

Module 6: Risk Assessment

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Introduction and Rationale

This module assists caseworkers in accurately completing the Risk Assessment Profile (RAP) for CPS-Protective cases and the Risk Assessment for both CPS-Protective and Non-CPS cases.

Risk Assessment is the process of gathering information on significant behaviors and circumstances that contribute to the need for child welfare intervention. Gathering documentation of risk-related information begins in the CPS INV Stage (or at intake for Non-CPS cases), and continues throughout the life of the case. Risk Assessment helps caseworkers and supervisors to decide whether to open a case for services and guides the type and level of services needed to address or remedy behaviors and circumstances in the family, as well as when it is appropriate to close a services case.

Unlike the Safety Assessment, which is concerned with immediate or impending danger and the need to take immediate action to protect children, the assessment of risk is future oriented and concerned with identifying the parental behaviors, home conditions, and circumstances that create the likelihood that children will be abused or maltreated in the future.

Risk Assessment is an important part of the overall assessment and planning process in both CPS-Protective and Non-CPS cases. In a CPS-Protective case, caseworkers are assessing the likelihood that children will be abused or maltreated in the future, based upon research that has identified Risk Elements and the level of risk that they create. In a Non-CPS case, caseworkers are assessing for the presence of many of the same elements as in a CPS-Protective case so that caseworkers can be alert to any behaviors or conditions that may contribute to abuse or maltreatment. However, in a Non-CPS case, since there has not been any abuse or maltreatment, there is no calculation of risk score or risk level.

Risk Assessment is a process conducted by the caseworker that involves:

- Gathering information about all behaviors and circumstances in the Primary and Secondary Caretakers' households identified in the list of Risk Elements
- Developing a Service Plan, if needed, that targets the behaviors or circumstances in the family that contribute to risk
- Determining the presence or lack of each discrete Risk Element in the family/household (This is not a judgment of the impact each element may have on the overall risk in the family.)
- Making a decision about the need for services to reduce the likelihood of future abuse

Accuracy Check

Any case with a Program Choice of Protective (for any or all children) will be required to have a RAP completed; therefore it is critical that the Program Choice in a FASP is accurate, as this will determine which Risk Assessment is presented for completion within the FASP.

Because the documentation of risk in CPS-Protective cases and Non-CPS cases is significantly different, this module will deal with each separately.

Risk Assessment Profile (RAP) for CPS-Protective Cases

The RAP is an assessment tool that calculates the likelihood of children being abused or maltreated within the next two years. It is the result of research conducted on NYS child welfare cases that examined the relationship between family characteristics and subsequent indicated child abuse and maltreatment reports.

The RAP is an evidence-based tool that supports the Risk Assessment process by providing a framework for:

- Gathering information about all caretakers' households, by listing all potential Risk Elements in a family that must be accurately identified in order to predict the likelihood of future abuse or maltreatment of the children
- Structuring decision making regarding the need to provide services to a family in order to minimize future risk to the children
- Documenting the Risk Assessment process and decisions made by the caseworker in consultation with his/her supervisor

The RAP is intended to be used as a decision-making tool, supporting decisions about whether or not to open a case for services. Although no one can predict the exact cases in which subsequent child abuse or maltreatment will occur in the future, the Risk Rating can classify cases by the likelihood of subsequent child abuse or maltreatment. The RAP assists caseworkers in identifying and then providing services to the highest risk families in order to reduce their risk of subsequent abuse or maltreatment. This enables services to be targeted to families with the highest risk; this is especially important in times when service resources are limited. The RAP does not replace caseworker's and supervisor's judgment. There may be valid reasons why a service case is opened for a family with low or moderate risk.

When Is the RAP Completed?

The RAP is completed in all FASPs when the Program Choice for the stage is Protective.

There are two versions of the RAP within the FSS:

1. The Initial RAP must be completed with the Initial FASP. The RAP has the same presentation as in the CPS INV Stage and information completed prior to determination will be brought forward into the FSS and incorporated into the Initial FASP. The RAP must be completed for a family when there is a newly indicated SCR report. When an SCR report is indicated for a formerly Non-CPS case, an Initial RAP will be required along with the Investigation Conclusion. If the case remains open for services, it will move forward as a CPS-Protective case (the CPS caseworker must add the Program Choice of Protective) and a RAP will be required in subsequent FASPs.
2. The Comprehensive or Reassessment RAP is completed and submitted along with other sections of the FASP. The majority of RAP questions for the Comprehensive or Reassessment FASPs are embedded in the SNR Scales and are carried forward into the RAP. A case under investigation at the time a Comprehensive or Reassessment FASP is due will be regarded as a CPS-Protective case for purposes of FASP completion, and a RAP will be required at the time of FASP submission.

Accuracy Check

When a case is opened for Protective Services (or is under investigation), be sure that the Program Choice of Protective is added.

Completion of a RAP at a key turning point in a case may help support the decision to add or amend services provided. Circumstances that might necessitate a reassessment of risk may include:

- A change in family composition, especially when there is a change in the caretakers
- Progress or deterioration in the family situation that signals a change in the level of risk within the family
- New information that comes to light that may impact the level of risk

Consultation with the supervisor regarding the need to do a RAP in a Plan Amendment will be necessary.

Who Completes the RAP?

The CPS caseworker is responsible for completing the Initial RAP.

The Case Planner has the primary responsibility for completing the RAP in the Comprehensive and Reassessment FASPs. Risk is assessed by all caseworkers throughout the life of a case. Information from multiple caseworkers and other service providers should guide the responses in the RAP. The information needed for the Risk Assessment will come from progress notes, interviews with the family, and from other external documentation. It may be necessary to consult with other service providers that have a role in the case (e.g., parent aides, visitation supervisors, parent educators), as they may have additional case information that will help complete an accurate Risk Assessment.

The utility of the RAP-generated risk score and risk rating in supporting case planning and decision-making processes is dependent upon Case Workers and Case Planners using the tool correctly. RAP users need to be clear about the definitions of who is and who is not a Primary and Secondary Caretaker, and they need to understand the definition of each Risk Element.

Initial FASP Risk Assessment Profile Window

Initial Risk Assessment Profile - Hill, Jean - S:23200641/C:35300052

Primary Caretaker: **Hill, Jean**
Secondary Caretaker: **Hill, George**

Preliminary Risk Score:
Preliminary Risk Rating:
Final Risk Rating:
Describe the relevant behaviors and/or circumstances: # 1

No.	Question 1	Response	Verify System Response	Comments	Comment Req
1	Total prior reports for adults and children in RAP family unit:	No prior determined reports	<input type="checkbox"/>		N

No.	Questions 2-6	Yes	No	Comments	Comment Req
2	Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.	<input type="radio"/>	<input type="radio"/>		N
3	Child under one year old in RAP family unit at time of the current report, and/or new infant since report.	<input type="radio"/>	<input checked="" type="radio"/>		N
4	Current or recent history of housing with serious health or safety hazards; extreme overcrowding; unstable housing; or no housing.	<input type="radio"/>	<input type="radio"/>		N
5	Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.	<input type="radio"/>	<input type="radio"/>		N
6	Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.	<input type="radio"/>	<input type="radio"/>		N

No.	Questions 7-15	Primary Yes	Primary No	Secondary Yes	Secondary No	Comments	Comment Req
7	Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		N
8	Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		N
9	Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		N
10	Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		N
11	Caretaker has very limited cognitive skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		N
12	Caretaker has a debilitating physical illness or physical disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		N
13	Caretaker demonstrates developmentally appropriate expectations of all children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		N
14	Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		N
15	Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		N

! = Sensitive * = Required \$ = AFCARS ✓ = Data Exists (C) = Complete 🔒 = Read-Only Mode 🔄 = Unsaved Changes

Quick Tips for Completing the Initial FASP Risk Assessment Profile Window

- First verify that the Program Choice is correct. The RAP is completed only for CPS-Protective cases; a different version of the Risk Assessment will be generated for Non-CPS cases.
- Verify that the caretakers are accurately identified on the Person List window. This will determine who the Primary and Secondary Caretakers of the RAP family unit are, and how points are applied within the RAP. The responses for each caretaker are weighted differently and will affect the score that will be determined upon completion of the RAP.
- Select the response that best represents the current circumstances for the Primary and Secondary Caretakers.
- After responding to each Risk Element, write a comment in the area below each element to support the response. Comments should be clear and should describe the specific behaviors or circumstances of the individual or family that reflect this Risk Element.
- Comments are required for each response that raises the level of risk. Comments enable the caseworker to document the basis for selecting a particular Risk Element. Written comments also provide the caseworker's supervisor, any subsequent caseworkers, or anyone authorized

to view the case (e.g., attorney, family court, state officials) with more insight regarding the reason that particular response was chosen.

See the following appendices for more information:

- 6A- RAP Definitions (For additional discussion about accurately identifying caretakers, refer to *Module 3: Person List and Tracked Children Detail.*)
- 6B- Common Mistakes in Completing the RAP
- 6C- RAP Concepts and Risk Element Definitions
- 6D- Brief Examples for Risk Element Definitions
- 6E- Calculation Scores for Each Risk Element

What Is a Final Risk Rating?

