



**TEXAS**  
**Department of Family  
and Protective Services**

**Risk Assessment**

**Resource Guide**

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## TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

### GLOSSARY

The following definitions apply when completing the risk assessment.

The purpose of the initial risk assessment is to classify the likelihood of future maltreatment within the home where there are allegations of abuse or neglect. It is not intended to assess the homes of out-of-home caregivers such as foster parents and facility and shelter staff.

**1. Caregiver:** A person who is responsible for a child's care, custody, or welfare, such as:

- a. A parent, legal guardian, or managing or possessory conservator;
- b. Another adult member of the child's family or home; or
- c. A person with whom the child's parent cohabits.

Use the table below to distinguish between the primary and secondary caregiver for the risk assessment.

Circumstance	Primary Caregiver	Secondary Caregiver
Two parents/caregivers (including minor parents) with legal responsibility for the child living together	Provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	The other legal parent/caregiver
Single parent/caregiver (including minor parent) with legal responsibility for the child, any other adult in the home where abuse or neglect is alleged	The only parent/caregiver	Other adult who provides care to the child
Single parent/caregiver (including minor parent) with legal responsibility for the child, no other adult in the home where abuse or neglect is alleged	The only parent/caregiver	None

No legal parent, one caregiver (e.g., alleged victim resides with relative without a legal parent/caregiver in the home)	The only caregiver	None
No legal parent, two or more caregivers (e.g., alleged victim resides with relatives without a legal parent/caregiver in the	Provides the most child care. May be 51% of care. TIE BREAKER: If precisely 50/50, select alleged perpetrator. If both are alleged perpetrators, select the	Other adult who provides care to the child
home)	caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.	

### Additional Considerations

A minor may be the primary or secondary caregiver if he/she is the biological parent of the alleged child victim. A minor is a child under the age of 18. This does not include a child who has been legally emancipated and lives separately from his/her parents.

A minor may never be considered the primary or secondary caregiver of his/her sibling.

### Caregiver Identification

For each home where abuse or neglect is alleged in which a child or children are a member, distinguish between primary and secondary caregivers according to the following criteria.

- Is the caregiver the only legal parent?
  - No
  - Yes – Select as Primary Caregiver
- Does the caregiver have more than 50% of the parenting responsibilities?
  - No
  - Yes – Select as Primary Caregiver
- Is the caregiver the only alleged perpetrator?
  - No – Select caregiver with most severe allegations as primary.
  - Yes – Select as Primary Caregiver

**2. Family:** Two or more people, related by blood, law, or significant relationship with the child or child's caregivers.

3. **Home where abuse or neglect is alleged:** Assessments are completed on the home of a parent/legal guardian where the abuse or neglect is alleged. A home includes all persons who have significant in-home contact with the child and may include persons

who do not live full time in the residence. For example, a home could include a parent's intimate partner or other family member who visits the home routinely. When a child's parents do not live together, the child may be a member of two homes.

**For the risk assessment:** The composition of a home can change during the life of a case. Take into consideration changes in the composition of a parent/legal caregiver home when completing the risk assessment tool. When selecting a primary and secondary caregiver to complete the risk assessment tool, consider ONLY members that are part of the home where abuse or neglect is alleged and apply the criteria to select primary and secondary caregiver based on the circumstances at the time of the incident or initiation of the case with the family. For instance, if parents separate during the investigation the initial risk assessment tool is completed with both parents as the caregivers even if at the end of the investigation they are no longer together. Answer items with careful attention to whether the question refers to the primary or secondary caregiver. Risk assessment tools are not completed on PCSP homes.

4. **CPI/CPS:** Child protective investigations/child protection services. Throughout this manual, CPI/CPS is used to refer to any child protection agency, generically. This may refer to the Department of Family and Protective Services or any child protection agency in any other jurisdiction. When a definition references "CPI/CPS," the reader should be aware that this includes other states.
5. **DFPS:** Department of Family and Protective Services. Throughout this manual, DFPS is used to refer to the Texas Department of Family and Protective Services specifically, rather than to any CPI/CPS agency.

