**Risk Assessment Protocol**

Date Family Name

Case Number Worker

Completing the Form: This Form is to be completed at the following case milestones: Circle the appropriate number

1. Within 24 hours after the investigator sees the alleged child victim
2. Within 4 working days by any caseworker who receives the case via assignment from a supervisor
3. Anytime there is a report the child’s safety is at risk
4. Every six months prior to court review
5. Prior to beginning unsupervised visits
6. Immediately prior to returning a child to a home
7. Closing the case

**PART I. SAFETY ASSESSMENT**

All children in the home are to be considered in this assessment whether or not they were the alleged victim. When assessing safety, consider the actions of adults who will have contact with the children in the home and the effect that it will have on the children. Check yes for any of the factors listed below, for which you believe there is clear evidence or other causes for concern. A “yes” indicates you believe there is a *moderate* to *severe risk* of conditions or behaviors which will cause harm to the child.

1. Yes \_\_\_\_\_\_ No\_\_\_\_\_\_ Caretaker’s behavior is violent and out of control
2. Yes \_\_\_\_\_\_ No\_\_\_\_\_\_ Caretaker describes or acts toward child in predominately negative

terms or has extremely unrealistic expectations

1. Yes ­\_\_\_\_\_\_ No\_\_\_\_\_\_ Caretaker caused moderate to severe harm to the child or has made a

threat of moderate to severe harm to child

1. Yes \_\_\_\_\_\_ No\_\_\_\_\_\_ Child’s whereabouts cannot be ascertained and/or there is reason to

believe that the family is about to flee or refuses access to the child

1. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Caretaker has not, will not, or is unable to provide sufficient

Supervision to protect the child from potentially moderate to severe

Harm

1. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Caretaker has not, or is not able to meet the child’s medical needs

that may result in moderate to severe health care problems if left

untreated.

1. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Caretaker has previously or may have previously abused or

neglected a child, and the severity of the maltreatment, or the care-

taker’s response to the previous incident suggests that the child’s

safety may be an urgent and immediate concern.

1. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Child is fearful of people living or frequenting the home
2. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Caretaker has not, or is unable to meet the child’s immediate needs

for food, clothing, and/or shelter; the child’s physical living

conditions are hazardous and may cause moderate to severe harm

1. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Child sexual abuse is suspected and circumstances suggest that

child’s safety may be an immediate concern

1. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Caretaker’s alleged or observed drug and/or alcohol use may

seriously affect his/her ability to supervise, protect or care for the

child

1. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Caretaker’s alleged or observed mental illness or developmental

disability may seriously affect his/her ability to supervise, protect

or care for the child

1. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Caretaker may be a victim of domestic violence which affects

caretaker’s ability to care for and/or protect child from imminent,

moderate to severe, harm

1. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Another child in the home may pose a risk of imminent, moderate

to severe, harm

1. Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Other (specify)

**PART II. SAFETY FACTOR DESCRIPTIONS AND CIRCUMSTANCES**

IF SAFETY FACTORS ARE CHECKED “YES”

* Note the number and describe the specific individual(s), incident(s), behavior(s), or circumstance(s) associated with the particular factor
* Identify and describe any mitigating circumstance(s) such as family strengths

IF NO SAFETY FACTORS ARE CHECKED “YES”

* Summarize the information you have available that leads you to believe that no child(ren) is/are likely to be in immediate danger or moderate to severe harm. Use the space at the end of this form or attached additional pages as needed

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**PART III. MAKING THE SAFETY DECISION**

Identify your safety decision by checking the appropriate box below. (Only check one box.) This decision should be based on the assessment of all safety factors and any other factors known about the family situation.

UNSAFE: A safety protection plan must be developed and implemented or one or more children will likely be in immediate danger of moderate to severe harm.

SAFE: There are no children likely to be in immediate danger of moderate to severe harm at this time.

**PART IV. SAFETY PROTECTION PLAN**

Describe the safety protection plan:

1. What actions have or will be taken to protect each child in relation to current safety concerns?
2. Who is responsible for implementing each plan component?
3. How will the plan be monitored and by whom?

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| NUMBER | DESCRIBE SAFETY PROTECTION PLAN |
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**PART V. SIGNATURES AND DATES**

The safety assessment and resulting decisions were based on the information known at the time and were made in good faith.

Worker Date

Worker Date

Supervisor Date

Parent Date

Parent Date