The Final Risk Rating is calculated by CONNECTIONS after the identification of all Risk Elements and Elevated Risk Elements is completed. This rating is based on the presence or absence of any of the Risk Elements, the points associated with each element, and the presence of any of the Elevated Risk Elements. The presence of any Elevated Risk Element automatically raises the Risk Rating to Very High regardless of the preliminary risk score.

The RAP classifies cases into four risk categories (Low, Moderate, High, or Very High) based upon the probability of future abuse or maltreatment.

<i>Overall Risk Score</i>	<i>Case Risk Rating</i>
2 or lower	Low
3 to 6	Moderate
7 to 9	High
10 or above	Very High

High Risk and Very High Risk Cases

- Services are deemed essential in order to decrease the risk of subsequent abuse or maltreatment.
- Services should be targeted to High or Very High risk cases, regardless of the CPS report determination.
- The caseworker and the supervisor may decide not to open a case or to close an existing case even if the risk is High or Very High. In these cases, the reason why services will not be initiated or continued at this time must be substantiated and documented on the Progress Notes tab.

Possible reasons why a family is not receiving services when risk is High or Very High include:

- The family is receiving services in the community on a voluntary basis.
- Services were provided during the CPS investigation and issues were resolved.
- The family refused services.
- Service was not available.

- The client or family could not be located.
- There was insufficient information or evidence to file an Article 10 petition.
- Guardianship or custody was established with an alternative caregiver.
- Informal placement out of the home, such as with a relative or alternative resource.
- No service needs were identified.
- Other; explain.

Moderate Risk and Low Risk Cases

- May have no service needs, or their needs may be appropriately served through informal community resources and/or through existing family strengths, resources, or protecting factors within the home.
- The caseworker may decide to open a services case even though the family has a Low or Moderate rating. There may be one area of risk that is substantial enough to warrant services.

Risk Assessment Profile (Comprehensive/Reassessment) Window

Risk Assessment Profile - Collins,Kristy - 5:27200095/C:37200038

Print Screen

Options
Elevated Risk
Mapped Risk ✓
Help

Primary Caretaker: **Collins,Kristy**
Secondary Caretaker: **Collins,Thomas**

1. Indicated CPS report(s): since the last Assessment and Service Plan: **No** Verify System Response is Accurate: ☐

2. Any Child in the RAP family unit is currently or was previously in the care or custody of any substitute caregivers (informally or formally): ☐ Yes ☐ No

3. There is a child under the age of one in the RAP Family Unit: ☒ Yes ☐ No

4. Caretaker(s) understands the seriousness of current or potential harm to the child(ren) and is willing to address any areas of concern: Primary ☐ Yes ☐ No Secondary ☐ Yes ☐ No

5. **Primary Caretaker Progress With Plan**
☐ Awaiting initiation of services, compliant with referrals.
☐ Participating in services and actively pursuing case plan objectives, or has successfully completed all services recommended.
☐ Participating in services but not actively pursuing case plan objectives, or refused or dropped out of services.

Secondary Caretaker Progress With Plan
☐ Awaiting initiation of services, compliant with referrals.
☐ Participating in services and actively pursuing case plan objectives, or has successfully completed all services recommended.
☐ Participating in services but not actively pursuing case plan objectives, or refused or dropped out of services.

Preliminary Risk Rating:
Preliminary Risk Score:
☒ **Ready for FASP Submission**

Final Risk Rating:

Save & Close Save Reset

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Quick Tips for Completing the Risk Assessment Profile Window

- Before proceeding, verify that the Program Choice is correct. Complete the RAP only for CPS-Protective cases. A different version of Risk Assessment will be generated for Non-CPS cases.
- There may have been a change in circumstances since the last FASP, necessitating a change in who is identified as the Primary and Secondary Caretakers. These changes should have been described in the Case Update with necessary updates also made on the Person List window. Select the response that best represents the current circumstances for the Primary and Secondary Caretakers.
- Before proceeding with RAP completion, verify that the Primary and Secondary Caretakers are accurately identified on the Person List window. This will determine who the Primary and Secondary Caretakers of the RAP family unit are and how points are applied within the RAP.
- Embedded elements will be listed on the RAP - Mapped Risk window. Be sure to check this to make sure the answers from the SNR Scales accurately represent the family circumstances at this time, as these items will be reflected in the Risk Rating. Be sure to select the response that best represents the current circumstances for the Primary and Secondary Caretakers.

See the following appendices for more information:

- 6A- RAP Definitions (For additional discussion about accurately identifying caretakers, refer to *Module 3: Person List and Tracked Children Detail.*)
- 6B- Common Mistakes in Completing the RAP
- 6C- RAP Concepts and Risk Element Definitions
- 6D- Brief Examples for Risk Element Definitions
- 6E- Calculation Scores for Each Risk Element

Risk Assessment Profile (Comprehensive/Reassessment)

The Comprehensive or Reassessment RAP is intended to assist the caseworker and supervisor in determining what progress has been made in risk reduction, whether the case should remain open, or if the level and type of services should be modified or intensified.

In the Comprehensive and Reassessment FASPs, the majority of RAP questions are embedded in the SNR Scales; by completing the SNR Scales, a caseworker answers most of the Risk Elements contained in the RAP, and the associated ratings are carried forward into the RAP. Therefore, in the Comprehensive and Reassessment FASPs, it is necessary to complete the SNR Scales before proceeding with the RAP in order to have scale responses carried over to the RAP score. In local districts that have chosen to allow some SNR Scales to be optional, caseworkers will still be required to rate those SNR Scale elements that are mapped to the RAP in order to support completion of the RAP.

Additional Risk Elements appear on the RAP and must also be completed. These include system-generated Risk Elements and responses, non-embedded Risk Elements, and Risk Elements that measure parent or caretaker progress. An additional five Risk Elements and five Elevated Risk Elements must also be answered. These additional elements are presented on the basis that the caseworker may have had more time to assess for risk at this point in a case.

The combination of these components serves to assess the risk of future abuse or maltreatment and aids in determining if the level and type of services should be modified, reduced, or intensified. It also assists in making the decision whether to keep a case open or to close it.

Elevated Risk Elements Window

Elevated Risk Elements - Collins, Kristy - S:27200095/C:37200038

[Print Screen](#)

The Final Risk Rating is based on the presence or absence of the following elevated risk elements. Please fill out each item.

Elevated Risk Elements	Yes	No	Create O&A Block
Death of a child as a result of abuse or maltreatment by caretaker(s)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Parental rights terminated for one or more children within the last year	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Sexual abuse of child by caretaker(s) since the last assessment/reassessment	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Serious physical abuse of child by caretaker(s) since the last assessment/reassessment	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
A new infant was born with positive toxicology to alcohol or drugs since the last assessment/reassessment	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

Please explain the elevated risks:

OK Reset

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The Elevated Risk Elements window is accessed by clicking the Elevated Risk button in the lower left corner of the Risk Assessment Profile window.

A response of “Yes” to any of the Elevated Risk Elements will automatically give the case a risk rating of “Very High.” Caseworkers should utilize the Create O&A Block column to identify Elevated Risk Elements that require follow up in the Service Plan. CONNECTIONS will automatically map into the Service Plan those Elevated Risk Elements selected by the caseworker.

Mapped Risk Window

RAP - Mapped Risk - Collins, Kristy - S:27200099/C:37200039 [Read Only]

[Print Screen](#)

NAVIGATION PANE

No.	Values mapped from scales for RAP Questions 2-6:	Yes	No
6	Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.	<input type="radio"/>	<input checked="" type="radio"/>

No.	Values mapped from scales for RAP Questions 7-15:	Primary Yes	Primary No	Secondary Yes	Secondary No
10	Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13	Caretaker demonstrates developmentally appropriate expectations of all children.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14	Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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The Mapped Risk window is accessed by clicking the Mapped Risk button in the lower left corner of the Risk Assessment Profile window.

Once the SNR Scales have been completed, the Mapped Risk window will show the RAP answers, automatically generated by CONNECTIONS, based on the answers to the SNR Scales. The RAP answers cannot be edited on this window. To edit RAP answers, the answer to the specific SNR Scale associated with that Risk Element must be altered.