## **FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT POLICY**

The risk assessment identifies families who have very high, high, moderate, or low probabilities of abusing or neglecting their children in the future. By completing the risk assessment, the worker obtains an objective assessment of the likelihood that a family will maltreat their child in the next 12 to 18 months. Differences between the risk levels are substantial. High-risk families have significantly higher rates of subsequent referral and validation than low-risk families, and they are more often involved in serious abuse or neglect incidents.

When risk is clearly defined, the choice between serving one family as opposed to other families is simplified: Agency resources are provided to higher-risk families because of the greater potential to reduce subsequent maltreatment.

The risk assessment tool is based on research of abuse/neglect cases that examined the relationships between family characteristics and the outcomes of subsequent confirmed abuse and neglect. The assessment does not predict recurrence; it simply assesses whether a family is more or less likely to have another abuse/neglect incident without CPI/CPS intervention.

One important result of the research is that the same set of criteria should not be used to assess the risk of both abuse and neglect because different family dynamics are present in abuse and neglect situations. Hence, different sets of criteria are used to assess the future probability of abuse or neglect, although all items are completed for every home under investigation/AR case for child maltreatment.

The scored risk level is determined by answering all questions on the assessment, regardless of the type of allegations, totaling the score in the neglect and abuse columns and taking the highest score from the abuse and neglect scores. The final risk level is determined after considering whether any policy override is present or a discretionary override is applied.

### **Which Cases**

All CPI/CPS investigations/AR case, including new investigations of families currently receiving ongoing services.

Do not complete a risk assessment tool in the following circumstances:

- The report alleges abuse and neglect by third-party perpetrators, including licensed daycare facilities, unless there are also allegations of failure to protect by the parent.
- The perpetrator is a foster parent, school personnel, or residential facility care provider.
- The case is being closed as an administrative closure, abbreviated investigation, unable to complete (UTC) investigation when there is no allegation disposition, or unable to locate AR cases when the family has never been assessed.
- The only child in the home where abuse or neglect is alleged died.

### **Which Home(s)**

Always assess the home of the parent/legal caregiver's where the abuse or neglect is alleged. This home may or may not be the child's primary residence. If the alleged perpetrator is part of the home where abuse or neglect is alleged, assess that home.

If the alleged perpetrator is not a member of the home where abuse or neglect is alleged, do *not* complete the risk assessment tool on the home of that perpetrator; complete the risk assessment tool on the parent/legal caregiver that allowed the alleged perpetrator access to the child.

### **Who**

The investigator or AR caseworker.

### **When**

The risk assessment tool should be completed prior to case closure. Complete the risk assessment tool prior to any decision to open a case for ongoing services or closure of the referral with no additional services.

### **Decision**

The risk level in combination with danger indicators are used to determine whether the case should be transferred for ongoing services or be closed.

All cases with a final risk level of high or very high and there are unresolved danger indicators are opened for ongoing services (FBSS or CVS). For cases appropriate to refer to FBSS see [2400 Referring a Case from Investigations to Voluntary or Court Ordered Family-Based Safety Services \(FBSS\)](#)

- All cases with a final risk level of high or very high final risk level and there are no current danger indicators, should be referred to FBSS **unless** the caseworker can document specific actions that have been taken by the family to indicate how the risk has been addressed.
- All cases with a final risk level of low or moderate with no identified danger are closed following completion of the investigation/AR case,
- All cases with a final risk level of low or moderate with an identified danger indicator are opened for ongoing services (FBSS or CVS). For cases appropriate to refer to FBSS see [2400 Referring a Case from Investigations to Voluntary or Court Ordered Family-Based Safety Services \(FBSS\)](#)

If any unresolved danger indicators remain at the end of the investigation/AR case and the safety assessment is "safe with a plan" or "unsafe" at that time, an ongoing case (FBSS or CVS) should be opened to provide services that address child safety and assess needs that may contribute to the parent/caregiver's ability to care for and protect his/her child.

In the event that family members are no longer accessible (unable to locate/lack of cooperation/death) to CPI/CPS, documentation must justify the decision for closure and supervisor approval must be obtained.

