

Case Name: [REDACTED] [REDACTED]	Provider Name: [REDACTED] [REDACTED]	Worker: [REDACTED]	
Case ID: [REDACTED]	Provider ID: [REDACTED]	<input type="checkbox"/> Completed	Assessment Completed Date:

**DLR/CPS RISK ASSESSMENT**

**1. Child Characteristics**

Risk	Explanation

**2. Severity of CA/N**

Risk	Explanation

**3. Chronicity of CA/N and other Health and Safety Concerns**

Risk	Explanation

**4. Caregiver, Licensee and/or Agency Characteristics**

Risk	Explanation

**5. Caregiver/Child Relationship**

Risk	Explanation

**6. Social/Economic and Environmental Factors**

Risk	Explanation

**7. Perpetrator Access**

Risk	Explanation

**VIII. Overall Rating of Future Risk:**

**Narrative Supporting Overall Rating of Future Risk:**

INVESTIGATING ABUSE AND NEGLECT IN STATE-REGULATED CARE

**APPENDIX B: DLR/CPS RISK MATRIX**

**Risk Factor Matrix Guide  
For DLR/CPS Facility Investigations**

<b>Risk Factor</b>	<b>Strength</b>	<b>Low Risk (1)</b>	<b>Moderate Risk (3)</b>	<b>High Risk (5)</b>
<b>CHILD CHARACTERISTICS</b>				
<b>Age</b>		12-18 yrs.	6-11 yrs.	0-5 yrs.
<b>Physical, Mental or Social Development</b>	No physical, mental, social or developmental delay.	Mild physical, mental, social or developmental delay.	Significant physical, mental, social or developmental delay.	Profound physical, mental, social or developmental delay.
<b>Behavior Issues</b>	Child displays normal age appropriate behavior.	Child displays minor behavioral problems.	Child is behaviorally disturbed.	Child is difficult to manage due to explosive behavior, sexual behavior, suicide attempts or other difficult behavior.
<b>Self Protection</b>	Child is willing and able to protect self.	Child displays consistent ability to protect self.	Child displays occasional ability to protect self.	Child is unable to protect self.
<b>Child's Visibility in Community</b>	Child goes to legal parent's home at night and/or public school.	Child is in out-of-home care but goes to public school.	Child is in out-of-home care, little regular interaction with general community.	Child is in institutional care and/or has extremely limited interaction with general community. Caretaker prohibits child from contact with others on an ongoing basis.
<b>Fear of Caretaker or Facility Environment</b>	Child is comfortable with caretaker and/or facility environment.	Child evidences mild doubt or concern about caretaker or facility environment.	Child evidences anxiety and/or discomfort about caretaker or facility environment.	Child is extremely fearful about caretaker or facility environment.

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<b>SEVERITY OF CHILD ABUSE AND/OR NEGLECT (CA/N)</b>				
<b>Dangerous Acts</b>	Caretaker exercises care to ensure child's safety and not cause injury to child.	Caretaker acts which place the child at risk of minor pain or injury.	Caretaker acts which place child at risk of significant pain or moderate injury.	Caretaker acts which place child at risk of impairment or loss of bodily function.
<b>Extent of Physical Injury or Harm Exhibited by Child as a Result of CA/N</b>	No injury and no medical treatment needed.	Child sustains a superficial injury not requiring professional medical attention. Use of restraints which resulted in a minor injury not requiring professional medical attention.	Child sustains a significant injury unlikely to require professional medical attention.	Use of restraints without proper training or authorization, improperly applied, reported as excessive or caused an injury resulting in professional medical attention. Child sustains a major injury requiring professional medical attention.
<b>Extent of Emotional Harm or Damage Exhibited by Child as a Result of CA/N</b>	Child exhibits normal behavior and social functioning.	Minor distress or impairment in functioning related to CA/N.	Behavior problems related to CA/N that impairs social relationships or role functioning.	Extensive emotional or behavioral impairment related to CA/N.

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<b>Adequacy of Medical or Dental Care</b>	Caretaker consistently obtains routine and crisis care for child. Caretaker properly administers child's medication.	Caretaker fails to obtain routine medical, dental or prenatal care but seeks crisis/emergent care as needed.	Caretaker fails to obtain appropriate medical care for injury or illness that usually requires treatment. Caretaker improperly administers medication to child not resulting in the need for professional medical attention.	Caretaker fails to obtain treatment for a critical or life-threatening condition. Failure to obtain mental health treatment for an imminently suicidal child. Failure to obtain treatment as required by WAC and/or contract for juvenile sex offender. Caretaker improperly administers medication to child resulting in the need for professional medical attention.
<b>Provision of Basic Needs by Caretaker</b>	Food, clothing, shelter and hygiene needs adequately met.	Failure to provide for basic needs places child at risk of minor distress or discomfort.	Failure to provide basic needs places child at risk of cumulative harm.	Failure to provide for basic needs places child at risk of significant pain, injury or harm.