Quick Tips for Completing the Risk Assessment Window

Initial Risk Assessment Profile - Hill, Jean - S:23200641/C:35300052

Options
Elevated Risk
Help

Primary Caretaker: Hill, Jean
Secondary Caretaker: Hill, George

Preliminary Risk Score:
Preliminary Risk Rating:
Final Risk Rating:
Describe the relevant behaviors and/or circumstances: # 1

No.	Question 1	Response	Verify System Response	Comments	Comment Req
1	Total prior reports for adults and children in RAP family unit:	No prior determined reports	<input type="checkbox"/>		N

No.	Questions 2-6	Yes	No	Comments	Comment Req
2	Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.	<input type="radio"/>	<input type="radio"/>		N
3	Child under one year old in RAP family unit at time of the current report, and/or new infant since report.	<input type="radio"/>	<input checked="" type="radio"/>		N
4	Current or recent history of housing with serious health or safety hazards; extreme overcrowding; unstable housing; or no housing.	<input type="radio"/>	<input type="radio"/>		N
5	Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.	<input type="radio"/>	<input type="radio"/>		N
6	Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.	<input type="radio"/>	<input type="radio"/>		N

No.	Questions 7-15	Primary Yes	Primary No	Secondary Yes	Secondary No	Comments	Comment Req
7	Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		N
8	Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		N
9	Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		N
10	Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		N
11	Caretaker has very limited cognitive skills.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		N
12	Caretaker has a debilitating physical illness or physical disability.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		N
13	Caretaker demonstrates developmentally appropriate expectations of all children.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		N
14	Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		N
15	Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		N

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Before proceeding with RAP completion, verify that the caretakers are accurately identified on the Person List window, as this will determine who the Primary and Secondary Caretakers of the RAP family unit are and how points are applied within the RAP. The responses for each caretaker are weighted differently and will affect the score that will be determined upon completion of the RAP. Select the response that best represents the current circumstances for the Primary and Secondary Caretaker.

If completing an optional Risk Assessment in the Comprehensive or Reassessment FASP, note that there may have been a change in circumstances since the last FASP, necessitating a change in who is identified as the Primary and Secondary Caretakers. These changes should have been described in Case Update, with necessary updates also made on the Person List window.

Also verify that the Program Choice is correct. A case with an open CPS investigation or ongoing CPS involvement should have a Program Choice of Protective, and a RAP must be completed with the FASP. A child who is in a higher level placement for child behavioral issues may be part of a protective case household.

See the following appendices for more information:

- 6A- RAP Definitions (For additional discussion about accurately identifying caretakers, refer to *Module 3: Person List and Tracked Children Detail.*)
- 6B- Common Mistakes in Completing the RAP
- 6C- RAP Concepts and Risk Element Definitions
- 6G- Initial Non-Protective Risk Assessment

Risk Assessment for Non-CPS Cases

Risk Assessment is an important part of the overall assessment and planning process in all cases. Many families receive services without having been reported to the SCR. These cases may come about due to a child's behavior, a voluntary request from parents, or some other non-protective reason. A family receiving services related to issues other than abuse or maltreatment does not always mean that the children in these families are free from risk of harm.

The Risk Assessment for Non-CPS cases consists of 11 Risk Elements that are used to predict risk. The list of elements is similar to the one used in the (RAP) for CPS-Protective cases, and can be found in *Appendix 6G: Initial Non-Protective Risk Assessment*.

There is no "numerical score" generated in the Non-CPS Risk Assessment, but the information contained within the Risk Assessment helps to support the decision to open a case for services. It also provides key information to be used in the Assessment Analysis and the Service Plan to identify changes needed within the family, and the focus and type of services to be provided. When circumstances in a family change, the Risk Assessment can also be used to support a decision to continue, increase, or reduce services to a family.

Risk Assessment (Non-CPS) Window

Risk Assessment - Brown, Jennifer - S:23200643/C:33200320
Print Screen

Help

Primary Caretaker: **Brown, Jennifer**
Secondary Caretaker:

No.	Questions 1-3:	Yes	No	Ins	Info
1	Inadequate housing with serious health or safety hazards, or extreme overcrowding, or no housing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Financial resources are severely limited or mismanaged to the degree basic family needs are chronically unmet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Caretaker(s) in primary household has reliable and useful social support, from extended family, friends or neighbors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

No.	Questions 4-11:	Primary Yes	No	Ins	Info	Secondary Yes	No	Ins	Info
4	Caretaker is a perpetrator of, or a victim of, domestic violence; or has serious conflicts with other adults.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Caretaker(s) with alcohol abuse problem within the past two years with risk of not meeting responsibilities:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Caretaker(s) with drug abuse problem within the past two years with risk of not meeting responsibilities:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Caretaker(s) has a serious mental health problem:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Caretaker(s) has very limited cognitive skills:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Caretaker(s) has debilitating physical illness or physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Caretaker(s) has and applies realistic expectations of all the children:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Caretaker(s) always or usually recognizes and attends to needs of all the children:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save & Close
Save
Reset

! = Sensitive * = Required \$ = AFCARS ✓ = Data Exists (C) = Complete 🔒 = Read-Only Mode 💡 = Unsaved Changes

When Do I Complete the Non-CPS Risk Assessment?

The Risk Assessment is only generated by CONNECTIONS for Non-CPS cases in the Initial FASP; it is not available for the Comprehensive and Reassessment FASPs. The Risk Assessment Profile can be added as a component in the Comprehensive or Reassessment FASPs.

Circumstances that might necessitate a reassessment of risk may include:

- A change in family composition, especially when there is a change in the Primary or Secondary Caretakers, or a new child is born into the family
- Progress or deterioration in the family situation that signals a change in level of risk within the family
- New information comes to light that significantly impacts the family functioning

It may be necessary to consult with the supervisor regarding the need to do the Risk Assessment for the Non-CPS case.

Navigation Pointer

When family circumstances warrant a re-examination of risk in a Non-CPS case, caseworkers can complete an optional Risk Assessment Profile in Comprehensive or Reassessment FASPs by selecting **Add a Component** on the Family Assessment and Service Plan window.

Who Completes the Non-CPS Risk Assessment?

The Non-CPS Risk Assessment is completed by the Case Planner (or by the Case Manager if the role of Case Planner is not assigned in a given case). The information needed for the Risk Assessment will come from progress notes, documentation of the work with the family and collaterals, and from other external documentation. It may be necessary to consult with other service providers that have a role in the case (e.g., parent aides, visit supervisors, parent educators), as they may have additional case information that will help complete an accurate Risk Assessment.

Frequently Asked Questions

How is risk different from safety?

Safety is concerned with immediate or impending danger of serious harm and how to protect children from the identified danger. Risk is concerned with the likelihood that children will be abused or maltreated in the future and requires the identification of the behaviors, conditions, or circumstances that contribute to that risk, and how to promote and support long-term and lasting change.

Information in the RAP and Risk Assessment seems repetitive with information recorded in the Safety Assessment. Why do I have to document it twice?

While the RAP and Risk Assessment capture some information that is similar to information in the Safety Assessment, this information is being recorded and used in the RAP and Risk Assessment for a separate and distinct purpose. The Safety Assessment helps to inform a decision to act to protect children from danger that is immediate or impending. The Risk Assessment is used to support a decision to open, continue, or close a case to prevent abuse or maltreatment in the future.

Why do I have to reassess risk on every FASP in a CPS case?

Because family circumstances change continually, the assessment of the family must be updated to accurately reflect these changes. Reassessment provides a way to assess progress in the areas of family functioning that created risk to the children.

Appendix

6A: RAP Definitions

RAP Family Unit:

- All people listed in the CPS case, including but not limited to all people residing in the children's home
- Any person who has child care responsibility or frequent contact with the children and assumes a caretaker role
- Any children in foster care or alternative placement with a permanency planning goal of Return to Parent or Place in Another Planned Permanent Living Arrangement (APPLA)
- Any child who has run away or is temporarily in another living situation, but who is expected to return home

Primary Caretaker:

- An adult who is legally responsible for the children and resides with the children.
- When more than one person who is legally responsible for the children resides in the household, the birth mother is presumed to be the Primary Caretaker.
- If the mother does not physically reside with the children, the Primary Caretaker is the adult who resides in the children's home and assumes primary responsibility for the care of the children.
- There can only be one Primary Caretaker.

Secondary Caretaker:

- Not every family has a Secondary Caretaker.
- An adult who lives in the children's home and assumes some responsibility for the care of the children.
- An adult who does not reside in the children's home, but cares for the children on a regular basis.
- If there are two or more potential Secondary Caretakers with child care responsibilities, it is presumed that the caretaker listed as a subject in the CPS case should be identified as Secondary Caretaker.
- If there are two or more potential Secondary Caretakers, select the adult who assumes the most responsibility for the care of the children either within or outside of the home.

6B: Common Mistakes in Completing the RAP

The following are common mistakes made in framing the assessment of risk. Most of these mistakes are not related to the interpretation of specific elements, but are things caseworkers should consider before proceeding with the rating of specific Risk Elements.