## PROCEDURES

### Appropriate Completion

1. Answer all questions on the assessment.
2. Review policy overrides and select any that apply. Policy overrides automatically result in a risk level of very high. *Note that policy overrides will not apply if the scored risk level is very high.*
3. Consider if a discretionary override exists and if yes, describe the reason for the override. Risk level may be increased one level from the scored risk level with a discretionary override. *Note that discretionary overrides will not apply if the scored risk level is very high.*
4. Review the final risk level automatically populated in IMPACT. If an override has been exercised, the final risk level should differ from the initial risk level. If an override has not been used, the final risk level will be the same as the initial risk level.
5. Describe identified risk items in IMPACT documentation. Provide documentation with behaviorally based description for all items that are marked "yes," including actions taken or support the family has to decrease concerns for the risk item.

Only one parent/legal guardians' home can be assessed per risk assessment tool. Do not combine different homes.

The risk assessment tool is completed based on the following: conditions that existed at the time the investigation/AR case was initiated, prior family history, and information gathered during the course of the investigation/AR case. For example, if the family was living in a home deemed unsafe on day one, but moved into a new home two weeks later, then the risk item #19 regarding housing would still be marked. Carefully review the item definition to understand if the item involves both historical as well as current information about the family.

All questions are answered regardless of the type of allegation(s) reported or investigated. **The worker must make every effort throughout the investigation/AR case to obtain the information needed to answer each assessment question through review of written historical case material and interviews with all family members and collateral contacts. The item definitions must be used when answering each risk question.**

If information cannot be obtained to answer a specific item, the item must be marked as "no" or "none of the above."



Non-scoring supplemental items: Included in the risk items in Section 1 are three supplemental risk items that do not contribute to the scored or final risk level. These items are being reviewed for future risk assessment validation. All items on the risk assessment must be completed, including items that do not contribute to the risk of neglect score and/or the risk of abuse score.

### **OVERRIDES Policy Overrides**

After completing the risk items, the investigator determines whether or not any of the policy override reasons exist and selects each override reason that applies. Policy overrides reflect incident seriousness and child vulnerability concerns, warranting the highest level of service regardless of the overall risk score. Just because an override is completed does not mean a case will go to FBSS if the case does not meet policy to open a FBSS case. If any policy override reasons exist, mark the appropriate policy override reason. The risk level is then increased to very high.

### **Discretionary Override**

A discretionary override is applied by the investigator to **increase** the risk level in any case where the worker believes the scored risk level is too low. Discretionary overrides may only increase the risk level by one unit (e.g., from low to moderate or moderate to high, but NOT low to very high). Use of a discretionary override means there is a clinical judgment that the likelihood of future harm is higher than scored. A discretionary override is not used simply to provide continuing services to a case. The reasons for all overrides must be explained in the narrative for the referral. The override reason must be explained in documentation. **Reasons must be specific, be based on the facts, and not include items already scored on the risk assessment.**

Discretionary overrides must be approved by the supervisor.

If an override has been exercised, the final risk level will differ from the initial risk level. If an override has not been used, the final risk level will be the same as the initial risk level.

### **Action**

Indicate the action taken (e.g., opened as a case or not opened as a case). If the recommended action differs from the action taken, explain the reason in IMPACT documentation.

## **DEFINITIONS**

The risk assessment tool is composed of items that demonstrate a strong statistical relationship with future child neglect or abuse. Only one parent/legal guardian's home can be assessed on a risk assessment tool. If abuse or neglect is alleged in two or more homes, a separate risk assessment tool is completed on each home where there are allegations of abuse or neglect.

In applying the definitions, consider conditions that existed AT THE BEGINNING of the investigation/AR case. Also, mark any risk items that emerged or occurred DURING the investigation/AR case unless otherwise stated in the definition.

When selecting a primary and secondary caregiver to complete the risk assessment tool, consider ONLY members that are part of the home where abuse or neglect is alleged and select primary and secondary caregiver based on the circumstances at the time of the incident or initiation of the case with the family. For instance, if parents separate during the investigation the initial risk assessment is completed with both parents as the caregivers even if at the end of the investigation they are no longer together. Answer items with careful attention to whether the question refers to the primary or secondary caregiver.

## **SECTION 1: RISK ITEMS**

### **1. Current referral**

Determine whether the current referral is for neglect, abuse, or both. Abuse includes physical abuse, emotional harm, or sexual abuse/sexual exploitation. Include all allegations indicated in the referral as well as allegations added during the course of the investigation.