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<b>Adequacy of Supervision by Caretaker</b>	Supervision meets normal standards appropriate to child's age and level of physical or emotional abilities.	Inadequate supervision places child at risk of minor discomfort or distress.	Inadequate supervision places child at risk of cumulative harm.	Child is supervised by too few, inadequate and/or inappropriate caretakers. Caretaker sleeping when required by WAC and/or contract to be awake. Caretaker has a history of failing to prevent incidents of physical/sexual assaults between children.
<b>Physical Hazards or Dangerous Objects in the Facility</b>	Facility conditions are safe.	Facility conditions place the child at risk of minor illness or superficial injury.	Facility conditions place the child at risk of harm that is significant but unlikely to require treatment.	Hazards in the facility place the child at risk of seriously harm that would likely require treatment.
<b>Sexual Abuse and/or Exploitation</b>	Caretaker has a non-sexualized relationship with child and protects child from sexual abuse.	Facility/Agency/Caretaker has no policy for dealing with children with sexualized behaviors.	Facility/Agency/Caretaker fails to protect child from sexual overtures, grooming behavior by other children or persons.	Caretaker engages in sexual contact with child or exhibits sexual overtures or grooming behavior.

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<b>Exploitation (Non-Sexual)</b>	Caretaker has a non-exploitative relationship with the child and does not use the child in any manner for personal gain.	Facility/Agency or Caretaker has no policy or inadequate policy for preventing the exploitation of children.	Facility/Agency or Caretaker allows dominant children or persons to use and/or exploit children in care.	Facility/Agency or Caretaker engages child in dangerous or illegal activities that support and/or benefit the facility/agency or caretaker.
<b>CHRONICITY</b>				
<b>Frequency of Abuse/Neglect by Caretaker/Agency</b>	Children are treated appropriately and there have been no founded incidents of CA/N in the past.	There is a pattern of incidents that, while not rising to the level of CA/N are related to health and safety of children.	There are prior referrals of CA/N that were determined "inconclusive."	There are prior referrals of CA/N that were determined founded.
<b>CARETAKER/AGENCY CHARACTERISTICS</b>				
<b>Supervision of Licensed Home, Group Home, Group Care and Child Care Line Staff, Foster Parents &amp; Aides</b>	Staff/Caretakers perceive they have quality and available supervision and consultation.	Staff/Caretakers perceive they have some supervision and consultation but not as much as needed.	Staff/Caretakers perceive they have some supervision and consultation but perceive this as being negative or punitive.	Staff/Caretakers perceive they have little or no supervision and consultation available when needed.

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<b>Agency Standards for Care</b>	Agency Management/Caretaker sets high standards for health and safety and hold staff accountable for these standards. Facility/Caretaker has policies on use of restraints (where allowed by WAC), use of de-escalation, and standards of supervision.	Agency Management sets high standards, hold staff accountable but the staff person responsible for this incident didn't follow agency directives.	Agency Management has written and stated policies setting high standards, but the underlying staff culture, in general ignores or discounts the standards	Agency Management and or Caretakers of children, directly or indirectly indicate that they aren't responsible or can't prevent violations of health and safety standards.
<b>Training/Experience of Caretaker</b>	Staff/Caretakers are well trained and/or experienced to meet the needs of the children in care.	Staff/Caretakers have some training and/or experience to meet the needs of the children in care.	Staff/Caretakers have basic training to meet the needs of the children in care but there appears to be no follow up training for experienced staff.	Staff/Caretakers fail to have basic training/experience to meet the needs of the children in care.
<b>Openness to Outside Investigation and Cooperation During Investigation</b>	Agency/Caretaker is open in the investigative process and provides the investigator with unrestricted access to children and records.	Agency/Caretaker accepts investigation, does not block access but may be intermittently cooperative.	Agency/Caretaker accepts investigation but may require some urging to cooperate with the investigative process.	Agency/Caretaker refuses to allow an investigation to occur. Agency/Caretaker creates significant and purposeful roadblocks for investigation to access children and records.