1. Misidentification of Primary Caretaker or Secondary Caretaker:

- Not identifying parent substitutes as Secondary Caretaker if they do not live in the home
- Not identifying alleged or confirmed subjects as Secondary Caretaker
- When there is a change in caretakers due to the report investigation, misidentifying the new caretakers as Primary Caretaker and Secondary Caretaker instead of the persons who were the caretakers at the time of the alleged maltreatment
- Not updating the RAP family unit to reflect changes in family composition

2. Mistakenly assessing safety or danger when answering Risk Elements on RAP:

- Unlike the Safety Assessment in which the caseworker is asked to identify if any of the Safety Factors place the children in immediate or impending danger, the RAP does not ask the caseworker to determine the degree to which the Risk Element may harm the children. It is not intended to assess for immediacy nor the degree of impact on the children. A commonly found error is for caseworkers to describe a problem included on the RAP, but then write that the problem does not pose an “imminent risk” and mark that the Risk Element is not present. This mistake has been noticed frequently for the inadequate housing Risk Element.
- The confusion may contribute to mistakes on other Risk Elements, such as drug, alcohol, and mental health problems. For example, a drug problem has been checked not present, with the note that while the caretaker admits to using a drug like crack, he/she says that he/she does not use the drugs in the presence of the children. The presence of this Risk Element is not determined by only knowing whether the children observe the parent smoking crack. The issue is whether any adult responsibilities are compromised by drug misuse.

3. Mistakenly answering Risk Element using incorrect time reference:

- Some CPS caseworkers are answering the questions without taking into consideration long-standing problem conditions and behaviors. For example, instead of assessing the history of housing or financial problems, they are answering this question based upon the housing or finance situation after the caseworker has introduced interventions or support services.

4. Mistakenly applying a higher level of proof than necessary for some Risk Elements:

- Mistakenly thinking that a formal diagnosis of mental illness or drug or alcohol dependence is needed to mark these Risk Elements as present
- Mistakenly thinking that a positive drug test or self-admission of a drug or alcohol abuse problem is needed to mark these Risk Elements as present

5. Mistakenly answering Risk Elements based on whether the caretaker is receiving treatment:

- An example of this common mistake is some caseworkers selecting no mental health problem and then noting that the caregiver is complying with the recommended treatment for schizophrenia. The fact that the medication is controlling the mental health problem does not mean that the mental health condition does not continue to exist. The point of the Risk Assessment is to identify the presence of a serious mental health problem, treated or untreated. Mental health problems controlled by medication or not, create increased risk of future harm to children.
- This confusion has also been observed in selecting the Risk Elements of alcohol and substance abuse (e.g., a caretaker in alcohol or substance abuse treatment still has those Risk Elements present).

6. Mistakenly applying a narrower definition than the Risk Element definition:

- The Risk Element that mentions domestic violence is much broader than some caseworkers realize. This Risk Element includes conflicting relationships with other adults, and it is not limited to physical violence. It is not limited to current partners nor is it limited to live-in partners. It is not limited to an admission of domestic violence by caretakers, and it is not limited to the perpetrators of domestic violence.
- The Risk Element that mentions the caretaker's ability to attend the needs of all children should not be interpreted as being limited to the "basic needs" of food, clothing, and shelter. The wording and definition is not limited to "basic" needs of food, clothing, and shelter, but encompasses all the needs children have, such as needs for safety, protection, security, love, medical care, education, expression, and play.
- Some caseworkers may have mistakenly limited "in care of substitute caregiver... prior to current report" to formal foster care or to substitute care due to child maltreatment. There are no such limitations in the definition of this Risk Element.

7. Mistakenly applying a broader definition of Risk Element:

- The Risk Element about social support from extended family, friends, or neighbors has mistakenly been expanded by some caseworkers from informal sources of social support to encompass formal social support provided by counselors. It has also mistakenly been applied to support provided by spouses, while the Risk Element refers to extended family, not the nuclear family.
- "Always or usually meets the needs of all children" is sometimes mistakenly marked as not present and the notes refer to a single relatively minor incident, but the rest of the case notes indicate that the parent is usually very responsible in meeting the children's needs.

8. Misunderstanding the higher level of proof for two of the Strength-Based Elements:

- Some Risk Elements are phrased as strengths, not problems, and need to be assessed as to whether these strengths are really fully present. For example, “reliable and useful social support from extended family, friends, or neighbors” is not the same as noting that extended family, friends, and neighbors are not sources of problems for this caretaker.
- “Has and applies realistic expectations of all the children” is not the same as noting that the caretaker does not beat the children.

9. Not understanding the definition of “all”:

- By definition, child sex abusers do not have realistic expectations of all children, yet the RAP is often marked that these abusers do have realistic expectations. Similarly, child sex abusers, by definition, are not meeting the needs of all children, because children have a need and a right to be free from sexual exploitation.

6C: RAP Concepts and Risk Element Definitions

The contents of this appendix are also found in the CONNECTIONS help screens for the RAP.

RAP Concepts

RAP Family Unit

For purposes of the Risk Assessment Profile, the RAP Family Unit includes:

- all persons listed in the CPS case, including but not limited to all persons residing in the child(ren)'s home at the time of the report;
- any person who has child care responsibility or frequent contact with the child(ren) and assumes a caretaker role;
- any child(ren) who is in foster care or alternative placement with a permanency planning goal of "return home"; and
- any child(ren) who has run away or is temporarily in another living situation but who is expected to return home.

Primary Caretaker (PC)

- The Primary Caretaker is an adult who is legally responsible for the child(ren) and resides with child(ren).
- When more than one person who is legally responsible for the child(ren) resides in the household, the birth mother is presumed to be the Primary Caretaker.
- If the mother does not physically reside with the Child(ren), the Primary Caretaker is the adult who does reside in the child(ren)'s home and assumes primary responsibility for the care of the child(ren).
- There can only be one (1) Primary Caretaker.

Secondary Caretaker (SC)

- There does not have to be a Secondary Caretaker.
- The Secondary Caretaker is an adult who lives in the child(ren)'s home and assumes some responsibility for the care of the child(ren), or an adult who does not reside in the child(ren)'s home but cares for the child(ren) on a regular basis.
- If there are two (2) or more potential Secondary Caretakers with child care responsibilities, it is presumed that the caretaker listed as a subject in the CPS case should be the identified Secondary Caretaker.
- In all other situations, the adult (other than the PC) who assumes the most responsibility for the care of the child(ren)—either within or outside of the home—should be selected.
- Secondary caretakers are usually family members, such as the father and grandmother. When extended family, such as the mother's sister or other adult friends live with the family, one of these adults may also play a secondary caretaker role.
- Non-related, hired babysitters who do not live in the home are not considered secondary caretakers.

Risk Elements 1-6

1. Total prior reports for adults and children in the RAP family unit

Count the number of prior indicated reports in which an adult in the RAP Family Unit was a confirmed subject or a child in the RAP Family Unit was a confirmed victim of abuse or maltreatment. Prior indicated reports where an adult in the RAP Family Unit was a subject should be included, regardless of whether the children who were abused or maltreated in the prior report are members of the current RAP Family Unit. Similarly, prior indicated reports where a child in the RAP Family Unit was abused or maltreated by an adult who is not part of the current RAP Family Unit should be counted. Do not consider prior reports in which the subject of the current report or another adult in the current RAP Family Unit was a victim of abuse or maltreatment as a child. Include prior reports that occurred in other states if credible information exists that an adult in the RAP Family Unit was a confirmed perpetrator of abuse or maltreatment or a child was a confirmed victim of abuse or maltreatment.

If only prior Unfounded Reports are included in the Uniform Case Record, verify if any member of the RAP family unit was an alleged subject or an alleged maltreated child. If “Yes,” check “prior unfounded reports only.” Do not count reports where all of the RAP family unit members had “no role.”

If this is the first report, check “no prior determined reports.”

2. Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.

Indicates whether any child in the RAP family unit previously resided (or currently resides) with a foster parent or substitute caregiver, either informally or formally, for a significant period of time. The placement does not need to have been due to child protective concerns; it could have been an informal family arrangement for one of many reasons. You would not select this element if the child stayed with close friends or relatives for a school vacation, or while the parent/caregiver had a short-term health crisis. This element applies to situations where the parent/ caregiver was not willing or not able to provide parenting/caregiving responsibility.

3. Child under one- year- old in RAP family unit at time of the current report, and/or new infant since report.

The response to this risk element is system generated based on the presence of one or more children younger than one year of age on the Person List. Therefore, it is important that the information on the Person List is up-to-date, complete, and accurate; otherwise this element may be calculated inaccurately. Remember to always update the Person List for the addition of a new infant to the family since the last risk assessment was completed. The date of Birth (DOB) recorded in CONNECTIONS for the child(ren) is used to determine the response to the Risk Element, regardless of whether the DOB is exact or approximate. If the DOB field on the Person Detail window is blank for any person whose Rel/Int field signifies that the person is a child, CONNECTIONS includes that person as a child younger

than one- year- old in this calculation. The calculated answer may be changed. Remember to include a new infant born since the answer was calculated.

4. Current or recent history of housing with serious health or safety hazards; extreme overcrowding; unstable housing; or no housing.

Evidence of inadequate or hazardous housing may include, but is not limited to, the following: serious overcrowding; seriously inadequate furnishings to meet the family's needs; inadequate heat, plumbing, electricity or water; lack or inoperability of essential kitchen appliances or bathroom facilities; multiple serious health hazards, such as rodent or vermin infestation; garbage and junk piled up; perishable food found spoiled; evidence of human or animal waste; peeling lead-based paint; hot water or steam leaks from a radiator; broken or missing windows; and no guards on open windows. In some cases, one or two isolated hazardous conditions that have been identified will be corrected (such as restoring heat or installing window bars) prior to the time when risk assessment is completed, either at determination of the report or as part of a FASP. In these cases, the response to this Risk Element would be "No".

