

Mock State Risk Assessment

Case Name:

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 3/20/2007

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement

Date of Birth: 10/30/1981

Neglect Scale

N1. Current report is for neglect.

No (0)

Yes(1)

N2. Prior assessments (*assign highest score that applies*)

None (-1)

One or more, abuse only (1)

One or two for neglect (2)

Three or more for neglect (3)

N3. Household has previously received child protective services.

No (0)

Yes (1)

N4. Number of children involved in the child abuse/neglect incident

One, two, or three (0)

Four or more (1)

N5. Age of youngest child in the home

Two or older (0)

Under two (1)

N6. Characteristics of children in household (*add for score*)

Not applicable (0)

One or more present (*mark all applicable & add*)

Developmental, learning, or physical disability (1)

Medically fragile or failure to thrive (1)

Mental health or behavioral problem (1)

N7. Primary caregiver physical care of the child

Consistent with child needs (0)

Inconsistent with child needs (1)

N8. Primary caregiver has a history of abuse or neglect as a child.

No (0)

Yes (1)

N9. Primary caregiver has/had a mental health problem.

None/not applicable (0)

Current or prior mental health problem (1)

Mock State Risk Assessment

Case Name:

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 3/20/2007

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement

Date of Birth: 10/30/1981

N10. Primary caregiver has/had an alcohol and/or drug problem.

None/not applicable..... 0

One or more apply (*mark all applicable*) (2)

__Alcohol (__Last 12 months and/or __Prior to the last 12 months)

__Drugs (__Last 12 months and/or __Prior to the last 12 months)

__Marijuana __Methamphetamine __Heroin __Cocaine

__Other:

N11. Primary caregiver has criminal arrest history.

No (0)

Yes (1)

If yes, check either or both:

__Arrests __Conviction

N12. Current housing

Not applicable..... 0

One or more apply 1

Physically unsafe AND/OR

Family homeless

TOTAL NEGLECT SCALE RISK SCORE = 0

ABUSE Score

A1. Current report is for physical abuse.

No (0)

Yes(1)

A2. Prior assessments (*assign highest score that applies*)

None (-1)

One or more, abuse only (1)

One or two for neglect (2)

Three or more for neglect (3)

A3. Household has previously received child protective services.

No (0)

Yes (1)

A4. Number of children involved in the child abuse/neglect incident

One, two, or three (0)

Four or more (1)

Mock State Risk Assessment

Case Name:

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 3/20/2007

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement

Date of Birth: 10/30/1981

A5. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child

None/not applicable (0)

One or more of the following apply (1)

Prior physical injury to a child resulting from CA/N

Prior substantiated physical abuse of a child

A6. Characteristics of children in household (*score 1 if any present*)

Not applicable (0) One or more present (*mark all applicable*) (1)

Delinquency history

Developmental disability

Learning disability

Mental health or behavioral problem

A7. Domestic violence in the household in the past year

No (0)

Yes (1)

A8. Primary caregiver employs excessive/inappropriate discipline.

No (0)

Yes (1)

A9. Primary caregiver has a history of abuse or neglect as a child.

No (0)

Yes (1)

A10. Primary caregiver has/had a mental health problem.

No (0)

One or more apply (1)

During the last 12 months

Prior to the last 12 months

TOTAL ABUSE SCALE SCORE: -1

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

Neglect Score

-1-1

2-5

6-8

9+

Abuse Score

-1-0

1-3

4-5

6+

Scored Risk Level

Low

Moderate

High

Very High

Mock State Risk Assessment

Case Name:

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 3/20/2007

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement

Date of Birth: 10/30/1981

POLICY OVERRIDES. Check the box if a condition shown below is applicable. If any condition is applicable, override the final risk level to very high.

- Sexual abuse AND the perpetrator is likely to have access to the child/ victim.
- Non-accidental injury to a child under age 2
- Severe non-accidental injury
- Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE: If yes, override risk level (mark one):

- Moderate
- High
- Very High

Discretionary override reason:

FINAL RISK LEVEL (mark final level assigned):

- Low
- Moderate
- High
- Very High

Signature and Approval

Cory Bright

Worker

3/20/2007

Date

Amie Hicks

Supervisor

3/20/2007

Date

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 4/04/2011

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

Neglect Scale

N1. Current report is for neglect.

No (0)

Yes(1)

N2. Prior assessments (*assign highest score that applies*)

None (-1)

One or more, abuse only (1)

One or two for neglect (2)

Three or more for neglect (3)

N3. Household has previously received child protective services.

No (0)

Yes (1)

N4. Number of children involved in the child abuse/neglect incident

One, two, or three (0)

Four or more (1)

N5. Age of youngest child in the home

Two or older (0)

Under two (1)

N6. Characteristics of children in household (*add for score*)

Not applicable (0)

One or more present (*mark all applicable & add*)

Developmental, learning, or physical disability (1)

Medically fragile or failure to thrive (1)

Mental health or behavioral problem (1)

N7. Primary caregiver physical care of the child

Consistent with child needs (0)

Inconsistent with child needs (1)

N8. Primary caregiver has a history of abuse or neglect as a child.

No (0)

Yes (1)

N9. Primary caregiver has/had a mental health problem.

None/not applicable (0)

Current or prior mental health problem (1)

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 4/04/2011

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

N10. Primary caregiver has/had an alcohol and/or drug problem.

None/not applicable..... 0

One or more apply (*mark all applicable*) (2)

__Alcohol (__Last 12 months and/or __Prior to the last 12 months)

__Drugs (__Last 12 months and/or __Prior to the last 12 months)

__Marijuana __Methamphetamine __Heroin __Cocaine

__Other:

N11. Primary caregiver has criminal arrest history.