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Risk Factor	Strength	Low Risk (1)	Moderate Risk (3)	High Risk (5)
<b>Caretaker's History of Substance Abuse</b>	Caretaker does not abuse alcohol/drugs and does not sell drugs. Agency has policies/procedures that allows supervisors/managers to become aware of possible substance abuse issues with staff/caretaker.	Caretaker has a history of substance abuse but no current problem.	Caretaker has reduced effectiveness due to substance abuse or addiction. Agency has no policy or procedure that allows supervisors/managers to become aware of possible substance abuse issues with staff/caretaker.	Caretaker as significant alcohol or drug problems and is substantially incapacity due to substance abuse or addiction.
<b>Caretaker's Mental, Physical or Emotional Impairment</b>	Caretaker appears emotionally and mentally stable and capable of exercising good judgment.	Supervisors/Managers are aware of mental, physical, emotional impairment of caretakers and have provided needed supports. Caretaker has a physical, emotional or mental impairment that mildly interferes with their caretaker abilities.	Caretaker has a physical, emotional or mental impairment that significantly interferes with their caretaker abilities.	Caretaker has mental, physical or emotional impairments that severely interferes with caretaker abilities. Supervisors/Managers are aware of mental, physical, emotional impairment of caretakers and failed to provide needed supports when requested.

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<b>Victimization of Other Children by Caretaker</b>	Caretaker is positive and appropriate with children. Caretaker has no history of victimization of other children.	There is no low or moderate risk tag for this factor.	There is no low or moderate risk tag for this factor.	Caretaker has a prior history of victimization of other children.
<b>History of Domestic Violence and Assaultive Behavior</b>	Caretaker resolves conflict in non-aggressive manner.	There is no low or moderate risk tag for this factor.	There is no low or moderate risk tag for this factor.	Caretaker has single incident or repeated incidents of assaultive behavior which results in, or could result in, major injury.
<b>Caretaker's History of CA/N as a Child</b>	Caretaker raised in healthy, non-abuse environment.	Caretaker had occasional incidents of abuse or neglect as a child but has resolved emotional issues related to CA/N.	Caretaker had repeated incidents of abuse or neglect as a child but has apparently resolved the issues related to CA/N.	Caretaker has history of chronic and/or severe abuse or neglect as a child and does not appear to have resolved the emotional issues.
<b>Caretaker Skills and Knowledge</b>	Caretaker provides an environment which is child-friendly.	Caretaker has some unrealistic expectations of child and/or gaps in caretaker skills or knowledge.	Caretaker has significant gaps in caretaker knowledge and/or skills that interfere with their abilities.	Caretaker has gross deficiencies in caretaker knowledge and/or make unrealistic demands on the child. Uses disciplinary or treatment methods, regardless of injury, that are humiliating or cruel.

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<b>Nurturance</b>	Caretaker is openly accepting of child, interacts with child and provides appropriate and adequate stimulation.	Caretaker provides inconsistent expression of acceptance and inconsistent stimulation and interaction.	Caretaker withholds affection and acceptance but is not openly rejecting or hostile to child.	Caretaker severely rejects child, providing no affection, attention or stimulation. Labels child (i.e. DD or retarded) without adequate evaluation.
<b>Recognition of Problem by Caretaker and/or Agency</b>	Caretaker/Agency openly acknowledges the problem and its severity and is willing to accept responsibility. Caretaker is open to the investigative process.	Caretaker/Agency recognizes a problem exists and is willing to take some responsibility.	Caretaker/Agency has a superficial understanding of the problem, but fails to accept responsibility for own behavior.	Caretaker/Agency has no understanding or complete denial of the problem and refuses to accept any responsibility. Caretaker/Agency refuses to appropriately deal with staff involved or admit that a problem exist that may require Management or Licensing Authority intervention.

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<b>Protection of Child by Non-Abusive Caretaker</b>	Agency/Caretaker minimizes re-abuse by placing the alleged perpetrator on administrative duty not caring for child. Agency/Caretaker acts immediately to protect child.	Agency/Caretaker is willing but occasionally unable to protect child from dangerous situation or persons.	Agency/Caretaker's protection of the child is inconsistent or unreliable.	Agency/Caretaker refuses or is unable to protect child. Caretaker has not taken reasonable and prudent precautions in screening or hiring individuals who will have contact with children.
<b>Caretaker's Involvement in Decision Making</b>	Caretaker feels he/she is very involved and/or supported by agency/management in decision making for the child.	Caretaker feels he/she is somewhat involved and/or supported by agency/management in decision making for the child but believes it could be better.	Caretaker feels he/she is not involved and/or supported by agency/management in decision making for the child.	Lack of support/involvement in decision making has resulted in active hostility between caretakers and agency/management.
<b>CARETAKER-CHILD RELATIONSHIP</b>				
<b>Response to Child's Behavior or Misconduct</b>	Caretaker responds appropriately to child's behavior.	Caretaker sometimes responds inappropriately to child's behavior.	Caretaker responds to child's behavior with anger, frustration and helplessness.	Caretaker consistently responds abusively to child's behaviors.
<b>Attachment and Bonding (For Foster Care Only)</b>	Secure and appropriate attachment between caretaker and child.	Mild discrepancies or inconsistencies are evident in the caretaker-child relationship.	Caretaker-child relationship evidence an anxious or disturbed attachment.	Child is unable to bond/attach with caretaker.