### **2. Number of children involved in the allegation(s)/incident(s)**

Determine the number of children under 18 years of age alleged to have been abused or neglected in the current investigation/AR case. This includes any children not identified at the time of report for whom allegations of abuse or neglect were observed during the course of the investigation/AR case.

### **3. Age of youngest child in the home**

Determine the age of the **youngest child** currently residing in the home where abuse or neglect allegedly occurred. If a child is removed as a result of the current investigation or is otherwise temporarily placed/residing outside of the home where abuse or neglect is alleged, count the child as residing in the home. Consider all children currently residing in the home where abuse or neglect is alleged, regardless of victim role or their current temporary placement outside of the home.

(Note: If assessing a noncustodial parent/caregiver home that will be receiving reunification services, mark "yes" for this item as if the child were residing in that home where abuse or neglect is alleged.)

### **4. Prior investigations/alternative response cases.**

Identify whether there are any prior investigations/alternative response cases that involved any adult\* members of the current home where there are allegations of abuse

or neglect with caregiving responsibilities who were alleged perpetrators of neglect or physical, emotional, or sexual abuse, regardless of whether the investigation occurred in the same home that is being assessed.

Mark "yes" if there were any prior investigations/alternative response cases.

When information is received that a family previously resided out of state or in another jurisdiction, including out of country, history from the other jurisdictions must be checked.

Do not count:

- Allegations that were perpetrated by an adult who is not currently part of the home where abuse or neglect is alleged;
- Investigations in which children in the home were identified as perpetrators of abuse/neglect; or
- Referrals that were screened out/not accepted for investigation to include Priority N (PN) and administrative closures.

If yes, indicate the number of prior neglect investigations/alternative response cases and the number of prior abuse investigations/alternative response cases, or whether there were none for either.

### **Scoring guidelines for prior neglect and prior abuse**

Count the number of investigations/alternative response cases, including any allegation of neglect, and record under item 4a prior neglect. For example, if a family has one prior investigation/alternative response case including multiple allegations of neglect, select "b. One" under 4a.

Count the number of investigations/alternative response cases including any allegation of abuse and record under item 4b prior abuse. For example, if a family has one prior investigation/alternative response including multiple allegations of abuse, select "b. One" under 4b.

If a family has a prior investigation/alternative response cases including allegations of both neglect and abuse, record the number of prior investigations/alternative response cases involving any neglect under 4a and any abuse under 4b. For example, if a family has one prior investigation/alternative response case including allegations of both abuse and neglect, select "b. One" under 4a AND "b. One" under 4b.

\*If the current home where abuse or neglect is alleged includes a caregiver who is a minor parent (a parent who is not yet age 18), include instances where that minor parent was an alleged perpetrator of neglect or abuse against his or her child.

## **5. Prior injury to a child resulting from child abuse/neglect**

Mark "yes" if any of the following circumstances are present.

- An adult in the home where abuse or neglect is alleged was previously validated for child abuse/neglect that resulted in injury to a child, whether or not that child is a member of the current the home where abuse or neglect is alleged. Examples of injuries as a result of abuse or neglect include but are not limited to bruises, cuts and welts to injuries that require medical treatment or hospitalization such as bone fractures or burns. Though not previously reported or validated, credible information now exists that an adult in the home where abuse or neglect is alleged caused an injury to a child consistent with abuse or neglect, whether or not that child is a member of the current the home where abuse or neglect is alleged.

## **6. Household was previously referred for ongoing child protective services**

Mark "yes" if any adult members of the current assessed household with caregiving responsibilities were referred for, received, or are currently receiving ongoing CPI/CPS services as a result of a prior investigation/AR case. Ongoing CPI/CPS services include family-based safety services and conservatorship services. Service history includes voluntary or court-ordered family services or ongoing family services.

- Include:
  - Court-ordered services where the court's jurisdiction is on the basis of abuse or neglect;
  - Voluntary services in response to a validated abuse or neglect report; and
  - Voluntary services in response to a determination of high/very high risk and/or danger indicators.
- Exclude those services or referrals provided for reasons other than abuse/neglect. For example, exclude referrals or referral assistance to local parenting support groups, housing programs, or food pantries when no allegations of abuse or neglect exist.

