**
- a. No | 0
- b. Yes | 3

ABUSE

- A1 Prior Assessments (assign highest score that applies) | **-1**
- a. None | -1
- b. 1 to 3 | 1
- c. 4 or more | 3
- A2 Household has previously received CPS services | **0**
- a. No | 0
- b. Yes | 2
- A3 Primary Caregiver has History of Abuse or Neglect as a child | **2**
- a. No | 0
- b. Yes | 2
- A4 Primary Caregiver was placed in protective services as a child | **3**
- a. No | 0
- b. Yes | 3
- A5 Caregiver(s) provides supervision inconsistent with the child's needs | **0**
- a. No | 0
- b. Yes | 1
- A6 Caregiver(s) employs excessive/inappropriate discipline | **0**
- a. No | 0
- b. Yes | 2
- A7 Caregiver(s) involved in disruptive/volatile adult relations | **0**
- a. No | 0
- b. Yes | 1
- A8 Characteristics of Children in the household (Check applicable items and add for score) | **0**
- a. Not applicable | 0
- b. Mental Health/Behavioral problems | 2
- c. Physical Disability | 2
- A9 Caregiver(s) has history of mental health treatment | **0**
- a. No, neither caregiver | 0
- b. Either caregiver | 1
- c. Both caregivers | 2
- A10 Secondary Caregiver has a substance use problem | **0**
- 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 | 2

Total Neglect Risk Score:

0

Total Abuse Risk Score:

4

SCORED RISK LEVEL:

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

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
<input type="checkbox"/> -3 to -1	<input type="checkbox"/> -2 to 0	<input type="checkbox"/> LOW
<input checked="" type="checkbox"/> 0 to 7	<input checked="" type="checkbox"/> 1 to 6	<input checked="" type="checkbox"/> MODERATE
<input type="checkbox"/> 8+	<input type="checkbox"/> 7+	<input type="checkbox"/> HIGH

POLICY OVERRIDERS:

Mark the conditions shown below that are applicable in this case. If any condition is applicable, override final risk to **HIGH**.

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

Policy Override Risk Level: **HIGH** **Not Applicable**

DISCRETIONARY OVERRIDE:

If a discretionary override is made, mark YES and indicate reason. Otherwise, mark NO. (Risk level will be overridden one level HIGHER. Risk level may NOT be lowered.)

NO **YES**, Override risk level to

Discretionary Override Reason:

Supervisor's Review/Approval of Discretionary Override:

Signature: _____

Date:

FINAL RISK LEVEL: