



Case Name [ ]	Report # [ ]
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Cases to be considered for High Risk Review designation are those cases in which, at a minimum, critical injuries have occurred, a permanent or serious impairment may have occurred, or there has been a death or critical injury to another child in the family.

**I. CHECK EACH ITEM THAT APPLIES AND ADD COMMENTS AS NEEDED**

<p><b>A.</b> <input type="checkbox"/> Child is Under 5, non-verbal, or disabled [ ]</p> <p><input type="checkbox"/> Child over 5 with unusually high risk circumstances present [ ]</p>	<b>CRITERIA</b>
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**Comment [r1]:** This field will pre-fill with the Case Name associated with the Child Investigation from where the form is launched.

**Comment [r2]:** This field will pre-fill with the number associated with the Child Investigation from where the form is launched.

**Comment [r3]:** User entered checkbox

**Comment [r4]:** User entered text field

**Comment [r5]:** User entered checkbox

**Comment [r6]:** User entered text field

**If one box in "A" is checked, proceed to "B" and "C"**

<p><b>B.</b> <input type="checkbox"/> Serious physical injury, suspected or confirmed as having been caused by physical or sexual abuse [ ]</p> <p><input type="checkbox"/> Seriously neglected, resulting in physical harm [ ]</p> <p><input type="checkbox"/> The caretaker refuses or fails to obtain medical/psychological treatment, thereby placing the child in serious jeopardy [ ]</p> <p><input type="checkbox"/> Cases with children over the age of five years may be designated as part of the high risk review system when unusually high risk circumstances are present [ ]</p>	<b>CHILD FACTORS</b>
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**Comment [r7]:** User entered checkbox

**Comment [r8]:** User entered text field

**Comment [r9]:** User entered checkbox

**Comment [r10]:** User entered text field

**Comment [r11]:** User entered checkbox

**Comment [r12]:** User entered text field

**Comment [r13]:** User entered checkbox

**Comment [r14]:** User entered text field

<p><b>C.</b> <input type="checkbox"/> History of previous serious abuse to a child, or a child fatality, permanent planning services, or termination of parental rights with no evidence of subsequent reduction of risk factors [ ]</p> <p><input type="checkbox"/> Caretaker not able or willing to protect child from risk, including possible A/P's access to child [ ]</p> <p><input type="checkbox"/> Caretaker has a diagnosis of chronic or acute and debilitating mental illness [ ]</p> <p><input type="checkbox"/> Caretaker exhibits acute or chronic intellectual, personality, emotional or behavioral handicap [ ]</p> <p><input type="checkbox"/> Caretakers have a history of significant domestic violence [ ]</p> <p><input type="checkbox"/> Caretaker has a significant documented drug or alcohol problem [ ]</p>	<b>CARETAKER FACTORS</b>
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**Comment [r15]:** User entered checkbox

**Comment [r16]:** User entered text field

**Comment [r17]:** User entered checkbox

**Comment [r18]:** User entered text field

**Comment [r19]:** User entered checkbox

**Comment [r20]:** User entered text field

**Comment [r21]:** User entered checkbox

**Comment [r22]:** User entered text field

**Comment [r23]:** User entered checkbox

**Comment [r24]:** User entered text field

**Comment [r25]:** User entered checkbox

**Comment [r26]:** User entered text field

**If one box in "A" and one box in "B" or "C" is checked, proceed to Section III. If not, proceed to Section II**

## HIGH RISK SCREENING TOOL

**II.** Case does not meet High Risk Review Criteria. (Sign, date, and place form in case file.)

\_\_\_\_\_  
CPI Signature and Date

\_\_\_\_\_  
CPIS Signature and Date

**III.** High Risk Review Staffing is Required. Proceed to staff case with supervisor within 24 hours. Other requirements include:

- HIGH RISK STAFFING
- CWLS STAFFING
- INITIAL CASE CONFERENCE FOR SERVICE TO INCLUDE THIS FORM
- ENTERED ON HIGH RISK TRACKING LOG
- FSFN DOCUMENTATION OF STAFFING

Comment [r27]: User entered checkbox

Comment [r28]: User entered checkbox

Comment [r29]: User entered checkbox

Comment [r30]: User entered checkbox

Comment [r31]: User entered checkbox

\_\_\_\_\_  
CPI Signature and Date

**HIGH RISK SCREENING TOOL**

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**COMPLETE AT HIGH RISK STAFFING**

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RISK LEVEL DETERMINED AT STAFFING AND ACTIONS TAKEN TO ENSURE CHILD SAFETY

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CPI Signature and Date

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CPIS Signature and Date

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ADMINISTRATIVE REVIEW

**HIGH RISK SCREENING TOOL**

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Reviewed By

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Reviewer's Signature and Date

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