However, if the hazardous situations have been created over time and are likely the result of prolonged inattention by the caretakers and/or the caretakers appear to accept the hazardous conditions as an acceptable environment for children, the condition(s) is likely to reoccur even if it has been cleaned up by the time of the determination. In this situation, the response to the Risk Element would be "Yes." Health hazards and seriously substandard living conditions pose risk of future abuse or maltreatment regardless of how old the children are.

Homelessness or an unstable housing situation is also included in this risk element definition.

Temporary shelter that requires frequent relocation is not adequate, stable housing.

5. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.

This Risk Element is present if either the family does not have enough financial resources to meet the basic needs of the family for shelter, food, clothing, and health. It is also present if the financial resources available should be sufficient to meet the family's basic needs, but are not sufficient due to mismanagement or inappropriate use of funds. Benefits such as public assistance, SSI, food stamps, public housing or housing vouchers, HEAP, etc., should be considered as financial resources that help meet the family's basic needs. Indicators of limited or mismanaged financial resources may include eviction or threats of eviction for failure to pay rent or loss of utilities due to failure to pay utility bills. "Intermittently or chronically unmet" does not necessarily mean permanently and continuously, but rather could reflect a pattern of shifting from financial crisis to relative stability to financial crisis. If this is the case, check "Yes" to this Risk Element.

6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.

Indicates whether the caretaker(s) living in the primary household with the child(ren) has reliable and useful social support from informal sources, such as extended family, friends, or neighbors. Reliable and

useful social support is present when the adult caretaker(s) has a network of relatives, friends or neighbors

to call upon for assistance in any area where the family may need help, such as child care, transportation, emergency financial or housing help, good parenting advice, or emotional support. In addition, the informal social support network is nearby and readily available when needed.

Informal social support does not include support from professional helping agencies, such as a case manager, mental health treatment team, or battered women's program. This Risk Element refers only to whether the caretaker has a supportive and reliable network of family, friends, and neighbors. If the caretaker's active participation in a faith-based community provides a network of supportive people who are providing needed assistance, this would meet the definition.

If extended family, friends, or neighbors exist, but are not able to provide constructive help for whatever reason, the answer to this Risk Element is "No." If the caretaker has responsible extended family who would like to be of assistance, but the caretaker has rebuffed their attempts to help, the answer to this question is "No."

Risk Elements 7-15

Risk Elements 7 – 15 apply to the Primary and, if applicable, Secondary Caretakers in the stage. If no Secondary Caretaker has been identified, you only need to respond for the Primary Caretaker.

7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.

This Risk Element includes situations commonly referred to as domestic violence between intimate partners, but it also refers to violent or threatening relationships with other non-partner adults. Domestic violence is defined as a pattern of coercive tactics that can include physical, psychological, social, economic or emotional abuse perpetrated by one adult against another adult. Examples of domestic violence include: grabbing, pushing, hitting, punching, kicking, choking, biting and restraining; attacking with weapons; threatening to harm the partner or the children; stalking and harassment; intimidation; forced sex; berating and belittling; denying access to family assets, etc. This includes: a caretaker who is a victim or perpetrator of domestic violence involving a partner, former partner or other adult; a caretaker who continues to maintain any type of relationship with an

abusive adult and violence remains a threat (the presumption should be that domestic violence remains a threat); an order of protection is in effect against the abusive adult; or a caretaker who is involved in serious conflicts (e.g., volatile arguments, physical fighting, threats with weapons) with other adults in the extended family, adult children, or even neighbors or business or gang associates.

Please note that the definition of this Risk Element is much more expansive than physical violence between current intimate partners. For example, threats, harassment, and frequent fighting or volatile arguments are included in the definition, regardless of whether any physical contact has occurred. If the police have been called to the home for domestic disturbance(s) between the caretaker and another

adult, the presumption would be that this Risk Element is present. If one of the caretakers has recently sought an order of protection, or one is in effect, this Risk Element should be checked "Yes."

You would check "Yes" to this element if there are abusive relationships in the recent past or if the caretaker's and/or secondary partner's relationships seem to consist of a series of abusive relationships. It is not uncommon for an abused person to "end" the relationship but the abuser continues to seek contact or otherwise harass the victim. Ex-partners with a violent past may continue to have intense arguments over child visitation, child support, or other issues, so the risk of violence still exists.

If an abusive or threatening relationship ended years ago and the couple (or neighbor) moved away emotionally and physically from each other, the answer would be "No" to this Risk Element.

8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.

Alcohol use with negative effects means regular or periodic use of alcohol, which has had adverse effects on any aspect of relationships or responsibilities or (e.g., danger of job loss, financial problems, partner threatens to leave, child care suffers, criminal justice system involvement). Alcohol dependency or addiction does not need to be ascertained to check this Risk Element. If the caretaker was in treatment more than two years ago, but there is evidence that the person has resumed using alcohol, consider this as a current alcohol problem. Select "Yes" for this Risk Element if the caretaker is currently participating in an alcohol treatment program, because until two years of abstinence following the successful completion of treatment has passed, the caretaker is considered to be at risk of relapse. Respond "No" to this Risk Element if the caretaker had an alcohol problem in the past, but has completed treatment and has remained alcohol-free for at least two years. If the caretaker is participating in a non-professional support group, such as Alcoholics Anonymous (AA), without any other evidence of continuing alcohol use within the last two years, do not consider this, by itself, as a current alcohol problem.

An indicator of a problem with alcohol may include a recent arrest for an alcohol-related offense as the abuse/misuse led directly to criminal justice system involvement.

9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.

Drug use with negative effects means regular or periodic use of one or more drugs which has had adverse effects on any aspect of relationships or responsibilities (e.g., danger of job loss, financial problems, partner threatens to leave, child care suffers, criminal justice system involvement). Drug dependency or addiction does not need to be ascertained to check this Risk Element. If the caretaker was in treatment more than two years ago, but there is evidence that the person has resumed using drugs, consider this as a current drug problem. Select "Yes" for this Risk Element if the caretaker is currently participating in a drug abuse treatment program, because until two years of abstinence following the successful completion of treatment has passed, the caretaker is considered to be at risk of relapse. Select "No" for this Risk Element if the caretaker had a drug problem in the past, but has completed treatment and has remained substance-free for

at least two years. If the caretaker is participating in a non-professional support group, such as Narcotics Anonymous (NA), without any other evidence of continuing drug use during the past two years, do not consider this, by itself, as a current drug problem.

An indicator of problem with drugs may include a recent arrest for a drug-related offense as the abuse/misuse led directly to criminal justice system involvement.

10. Caretaker's behavior suggests mental health problems exist and/or caretaker has a diagnosed mental illness.

The caretaker should be considered as having a mental health problem if he or she: exhibits symptoms, such as bizarre behavior or delusions; has recent repeated referrals for mental health evaluation or treatment; has been prescribed medication for an ongoing or recurring serious mental health problem; is currently experiencing depression of an ongoing or recurring nature; is engaging in purposely hurting themselves or suicidal behavior; has a current diagnosed serious mental illness; or has attempted suicide in the past. If the caseworker observes an apparent serious mental health problem, a mental health evaluation does not need to have been completed to check that this is a suspected Risk Element at the time the RAP is completed. This Risk Element should be checked "Yes" even if the person is appropriately attending to his or mental health problem by attending mental health treatment sessions or taking prescribed medication. For example, the answer is "Yes" for a caretaker who is diagnosed with schizophrenia even if the caretaker is taking prescribed medication and doing well.

11. Caretaker has very limited cognitive skills.

Very limited cognitive skills could include mental retardation, brain injury or some type of cognitive disability that limits the caretaker's ability in major life activities, such as child care, capacity to form positive relationships with others, self-care, self-direction, receptive and expressive language, learning, capacity for independent living and economic self-sufficiency.

12. Caretaker has a debilitating physical illness or physical disability.

Indicates whether or not the caretaker has a serious physical disability or debilitating illness that limits his/her ability to perform any major life activities, such as child care, capacity to form positive relationships with family members or others, self-care, self-direction, receptive and expressive language, learning, mobility, capacity for independent activities and economic self-sufficiency.

13. Caretaker demonstrates developmentally appropriate expectations of all children.

A caretaker who "demonstrates developmentally appropriate expectations" is one who shows awareness of what is possible for a child to do and what it is not possible for a child to do, based on his/her age and the stage of development of his/her cognitive, motor, language and social skills. Caretakers would demonstrate this by the level of physical care, supervision, and degree of autonomy they provide to the children, and by how closely they fit the expectations they have of the child to the child's ability. They would apply realistic standards and safe and reasonable limits to the child's behavior and also apply re-direction and discipline that matches the child's abilities and development. A

parent with developmentally appropriate expectations adapts parenting practices to the needs of the child(ren) and circumstances. Select “Yes” for this Risk Element only if the caretaker has demonstrated developmentally appropriate expectations with all of the children.