## **7. Current or historic characteristics of children in household**

Assess each child in the household and determine the presence of any of the characteristics below. Check all that apply.

- a. Medically fragile or failure to thrive. Any child in the household has a diagnosis of medically fragile or failure to thrive as evidenced by parent/caregiver's statement of such a diagnosis, medical records, and/or doctor's report. A medically fragile child is one who, because of an accident, illness, congenital disorder, abuse, or neglect, has been left

in a stable condition but is dependent on life-sustaining medications, treatments, or equipment and has need for assistance with activities of daily living. Children are diagnosed with failure to thrive when their weight or rate of weight gain is significantly below that of other children of similar age and gender. Infants or children who fail to thrive seem to be dramatically smaller or shorter than other children the same age.

- b. Positive toxicology screen at birth. Any child had a positive toxicology screen at birth for alcohol or another drug/substance not used in accordance with a doctor's prescription. Mark "yes" if the test was negative but other credible information exists that mother used substances during a known pregnancy (e.g., witnessed use, birth mother's self-admission), or the child is showing or showed signs of withdrawal.
- c. Developmental, physical, or learning disability. Any child in the household has a developmental, physical, or learning disability that has been diagnosed by a professional as evidenced by parent/caregiver's or other person's credible statement of such a diagnosis, medical/ school records, and/ or professional's statement.
  - *Developmental disability* A severe, chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include but are not limited to cognitive disabilities, autism spectrum disorders, and cerebral palsy.
  - *Learning disability* Child has an Individualized Education Plan (IEP) to address a learning challenge such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability-diagnosed by a physician or mental health professional-who is eligible for an IEP but does not yet have one or is in preschool. Examples include but are not limited to dyslexia, dysgraphia, dyspraxia, or auditory or visual processing disorders.
  - *Physical disability* A severe acute or chronic condition diagnosed by a physician that impairs mobility or sensory or motor functions. Examples include but are not limited to paralysis, amputation, and blindness. For children with an IEP designed solely to address mental health or behavioral problems, mark "no" for this item.
- d. Delinquent behavior and/or child or youth in conflict with law. Any child in the household has been involved with the juvenile/criminal justice system. Offending or antisocial behavior not brought to court attention but that creates stress within the household should also be marked "yes," such as child who runs away or is habitually truant.
- e. Mental health or behavioral problem. Any child in the household has mental health or behavioral problems not related to a physical or developmental disability (includes attention deficit disorders). This could be indicated by:

- A mental health diagnosis by a qualified professional;
  - Receiving mental health treatment; or
  - An IEP due to behavioral problems.
- f. None of the above. No child in the household exhibits characteristics listed above.

## **8. Primary parent/caregiver has a history of abuse or neglect as a child**

The primary parent/caregiver was maltreated as a child. Consider any maltreatment history known to the agency and/or credible statements by the primary parent/caregiver or others. Include situations that would be considered abuse or neglect using current standards, even if the situation was not considered to be abuse or neglect at the time.

## **9. Primary parent/caregiver's assessment of current incident**

Assess for each characteristic and check all that apply.

- a. Blames child for maltreatment. An incident of abuse or neglect occurred (i.e., was validated), and the parent/caregiver blames the child for the abuse or neglect.
- b. Justifies maltreatment. An incident of abuse or neglect occurred (i.e., was validated), and the primary parent/caregiver justifies the abuse or neglect. Justifying refers to the parent/caregiver's statement/belief that his/her action or inaction was appropriate and constitutes good parenting.
- c. None of the above. The parent/caregiver neither blames the child nor justifies the current maltreatment or alleged maltreatment.

## **10. Primary parent/caregiver provides physical care consistent with child needs Physical care of the child includes providing for the following needs: food, clothing, shelter, hygiene, and medical care (e.g., physical, vision, dental). Consider the child's age/developmental status when scoring this item.**

Mark this item "no" when the child was harmed or his/her well-being was threatened because of unmet physical needs. Needs may be considered unmet even when the situation is outside of the parent/caregiver's control. This also includes if the current investigation for neglect is related to physical care AND is validated during the investigation (do not include failure to protect or neglectful supervision).

## **11. Primary parent/caregiver characteristics**

Assess the primary parent/ caregiver for each characteristic below and check all that apply.

