



# FLORIDA SAFETY DECISION MAKING METHODOLOGY

## Family (Household) Risk Assessment of Child Abuse/Neglect

Case Name: \_\_\_\_\_ FSFN Case ID: \_\_\_\_\_  
 Investigation ID: \_\_\_\_\_ Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant Name	Date of Birth	Role

NEGLECT	Score	ABUSE	Score
N1. Current complaint is for neglect <input type="radio"/> No ..... 0 <input type="radio"/> Yes ..... 1 _____	_____	A1. Current complaint is for abuse <input type="radio"/> No ..... 0 <input type="radio"/> Yes ..... 1 _____	_____
N2. Prior investigations (assign highest score that applies) <input type="radio"/> None ..... 0 <input type="radio"/> One or more, abuse only ..... 1 <input type="radio"/> One or two for neglect ..... 2 <input type="radio"/> Three or more for neglect ..... 3 _____	_____	A2. Number of prior abuse investigations <input type="radio"/> None ..... 0 <input type="radio"/> One ..... 1 <input type="radio"/> Two or more ..... 2 _____ (actual number: _____)	_____
N3. Household has previously received ongoing child protective services <input type="radio"/> No ..... 0 <input type="radio"/> Yes ..... 1 _____	_____	A3. Household has previously received ongoing child protective services <input type="radio"/> No ..... 0 <input type="radio"/> Yes ..... 1 _____	_____
N4. Number of children involved in the child abuse/neglect incident <input type="radio"/> One, two, or three ..... 0 <input type="radio"/> Four or more ..... 1 _____	_____	A4. Prior injury to a child resulting from child abuse/neglect <input type="radio"/> No ..... 0 <input type="radio"/> Yes ..... 1 _____	_____
N5. Age of youngest child in the home <input type="radio"/> 2 or older ..... 0 <input type="radio"/> Under 2 ..... 1 _____	_____	A5. Primary caregiver's assessment of incident <input type="radio"/> Not Applicable ..... 0 <input type="radio"/> One or more apply (mark applicable items and add for score): <input type="checkbox"/> Blames child for maltreatment ..... 1 <input type="checkbox"/> Justifies maltreatment ..... 2 _____	_____
N6. Primary caregiver provides physical care consistent with child needs <input type="radio"/> Yes ..... 0 <input type="radio"/> No ..... 1 _____	_____	A6. Domestic violence in the household in the past year <input type="radio"/> No ..... 0 <input type="radio"/> Yes ..... 2 _____	_____
N7. Primary caregiver has a historic or current mental health problem <input type="radio"/> No ..... 0 <input type="radio"/> Yes ..... 1 _____	_____	A7. Primary caregiver characteristics <input type="radio"/> Not Applicable ..... 0 <input type="radio"/> One or more apply (mark applicable items and add for score): <input type="checkbox"/> Provides insufficient emotional/psychological support ..... 1 <input type="checkbox"/> Employs excessive/inappropriate discipline ..... 1 <input type="checkbox"/> Domineering ..... 1 _____	_____
N8. Primary caregiver has historic or current alcohol or drug problem <input type="radio"/> Not Applicable ..... 0 <input type="radio"/> One or more apply (mark applicable items and add for score): <input type="checkbox"/> Alcohol (current or historic) ..... 1 <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months) <input type="checkbox"/> Drug (current or historic) ..... 1 _____ <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months)	_____	A8. Primary caregiver has a history of abuse or neglect as a child <input type="radio"/> No ..... 0 <input type="radio"/> Yes ..... 1 _____	_____
N9. Characteristics of children in household <input type="radio"/> Not Applicable ..... 0 <input type="radio"/> One or more present (mark applicable items and add for score): <input type="checkbox"/> Medically fragile or failure to thrive ..... 1 <input type="checkbox"/> Developmental, physical, or learning disability ..... 1 <input type="checkbox"/> Positive toxicology screen at birth ..... 1 _____	_____	A9. Secondary caregiver has historic or current alcohol or drug problem <input type="radio"/> No ..... 0 <input type="radio"/> Yes, one or more apply ..... 1 _____ <input type="checkbox"/> Alcohol <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months) <input type="checkbox"/> Drug <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months)	_____
N10. Housing <input type="radio"/> Not Applicable ..... 0 <input type="radio"/> One or more apply (mark applicable items and add for score): <input type="checkbox"/> Current housing is physically unsafe ..... 1 <input type="checkbox"/> Homeless ..... 2 _____	_____	A10. Characteristics of children in household <input type="radio"/> Not Applicable ..... 0 <input type="radio"/> One or more apply (mark applicable items and add for score): <input type="checkbox"/> Delinquency ..... 1 <input type="checkbox"/> Developmental or learning disability ..... 1 <input type="checkbox"/> Mental health or behavioral problem ..... 1 _____	_____
<b>TOTAL NEGLECT RISK SCORE</b> _____		<b>TOTAL ABUSE RISK SCORE</b> _____	

**Comment [AJ1]:** All fields on this template pre-fill directly from the corresponding, exact match field. All information will populate if documented on the Risk Assessment page in FSFN. Otherwise, the field will be blank on the template. Each time the template is launched it will populate with the most recent information up until the point at which the page is "Completed" and is then frozen. If the "Complete" check box is de-selected and page becomes enabled again, the template will then update with the most current information accordingly.

**Comment [AJ2]:** Pre-fills with each Participant's Name captured on the Risk Assessment page. Each time the template is launched it will populate with the most recent information up until the point at which the page is "Completed" and is then frozen. If the "Complete" check box is de-selected and page becomes enabled again, the template will then update with the most current information accordingly.

**Comment [AJ3]:** Pre-fills with the participant's Date of Birth reflected on Risk Assessment which will become frozen as identified in comment AJ3 above.

**Comment [AJ4]:** Pre-fills with either "Primary Caregiver" or "Secondary Caregiver" based on whichever check box is selected, if applicable. If one is not selected this field will be null.



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

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
<input type="radio"/> 0-1	<input type="radio"/> 0-1	<input type="radio"/> Low
<input type="radio"/> 2-4	<input type="radio"/> 2-4	<input type="radio"/> Moderate
<input type="radio"/> 5-8	<input type="radio"/> 5-7	<input type="radio"/> High
<input type="radio"/> 9+	<input type="radio"/> 8+	<input type="radio"/> Very High

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

- Yes  No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
- Yes  No 2. Non-accidental injury to a child younger than 2 years old.
- Yes  No 3. Severe non-accidental injury.
- Yes  No 4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

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

- Yes  No 5. If yes, override risk level (mark one):  Moderate  High  Very High

**Discretionary Override Reason:** \_\_\_\_\_

**Comment [AJ5]:** Pre-fills from the Risk Level Score pop-up page and accommodates whatever amount of text was entered on the screen even if it is larger than what it appears to be on this template design document.

**FINAL RISK LEVEL** (mark final level assigned):  Low  Moderate  High  Very High