A caretaker who sexually abuses a child does not have developmentally appropriate expectations of the child. A caretaker who uses disciplinary practices that are physically or emotionally abusive indicates that the caretaker does not demonstrate an appropriate understanding of children’s needs and how children learn.

14. Caretaker attends to needs of all children and prioritizes the children’s needs above his/her own needs or desires.

Indicates whether or not the caretaker has a history of recognizing and attending to the daily needs of all of the children. This strength would be present if the caretaker: has demonstrated competence in meeting the basic and unique needs of all of the children; is resourceful in making attempts to meet child(ren)’s needs despite adverse circumstances; and has demonstrated the ability to prioritize the children’s needs above the caretaker’s. This Risk Element does not require a perfect parent to score this as “Yes.” While some caretakers may always meet the needs of all of their children, the perfect parent is rare in the real world. Some caretakers may recognize and strive mightily to meet the needs of their children, but may have an isolated or temporary instance of not meeting a child’s needs. Unless the isolated instance was a seriously dangerous lapse, or the caretaker evidences a lack of concern about the harm done to the child, the answer would still be “Yes,” the caretaker attends to the needs of the children.

To check “No,” there must be some evidence that the caretaker either does not recognize an important need of the child(ren) and/or there are multiple instances of the caretaker prioritizing the adult’s needs to the detriment of the children’s needs. For example, parents/caretakers who maintain a supply of cigarettes and beer but no formula or diapers are not prioritizing the children’s needs.

Not enrolling school-age children in school, or allowing excessive school absences, would show a lack of attention to the children’s educational needs. Repeatedly leaving the children with relatives, friends, or acquaintances so the caretaker can go partying would be an example of prioritizing the caretaker’s desires over the children’s needs for stability. Sexual abuse of a child by the caretaker indicates that the caretaker has prioritized his or her own desires above the child’s needs. Knowingly not protecting a child from physical or sexual abuse by another person would indicate that the caretaker is not attending to the needs of all the children.

15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.

This Risk Element refers to whether the caretaker acknowledges any identified injuries or harm that a child has incurred or acknowledges that behaviors and conditions identified in the home by the caseworker pose a risk of harm to the child(ren). The caseworker must also take into account the caretaker’s willingness (or ability) to address any current behavior or conditions where a direct link to current or potential harm can be made.

In the case where there has been no abuse or maltreatment and the children are well cared for, select “Yes” because the caseworker and the caretaker do agree on the status of the children’s well-being and that there is no concern for harm or risk to the children.

Where there has been maltreatment of a serious nature, but the caretaker does not understand or accept that harm has occurred and it is likely to continue or recur unless something changes to prevent it from occurring again, select “No” for this Risk Element.

Often, the situation will not be so clear cut. Parents/caretakers often make statements to the effect of “I’ll see to it that this never happens again.” This statement, by itself, is not sufficient information for the caseworker to determine if this Risk Element is present or not. In addition to what the caretaker says about addressing the behaviors or conditions that pose a risk to children, the caseworker must consider if the caretaker has actually taken any steps to address these concerns to reduce risk and increase safety. For example, if the caretaker had a drug abuse problem 18 months ago, first check “Yes” for the drug use risk factor earlier in the RAP. Then consider if the caretaker recognizes the potential for drug use to harm the children. If the caretaker has already successfully addressed the drug problem and has ceased using drugs, or is addressing this problem by participating in substance abuse treatment now, the answer to this last RAP question would be “Yes” (in the absence of another serious unaddressed risk factor). Similarly, the answer to this question would be “Yes” in the case of a caretaker with a serious mental illness who understands that maintaining compliance with his treatment plan is necessary for the safety and well-being of his children and who has a record of complying with his treatment plan.

On the other hand, even if the caretaker verbally agrees that there are problems that place the child at risk, (i.e., caretaker agrees she has an active substance abuse problem) but the caretaker does not keep appointments for services she is referred to without a legitimate reason, or continues to make excuses for not addressing problems she says she understands, the caseworker would be right to question the caretaker’s willingness or ability to address areas of concern at this time, and the answer to this question would be “No.”

If there was a maltreatment incident, but the caretaker minimizes or denies it, and won't take reasonable steps to reduce the risk of it re-occurring, the answer would be “No.” This is also the case when the caretaker has not committed the child abuse or neglect herself, and the caretaker doesn't see the need to keep another person who did harm or poses risk to the child away from the child. In those instances, the answer would be “No.”

Elevated Risk Element Definitions

1. Death of a child as a result of abuse or maltreatment by caretakers(s)

Applies to a confirmed fatality of a child as a result of abuse or maltreatment by the identified Primary Caretaker or Secondary Caretaker. The death of the child could have occurred at any time prior to the completion of the RAP and in any jurisdiction within or outside New York State.

2. Caretaker(s) has a previous TPR

The identified Primary Caretaker or Secondary Caretaker must have had an adjudication of termination of their parental rights at any time prior to the completion of the RAP. The termination of parental rights (TPR) indicates that a proceeding in family court has occurred and that the court has made a formal decision to grant the guardianship and custody of a child to the local district/ petitioner. The TPR may be based upon grounds that the child is a “permanently neglected child,” “severely abused child,” or a “repeatedly abused child.”

The filing of a TPR with no adjudication to date does not apply.

Parental surrenders are not to be considered as circumstances applying to this Elevated Risk Element. Parental surrenders are not a legal indication of a family court finding of permanent neglect and therefore do not apply in this circumstance.

3. Siblings removed from the home prior to current report due to abuse or neglect and remain with substitute caregivers or foster parents

Applies to situations or circumstances that result in the removal of a child (or children) from the home, due to alleged or confirmed abuse or maltreatment, and the child(ren) is placed with substitute caretakers or foster parents. This includes removals by CPS, law enforcement, or any authorized person or entity acting in the best interests of the child(ren).

4. Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)

Applies to confirmed reports in which the Primary Caretaker and/or Secondary Caretaker has *repeatedly* sexually abused or *severely* physically abused one or more children in his/her care or has allowed repeated sexual abuse or severe physical abuse of said child(ren) to occur.

Although a single act of sexual abuse is a serious and grievous assault upon a child, the existence of *repeated* sexual abuse implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) and therefore implies an increased risk of future harm.

Severe physical abuse implies, but is not limited to, a substantial risk of serious and/or protracted physical injury. Examples of severe physical abuse that results in serious physical injury may include, but

are not limited to, the infliction of internal injuries, fractures, blunt trauma, shaking, choking, burns/scalding, severe lacerations, hematoma, or extensive bruising.

5. Sexual abuse of a child and perpetrator is likely to have current access to child

Applies to situations in which a child (or children) has been sexually abused and the confirmed perpetrator (adult or child) continues to have current access to and/or contact with the child. This situation implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) from the risk of future sexual abuse. This also applies to situations in which the Primary Caretaker and/or the Secondary Caretaker is the perpetrator and resides with, or continues to have access to, the child.

6. Physical injury to a child under one year old as a result of abuse or maltreatment by caretaker(s)

Applies only to a child (or children) younger than one year old. The young age and inherent vulnerability of the child, coupled with the recent physical injury to the child due to abuse or maltreatment, implies an increased risk of future harm.

7. Serious physical injury to a child requiring hospitalization/emergency care within the last 6 months as a result of abuse or maltreatment by caretaker(s)

Applies to situations in which the child(ren) sustained serious physical injury that requires hospitalization or emergency care provided by any of the following: emergency room, urgent care facility, doctor's office, or emergency medical technicians. The physical injury must have occurred within the last six months.

Examples of physical injury may include, but are not limited to, internal injuries, blunt force trauma, whiplash/Shaken Infant Syndrome, head injury, serious injury to or loss of limb(s), fractures (including spiral and compound), burns/scalding, eye injuries, and severe lacerations.

Malnutrition, Failure to Thrive (FTT), and other serious or life-threatening medical diagnoses directly related to confirmed child abuse or maltreatment may also be included under this Elevated Risk Element.

8. Newborn child has positive child has positive toxicology for alcohol or drugs

Applies to situations in which a newborn (younger than 6 months old) who is currently part of the RAP family unit:

- tested positive for alcohol or drugs in his/her bloodstream or urine; and/or
- was born dependent on drugs or with drug withdrawal symptoms, fetal alcohol effect, or Fetal Alcohol Syndrome.

6D: Brief Examples for Risk Element Definitions

RAP Family Unit

- More than just the people who live with child or who are named in report.
- For example, includes any non-resident father who visits or cares for the child on a fairly regular basis. This includes grandmother who takes care of child on a regular basis in grandmother's home.