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<b>Child's Role in Facility/Home</b>	Roles and responsibilities in facility and assigned appropriately.	Child is given inappropriate role with no immediately apparent detrimental effects.	Child's role in facility has detrimental effects on normal development.	Child's role in facility severely limits or prevents normal development.
<b>Child is Pressured to Recant or Deny</b>	Caretaker supports and insulates child from any pressure to recant or deny abuse.	Caretaker supports and insulates child from outside pressure to recant or deny abuse.	Caretaker indirectly puts pressure on the child to recant or deny, and/or allows others to directly pressure the child.	Caretaker directly pressures child to recant or deny, and/or solicits or encourages others to do so.
<b>Personal Boundary Issues</b>	Personal boundaries are clear and expected.	Personal boundaries are usually clear and expected; violations occur occasionally.	Personal boundaries are usually clear but non-physical violations occur regularly.	Some personal boundaries are clear, but violations occur regularly including physical violations.
<b>Caretaker/Agency Response to Abuse</b>	Caretaker/Agency believes disclosure, shows concern and support for the child and wants to protect and/or get needed treatment.	Caretaker/Agency will consider the possibility that abuse occurred, shows support and concern for child and expresses desire to protect.	Caretaker/Agency does not believe disclosure, but shows concern for child and is willing to protect and/or get needed treatment.	Caretaker/Agency does not believe disclosure, shows anger towards child and supports offender does not seek needed treatment.

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<b>SOCIAL, ECONOMIC AND ENVIRONMENTAL FACTORS</b>				
<b>Time of Day</b>	There is no strength tag for this factor	There is no low or moderate risk tag for this factor	There is no low or moderate risk tag for this factor	The incident being investigated occurred between either 6-9 am or 5-9 pm.
<b>Stress on Caretaker</b>	Caretaker has no significant life stresses.	Caretaker is experiencing mild stresses.	Caretaker is experiencing significant stresses or life changes.	Caretaker is experiencing multiple and/or severe stress or life changes.
<b>Employment/Income for Caretaker</b>	Caretaker is employed at a level that is consistent with training and personal expectations or unemployed by choice.	Caretaker has some financial concerns.	Caretaker is having financial concerns that are perceived as being the direct result of being underpaid in the caretaker position.	Caretaker has major financial concerns.
<b>Time Off and Respite</b>	Caretaker has adequate time away/respite from caretaker role.	Caretaker has some time away/respite from caretaker role but not enough.	Caretaker has inadequate time away/respite from caretaker role and/or is frequently asked to work double shifts or overtime.	Caretaker works several jobs and/or has excessive overtime and has no time away/respite from caretaker role.

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<b>Employment Fears</b>	Caretaker/staff feels secure regarding their future employment with the agency.	Caretaker/staff feels generally secure regarding their future employment with the agency.	Caretaker/staff has some concerns about future lay-offs.	Caretaker/staff feels extreme anxiety about impending lay-offs.
<b>Changes in Physical Facility or Home</b>	There have been no changes in physical environment.	There have been minor recent changes in physical environment.	There is no moderate risk tag for this factor	There have been major recent changes in the physical environment.
<b>Capacity</b>	The facility is operating at or below licensed/certified capacity.	The facility has been operating slightly above licensed/certified capacity for a short period of time.	There is no moderate risk tag for this factor	The facility regularly operates above licensed/certified capacity.
<b>Recent Population Changes</b>	The population number and type have remained the same in the recent past.	There have been minor changes in population numbers and type.	There is no moderate risk tag for this factor	There have been major recent changes in the types and/or number of children served and/or groups of children have moved recently from the facility.
<b>Programming</b>	The facility has excellent programming (for example activities, recreation, and/or treatment).	The facility has adequate programming.	The facility has some programming but some problems in this area.	The facility has significant problems with programming.

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<b>Social Support for Caretaker</b>	Caretaker has frequent and positively perceived supportive contacts.	Caretaker has occasional supportive contact.	Caretaker has sporadic supportive contact.	Caretaker has no or very negatively perceived social support.
<b>PERPETRATOR ACCESS</b>				
<b>Perpetrator Access</b>	Perpetrator's access to the child is limited, planned, and structured to ensure child safety and well-being.	Perpetrator access is supervised and usually controlled or limited.	Limited supervised access or primary responsibility for care of child.	Unlimited access or full responsibility for care of child.