- a. Provides emotional/psychological support that is insufficient or damaging. The primary parent/caregiver provides insufficient emotional support to the child, such as

persistently berating/belittling/demeaning the child or depriving the child of affection or emotional support.

- b. Employs excessive/inappropriate discipline. The primary parent/caregiver's disciplinary practices caused or threatened harm to a child because they were excessively harsh physically, excessively harsh emotionally, and/or dangerous given the child's age or development. Examples may include:
  - Hitting, kicking, biting, or punching;
  - Locking the child in a room, closet, or attic;
  - Hitting the child with dangerous objects; or
  - Isolating a child from physical and/or social activity for extended periods.
- c. Domineering. The primary caregiver is domineering, indicated by controlling, abusive, overly restrictive, or over-reactive rules.
- d. None of the above. The primary caregiver does not exhibit characteristics listed above.

## **12. Primary parent/caregiver has a historic or current mental health issue**

Mark "yes" if credible and/or verifiable statements by the primary parent/caregiver or others indicate that the primary parent/caregiver has been diagnosed by a mental health clinician with a mental health condition, other than substance-related disorders, that impacts daily functioning.

Mark "yes" if the primary parent/caregiver has/had multiple good-faith referrals for mental health/psychological evaluations, treatment, or hospitalizations but is unwilling/unable to participate in an assessment.

Mark "no" for referrals motivated solely by efforts to undermine the credibility of the primary parent/caregiver or by other ulterior motives.

## **13. Primary parent/caregiver has historic or current alcohol or drug issue**

Assess whether the primary parent/caregiver has a historic or current alcohol/drug abuse problem that interferes with his/her or the family's functioning. Legal, non-abusive prescription drug and/or alcohol use should be marked "no." Any of the following may be true of the primary parent/caregiver.

- Was assessed as having an alcohol- or drug-related issue by an addiction counselor or mental health clinician. Mark "yes" if the primary parent/caregiver is unwilling to participate in an assessment.
- Self-identifies as an alcoholic or addict.
- Uses substances in ways that have negatively affected his/her:
  - Employment;
  - Marital or family relationships; or
  - Ability to provide protection, supervision, and care for the child.
- Was arrested for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances.

- Was arrested in the past two years for driving under the influence.
- Was treated for substance abuse.
- Had a positive drug test/urine analysis (UA) and the substance use is interfering with their ability to parent or provide for family.
- Has/had health/medical problems resulting from substance use.
- Gave birth to a child diagnosed with fetal alcohol spectrum disorder (FASD); child had a positive toxicology screen at birth; other credible information showed prenatal substance abuse by the mother (e.g., witnessed use, self-admission); or the child is showing or showed signs of withdrawal. Mark "historic" if the drug use by mother occurred in the past and "current" if it occurred during the current investigation.

**14. Secondary parent/caregiver has a history of abuse or neglect as a child**

The secondary parent/caregiver was maltreated as a child. Consider any maltreatment history known to the agency and/or credible statements by the secondary parent/caregiver or others. Include situations that would be considered abuse or neglect using current standards, even if the situation was not considered to be abuse or neglect at the time.

Mark "yes" if the secondary caregiver has DFPS history as a child and there are allegations with the secondary caregiver as a child victim.

**15. Secondary parent/caregiver has a historic or current mental health issue**

Mark "yes" if credible and/or verifiable statements by the secondary parent/caregiver or others indicate that the secondary parent/caregiver has been diagnosed by a mental health clinician with a mental health condition, other than substance-related disorders, that impacts daily functioning.

Mark "yes" if the secondary parent/caregiver has/had multiple good-faith referrals for mental health/psychological evaluations, treatment, or hospitalizations but is unwilling/unable to participate in an assessment.

Mark "no" for referrals motivated solely by efforts to undermine the credibility of the secondary parent/caregiver or by other ulterior motives.

**16. Secondary parent/caregiver has a current alcohol or drug issue**

Assess whether the secondary parent/caregiver has a current (within last 24 months) alcohol/drug abuse issue that interferes with his/her or the family's functioning. Legal,



non-abusive prescription drug and/or alcohol use should be marked "no." Any of the following may be true of the secondary parent/caregiver.