Risk Elements

1. Total prior reports for adults and children in RAP family unit.
 - a. For everyone in the RAP family unit, not just the PC, SC, and children. Thus, count prior indicated reports for the non-resident father and grandmother mentioned above who are considered part of the RAP Family Unit.
 - b. Includes prior indicated reports of mother's boyfriend where he was a confirmed subject in reports concerning children from a different family.
2. Any child in RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.
 - a. Includes situation of teen mother who moved out of family home while grandmother cared for child for a significant period of time.
 - b. Don't include regularly scheduled vacations where child visits relatives during summer vacation.
 - c. Don't include when children have moved back and forth between biological parents only.
3. Children under one year old in RAP family unit at time of the current report, and/or new infant since report.
 - a. Includes new child born during investigation.
4. Current or recent history of housing with serious health or safety hazards; extreme overcrowding, unstable housing; or no housing.
 - a. Family has no residence at all and is living in the streets, in car, etc. Answer: Yes
 - b. A formerly homeless family is now living in a stable housing program. Answer: No

- c. House is dilapidated with peeling paint, holes in walls, broken windows, vermin, etc. Answer: Yes
 - d. Apartment has broken window and missing safety bars at time of report, but window replaced and bars installed during investigation period. Answer: No
 - e. Third report in 2 years that the house was littered with garbage, animal feces, spoiled food all within reach of young children. The house was cleaned up after the CPS worker began investigating the current report, but history suggests that problem will recur. Answer: Yes
5. Financial resource are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.
- a. Family's work income would not be adequate to meet the family's needs for food and shelter, but they properly use a variety of public and private assistance for the children's benefit, and basic family needs are met. Answer: No
 - b. Family receives public benefits, yet mother has sold their food stamps to purchase drugs, and children have very little food. Answer: Yes
 - c. Family has no income and no home, yet parents continually violate homeless shelter rules, thus putting them at risk of being evicted from the shelter and have not followed through in applying for temporary assistance. Answer: Yes
 - d. Father appears to have money as he is usually seen wearing new designer suits and drives a new Jaguar XF, which sells for about \$45,000, yet children's basic needs are not fully met, i.e., little or no food, inadequate clothing. Answer: Yes
6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, and neighbors.
- a. Mother has several aunts who live nearby and who are willing and able to watch children while mother runs errands. Answer: Yes
 - b. Mother is a recent immigrant with her husband and seven children. She does not speak English, cannot communicate with neighbors, and does not have any other relatives or friends nearby. Answer: No
 - c. Mother has a sister and grandmother living nearby, but the sister is often in jail and the grandmother has numerous health problems and only leaves her apartment for doctor appointments. Mother has been an active participant in the mother's group at Head Start, where Answer: Yes

her child is enrolled, has a few friends who live in the same building, and works with several older more experienced mothers. A neighbor or co-worker is usually available for help or advice if mother calls.

- d. Mother has a large extended family, but the family members fight a lot, several are in trouble with the police, their day to day life is chaotic and in the past they have not been reliable for support. Answer: No
- e. Mother and father each work full time, their two children who are in elementary school have both been diagnosed with ADHD. The children are alone each afternoon after school for 3-4 hours. An aunt who lives nearby and is very capable has offered to watch the children after school but the parents have refused her offer of assistance. Answer: No
7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.
- a. Mother left very controlling partner (SC-father of children), who continues to harass her and files false child abuse and neglect reports on her. Answer: Yes for both PC and SC
- b. Father has had numerous fights with neighbors, and father was arrested recently for threatening neighbor with a gun. Mother was not involved in these altercations. Answer: No for PC, Yes for SC
- c. Single mother continually battles with her own mother and brother over numerous issues. Sometimes the police are called during these altercations. Answer: Yes for PC
8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.
- a. Father went through detox one year ago and has been attending AA. Answer: Yes
- b. Every few months, mother has a binge drinking episode that lasts several days. She misses work and cannot attend to her child caring responsibilities at these times. Answer: Yes
- c. Parent drinks a couple of beers every day, and it does not seem to affect work or home responsibilities. Answer: No
- d. Father drinks six beers every night after work. Although he manages to keep his job, his primary focus at home is to be left alone to drink, Answer: Yes

and his main interaction with the children is characterized by yelling at them. He was also recently arrested for DWI.

9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests within last two years.

a. Father completed a drug program, to address is heroin addiction a year and half ago, and denies using anymore. Answer: Yes

b. Mother enrolled in a drug treatment program six weeks ago to help her address crack usage. She continues to adhere to program guidelines and attends all meetings. Answer: Yes

c. Parent occasionally smokes marijuana on weekends outside the home while children are cared for by another responsible adult. This does not appear to have any adverse effects on parenting or other responsibilities. Answer: No

d. Mother was seriously addicted to cocaine 10 years ago, and lost two of her children at that time. She has since completed extensive drug treatment, found and kept a job for the last five years and her youngest children (ages 4 and 2) were born without positive toxicology. Answer: No

e. Mother takes prescription medications for a back injury. She states that the dosage prescribed by the doctor does not alleviate the pain, so she doubles it. This alleviates the pain but makes the mother sleepy and lethargic. She is then unable to properly care for and supervise her active 3-year-old son who in the past has gotten out of the house and was found walking in the street. Answer: Yes

10. Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.

a. Mother goes into extreme rages at various family members and they stated to this caseworker that they are all frightened of her. She refused to participate in a mental health evaluation. Answer: Yes

b. Father was diagnosed as schizophrenic. He takes his medication and he adheres to his work schedule, pays his rent on time and is able to have supportive and on-going relationships with his neighbors and co-workers. Answer: Yes

c. Mother attempted suicide several years ago. She has been on anti-depressant medication since then, she has had no suicidal ideations Answer: Yes

after beginning her medications, she pays bills on time, keeps the home clean, and meets all of the children's needs.

- d. Mother had an episode of postpartum depression several years ago when she was a new mother. She did not attempt suicide, and has not experienced any further incidents of depression. Answer: No
- e. Mother has been on medication for an anxiety disorder for several years. She stated to this worker that she would be unable to cope at all with her children without the medication. Answer: Yes
- f. Mother had an episode of postpartum depression several years ago when she had her first child. She is currently pregnant with her second child and has stated to the worker that she is extremely anxious that she will experience the depression again. Answer: Yes

11. Caretaker(s) has very limited cognitive skills.

- a. Father was of normal intelligence, but had a serious brain injury from an accident that impaired his cognitive abilities. He is no longer able to count to 10 or recite the alphabet and has lost the ability to problem solve or think through simple tasks such as preparing a sandwich. Answer: Yes
- b. A review of the extensive case record has several notes that the mother is "limited", with no further explanation. Based on your interactions with mother, you agree that mother appears to be of below average intelligence or has serious memory problems as she doesn't seem to remember important things like appointments, refrigerating or throwing out half-empty baby's formula and food, dressing the baby properly for the weather, despite being taught these things by self or previous workers. Answer: Yes
- c. Elderly grandmother has been caring for four grandchildren for years, but recently has been showing signs of senility, such as getting lost when she takes a walk around her neighborhood and forgetting the children haven't eaten. Answer: Yes
- d. Mother is in advanced stage of AIDS that has seriously and adversely affected her brain functioning and cognitive abilities. Answer: Yes

12. Caretaker(s) has a debilitating physical illness or physical disability.

- | | | |
|----|--|-------------|
| a. | Mother has advanced AIDS, is bedridden and is in need of a caretaker for herself. | Answer: Yes |
| b. | Grandmother (SC) has diabetes, which she manages through diet and medication, and it has little effect on her life. | Answer: No |
| c. | Father (SC) has diabetes, but he does not manage it well, is frequently hospitalized, and recently had his foot amputated because of diabetes. | Answer: Yes |
| d. | Mother is in a wheelchair, but is able to adequately care for her children and manage a home. | Answer: No |
13. Caretaker demonstrates developmentally appropriate expectations of all children.
- | | | |
|----|--|-------------|
| a. | Mother's boyfriend (SC) thinks that the three-year-old should be able to play catch using a baseball mitt and he yells and swears at the child when the child does not catch the ball. | Answer: No |
| b. | Both parents appear to understand the developmental stages of childhood, and use developmentally appropriate disciplinary practices such as timeout – in minutes related to the child's age. | Answer: Yes |
| c. | Mother expects oldest child (age 11) to care for three younger siblings after school every day for 3.5 hours, to get dinner ready and to help her siblings with homework. | Answer: No |
| d. | Single father's main method of discipline appears to be yelling at the children when they do something that displeases him. There is no predictable routine to the household, and children are unsure of what they are allowed and not allowed to do. | Answer: No |
| e. | Mother has set appropriate curfews for teenage children, sends them to school on time, and provides a desk for them to do homework. Yet one teenager cut classes, doesn't do homework, and stays out past curfew. Mother revokes privileges in response. | Answer: Yes |
| f. | While mother is trying to get dinner prepared, one of the children accidentally trips her while chasing a ball through the kitchen, and plates and glasses break all over the floor. Mother yells, "You stupid idiot. You are too blind to see that I am cooking in here. You're too freaking clumsy and dumb to play with a ball." However, mother of three young children seems knowledgeable about child development, appropriate discipline, and in general appears to have a close and loving relationship with her children, and feels bad about lashing out. Based on interviews with the | Answer: Yes |

mother, children, extended family members and other collateral contacts, this is an isolated incident.

- g. While eating breakfast, mother's live-in boyfriend pushes child's head into the table. Mother's boyfriend states he did so because he told the child the day before that he could not have milk anymore because he had spilled a glass of milk, and child was eating cereal and milk for breakfast. Child says that the boyfriend is always mean to him. Answer: No
- h. Mother and her live-in boyfriend set reasonable rules that are to be followed in the home for the children, ages 9 and 12. The adults are consistent and use developmentally appropriate forms of nonphysical punishment as consequences for bad behavior. However, mother's boyfriend has started to sexually abuse the 12-year-old girl. Answer: No
14. Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.
- a. Family recently lost running hot water, so mother heats water on the stove to bathe children and wash their clothes, and had promptly contacted the landlord about the problem. Answer: Yes
- b. Family recently evicted due to financial setbacks. Parents have managed to arrange temporary shelter with friends and relatives, and have contacted helping agencies to arrange more permanent housing. Answer: Yes
- c. A methamphetamine-abusing parent has a history of signing up for drug treatment programs and not following through. Children have been parceled out to various relatives while parent is supposedly in treatment. Answer: No
- d. Mother calls CPS and demands that CPS retrieve young child recently returned from foster care before she hurts child. Answer: No
- e. Adolescent child acting incorrigible, truant, staying out late. Although not successful, parent has initiated contact with school to try to find alternative school for child and has tried to file a PINS petition. Parent has met child's other needs competently. Answer: Yes
- f. Parent sent child to live with relative and although they live reasonably close, parent makes no effort to visit child or provide any resources for child. Answer: No

- g. Parent often drops child off with relatives, yet does not call or return at the appointed time. Parent does not provide food, money or supplies for the child, which is an extra strain on relative's resources. Answer: No
- i. It has been recommended that both child and parent attend counseling sessions to address the trauma of the child being sexually abused by mother's ex-boyfriend and develop coping strategies. Although mother sends child, mother will not attend herself. Answer: No
- j. The four youngest of six children are hospitalized for rickets. An investigation reveals that the family follows a very strict vegetarian diet, and children are severely deficient in certain vitamins. Although mother promises to provide children with vitamin supplements from now on, the answer would still be "No" because mother put her own desires for a strict vegetarian diet above her children's nutritional needs, and ignored the obvious and serious deleterious physical effects on the children for years. Answer: No
- k. Mother seems to meet all children's needs except one. One of her children has been receiving failing grades in school and the school has repeatedly asked mother to allow child to be evaluated for special education. Mother has repeatedly refused school's requests. Answer: No
15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.
- a. Report was a false report made by a neighbor. Both caseworker and PC agree that there is no merit to the accusation and the children are well cared for. Answer: Yes
- b. Report of sexual abuse made against father. Although father vehemently denies allegations, he is very cooperative in allowing child to be interviewed and examined and in answering questions himself. Answer: Yes
- c. Child does not attend school. Mother is resigned to this fact and says there is nothing she can do. She did not like school herself, and states that it is acceptable to quit school at age 14. Answer: No
- d. Mother admits that she is responsible for causing the bruise on child's face, expresses sincere remorse, and expresses concern that she is overwhelmed and needs some help in managing the child's behavior. Answer: Yes

e. Investigation is for sexual abuse. The Secondary Caretaker has been arrested for sexual abuse, and caseworker has no contact with the SC.

You may assume the answer is No for the SC

f. Investigation is for lack of supervision. Mother states that she has on several occasions left her 4 and 6-year-old children sleeping in the home while she runs to the grocery store for milk and eggs. Mother states that nothing bad has happened and that even if the children did wake up, they would be fine for the half hour or so that she is gone.

Answer: No

6E: Calculation Scores for Each Risk Element

1. Total prior reports for adults and children in RAP family unit:

No prior determined reports	-1
Prior unfounded reports only	0
One to two prior indicated reports	0
Three to four prior indicated reports	1
Five or more prior indicated reports	2
2. Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.

Yes	1
No	0
3. Child under one year of age in RAP family unit at time of the current report, and/or new infant since report.

Yes	2
No	0
4. Current or recent history of housing with serious health or safety hazards; extreme overcrowding, unstable housing, or no housing.

Yes	2
No	0
5. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.

Yes	1
No	0
6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.

Yes	0
No	1
7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood. (If either caretaker has problem, score 1.)

	Yes	No
Primary Caretaker	1	0
Secondary Caretaker	1	0
8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrest within the past two years. (If either caretaker has problem, score 1.)

	Yes	No
Primary Caretaker	1	0
Secondary Caretaker	1	0

9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests within the past two years. (If either caretaker has problem, score 2.)

	Yes	No
Primary Caretaker	2	0
Secondary Caretaker	2	0

10. Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.

	Yes	No
Primary Caretaker	1	0
Secondary Caretaker	0	0

11. Caretaker has very limited cognitive skills. (If either caretaker has either problem in question 11 or 12, score a total of 1 for both questions.)

	Yes	No
Primary Caretaker	1	0
Secondary Caretaker	1	0

12. Caretaker has a debilitating physical illness or physical disability. (If either caretaker has either problem in question 11 or 12, score a total of 1 for both questions.)

	Yes	No
Primary Caretaker	1	0
Secondary Caretaker	1	0

13. Caretaker demonstrates developmentally appropriate expectations of all children. (If either caretaker has problem, score 1.)

	Yes	No
Primary Caretaker	0	1
Secondary Caretaker	0	1

14. Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.

	Yes	No
Primary Caretaker	0	1
Secondary Caretaker	0	0

15. Caretaker understands the seriousness of current or potential harm to the children and is willing to address any areas of concern.

	Yes	No
Primary Caretaker	0	2
Secondary Caretaker	0	0

6F: RAP Responses Populated from Embedded Risk Scales

For Comprehensive and Reassessment FASPs with a Program Choice of Protective, RAP responses are mapped from embedded scales within the SNR Scales. The caseworker responses in the SNR Scales automatically populate selected RAP elements. The following shows the correlation between RAP elements and the SNR Scales from which responses are generated.

<i>Risk Assessment Profile</i>	<i>Strengths Needs Risks (SNR) Scales</i>
1. Total prior reports for adults and children in RAP family unit.	N/A
2. Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report.	N/A
3. Child(ren) under one year of age in RAP family unit at time of the current report, and/or new infant since report.	N/A
4. Current or recent history of housing with serious health or safety hazards, extreme overcrowding, unstable housing, or no housing.	Family Scale: Living Conditions
5. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.	Family Scale: Financial Resource Management/Basic Needs
6. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.	Family Scale: Support System
7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.	Parent/Caretaker Scale: Relationships Among Caretakers and Significant Adults
8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests within the past two years.	Parent/Caretaker Scale: Alcohol Use Within the Past Two Years
9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests within the past two years.	Parent/Caretaker Scale: Drug Use Within the Past Two Years
10. Caretaker's behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.	Parent/Caretaker Scale: Mental Health
11. Caretaker has very limited cognitive skills.	Parent/Caretaker Scale: Cognitive Skills
12. Caretaker has a debilitating illness or physical disability.	Parent/Caretaker Scale: Physical Health
13. Caretaker demonstrates developmentally appropriate expectations of all children.	Parent/Caretaker Scale: Expectations of Children
14. Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.	Parent/Caretaker Scale: Recognizes and Attends to Needs of All Children

15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.	N/A
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6G: Initial Non-Protective Risk Assessment

Risk Elements 1 – 3

This set of questions assesses risks related to the household. Everyone with a role in the case should be assessing this information. In the CONNECTIONS electronic case recording system, the Case Planner or Caseworker(s) must select either “Yes,” “No,” or “Insufficient Information” to formally document the response to each of these questions.

1. Current or recent history of housing with serious health or safety hazards; extreme overcrowding; unstable housing; or no housing.
2. Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.
3. Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends or neighbors.

Risk Elements 4 – 11

This set of questions assesses risks related to the behaviors of the caretakers. Everyone with a role in the case should be assessing this information. In the CONNECTIONS electronic case recording system, the Case Planner or Case Worker(s) are required to select either “Yes,” “No,” or “Insufficient Information” to formally document a response to each of these questions for the Primary Caretaker and the Secondary Caretaker (if a Secondary Caretaker has been identified in the family composition).

4. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.
5. Caretaker’s alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.
6. Caretaker’s drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.
7. Caretaker’s behavior suggests a mental health problem exists and/or caretaker has a diagnosed mental illness.
8. Caretaker has very limited cognitive skills.
9. Caretaker has a debilitating physical illness or physical disability.
10. Caretaker demonstrates developmentally appropriate expectations of all children.

11. Caretaker attends to the needs of all children and prioritizes the children's needs above his/her own needs or desires.