- Was assessed as having an alcohol- or drug-related issue by an addiction counselor or mental health clinician. Mark "yes" if the primary parent/caregiver is unwilling to participate in an assessment.
- Self-identifies as an alcoholic or addict.
- Uses substances in ways that have negatively affected his/her:
  - » Employment;
  - » Marital or family relationships; or
  - » Ability to provide protection, supervision, and care for the child.
- Was arrested for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances.
- Was arrested in the past two years for driving under the influence.
- Was treated for substance abuse.
- Had a positive drug test/UA and the substance use is interfering with their ability to parent or provide for the family.
- Has/had health/medical problems resulting from substance use.
- Gave birth to a child diagnosed with FASD; child had a positive toxicology screen at birth; other credible information showed prenatal substance abuse by the mother (e.g., witnessed use, self-admission); or the child is showing or showed signs of withdrawal. Mark "historic" if the drug use by mother occurred in the past and "current" if it occurred during the current investigation.

**17. Mother's boyfriend who is not the birth father of the child provides unsupervised child care to a child under the age of 3**

Mark "yes" if mother's boyfriend, who is not the birth father of the child and lives in or visits the home, provides unsupervised child care to any child in the home where abuse or neglect is alleged who is under the age of 3. If the mother does not have a boyfriend,

the mother's boyfriend is the birth father of the child, OR there is no child under the age of 3, mark "not applicable".

**18. Domestic violence in the home where abuse or neglect is alleged in the past year**

When answering this question do not limit it to incidences between intimate partners. This includes incidences between adults in the home.

In the previous year:

- Two or more physical assaults occurred, resulting in no or minor physical injury;
- One or more serious incidents occurred, resulting in serious physical harm and/or involving use of a weapon; or
- This includes multiple incidents of intimidation, threats, or harassment occurred between parents/caregivers or between a parent/caregiver and another adult(s).

Incidents may be identified by self-report, credible report by a family or other home member, credible collateral contacts, and/or police reports.

**19. Housing**

Assess and determine the presence of any of the characteristics below at any time during the investigation/AR case. Check all that apply.

- a. Current housing is physically unsafe. The family has housing, but the physical structure and/or presence of hazards are potentially hazardous to the extent that the home may not meet the health or safety needs of the child.
- b. Homeless. The family was homeless or was about to be evicted at the time of the alleged incident or became homeless in the course of the investigation/AR case.
- c. None of the above. Neither of the above is true, and the family has housing that is physically safe.

**20. Is the family socially isolated or unsupported by extended family?**

Indicate if the primary or secondary caregiver does not have friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance regularly and often for multiple purposes (e.g., child care, help moving, problem solving).

Examples include but are not limited to: family resides nearby but is estranged from caregiver; family resides nearby but family members encourage or support negative behaviors by caregiver, such as drug/alcohol abuse or inappropriate discipline.

**OVERRIDES**

*If the scored risk level is very high, overrides will not apply.*

**Policy Overrides**

Indicate whether a policy override condition exists. The presence of one or more listed conditions increases risk to very high.

**1. Non-accidental injury to a child younger than 3.**

Any child younger than the age of 3 in the home where abuse or neglect is alleged has a physical injury resulting from the actions or inactions of a parent/caregiver.

**2. Sexual abuse case AND the perpetrator is likely to have access to the child.**

One or more of the children in the home where abuse or neglect is alleged are victims of sexual abuse and actions by the parent/caregiver indicate that the perpetrator is likely to have access to the child(ren), resulting in danger to the child(ren).

**3. Severe non-accidental injury to any child younger than 16.**

Any child younger than 16 in the home where abuse or neglect is alleged has a severe physical injury resulting from the action or inaction of the parent/caregiver. The parent/caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the child (e.g., suffocating, shooting, bruises/welts, bite marks, strangulation marks) *and requires medical treatment*.

**4. Parent/caregiver's action or inaction resulted in death of a child due to abuse or neglect (previous or current).**

Any child in the home where abuse or neglect is alleged died as a result of actions or inactions by the parent/caregiver.

**Discretionary Override**

A discretionary override is used whenever the worker believes that the risk score does not accurately portray the home's actual risk level. The worker may increase the risk level by one level. If the worker applies a discretionary override, the reason should be specified in the space provided and the final risk level should be marked.