No (0)

Yes (1)

If yes, check either or both:

__Arrests __Conviction

N12. Current housing

Not applicable..... 0

One or more apply 1

Physically unsafe; AND/OR

Family homeless

TOTAL NEGLECT SCALE RISK SCORE = 4

ABUSE Score

A1. Current report is for physical abuse.

No (0)

Yes(1)

A2. Prior assessments (*assign highest score that applies*)

None (-1)

One or more, abuse only (1)

One or two for neglect (2)

Three or more for neglect (3)

A3. Household has previously received child protective services.

No (0)

Yes (1)

A4. Number of children involved in the child abuse/neglect incident

One, two, or three (0)

Four or more (1)

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 4/04/2011

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

A5. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child

None/not applicable (0)

One or more of the following apply (1)

Prior physical injury to a child resulting from CA/N

Prior substantiated physical abuse of a child

A6. Characteristics of children in household (score 1 if any present)

Not applicable (0)

One or more present (mark all applicable) (1)

Delinquency history

Developmental disability

Learning disability

Mental health or behavioral problem

A7. Domestic violence in the household in the past year

No (0)

Yes (1)

A8. Primary caregiver employs excessive/inappropriate discipline.

No (0)

Yes (1)

A9. Primary caregiver has a history of abuse or neglect as a child.

No (0)

Yes (1)

A10. Primary caregiver has/had a mental health problem.

No (0)

One or more apply (1)

During the last 12 months

Prior to the last 12 months

TOTAL ABUSE SCALE SCORE: 4

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

Neglect Score

-1-1

2-5

6-8

9 +

Abuse Score

-1-0

1-3

4-5

6 +

Scored Risk Level

Low

Moderate

High

Very High

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 4/04/2011

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) **Date of Birth:** 10/30/1981

POLICY OVERRIDES. Check the box if a condition shown below is applicable. If any condition is applicable, override the final risk level to very high.

- Sexual abuse AND the perpetrator is likely to have access to the child/ victim.
- Non-accidental injury to a child under age 2
- Severe non-accidental injury
- Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE: If yes, override risk level (mark one):

- Moderate
- High
- Very High

Discretionary override reason:

FINAL RISK LEVEL (mark final level assigned):

- Low
- Moderate
- High
- Very High

Signature and Approval

Michael Stout

4/04/2011

Worker

Date

Sarah Stiles

4/04/2011

Supervisor

Date

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 6/03/2011

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

Neglect Scale

N1. Current report is for neglect.

No (0)

Yes(1)

N2. Prior assessments (*assign highest score that applies*)

None (-1)

One or more, abuse only (1)

One or two for neglect (2)

Three or more for neglect (3)

N3. Household has previously received child protective services.

No (0)

Yes (1)

N4. Number of children involved in the child abuse/neglect incident

One, two, or three (0)

Four or more (1)

N5. Age of youngest child in the home

Two or older (0)

Under two (1)

N6. Characteristics of children in household (*add for score*)

Not applicable (0)

One or more present (*mark all applicable & add*)

Developmental, learning, or physical disability (1)

Medically fragile or failure to thrive (1)

Mental health or behavioral problem (1)

N7. Primary caregiver physical care of the child

Consistent with child needs (0)

Inconsistent with child needs (1)

N8. Primary caregiver has a history of abuse or neglect as a child.

No (0)

Yes (1)

N9. Primary caregiver has/had a mental health problem.

None/not applicable (0)

Current or prior mental health problem (1)

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 6/03/2011

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

N10. Primary caregiver has/had an alcohol and/or drug problem.

None/not applicable..... 0

One or more apply (*mark all applicable*) (2)

__Alcohol (__Last 12 months and/or __Prior to the last 12 months)

__Drugs (__Last 12 months and/or __Prior to the last 12 months)

__Marijuana __Methamphetamine __Heroin __Cocaine

__Other:

N11. Primary caregiver has criminal arrest history.

No (0)

Yes (1)

If yes, check either or both:

__Arrests __Conviction

N12. Current housing

Not applicable..... 0

One or more apply 1

Physically unsafe; AND/OR

Family homeless

TOTAL NEGLECT SCALE RISK SCORE = 4

ABUSE Score

A1. Current report is for physical abuse.

No (0)

Yes(1)

A2. Prior assessments (*assign highest score that applies*)

None (-1)

One or more, abuse only (1)

One or two for neglect (2)

Three or more for neglect (3)

A3. Household has previously received child protective services.

No (0)

Yes (1)

A4. Number of children involved in the child abuse/neglect incident

One, two, or three (0)

Four or more (1)

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 6/03/2011

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

A5. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child

None/not applicable (0)

One or more of the following apply (1)

Prior physical injury to a child resulting from CA/N

Prior substantiated physical abuse of a child

A6. Characteristics of children in household (score 1 if any present)

Not applicable (0)

One or more present (mark all applicable) (1)

Delinquency history

Developmental disability

Learning disability

Mental health or behavioral problem

A7. Domestic violence in the household in the past year

No (0)

Yes (1)

A8. Primary caregiver employs excessive/inappropriate discipline.

No (0)

Yes (1)

A9. Primary caregiver has a history of abuse or neglect as a child.

No (0)

Yes (1)

A10. Primary caregiver has/had a mental health problem.

No (0)

One or more apply (1)

During the last 12 months

Prior to the last 12 months

TOTAL ABUSE SCALE SCORE: 4

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

Neglect Score

-1-1

2-5

6-8

9 +

Abuse Score

-1-0

1-3

4-5

6 +

Scored Risk Level

Low

Moderate

High

Very High

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 6/03/2011

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

POLICY OVERRIDES. Check the box if a condition shown below is applicable. If any condition is applicable, override the final risk level to very high.

- Sexual abuse AND the perpetrator is likely to have access to the child/ victim.
- Non-accidental injury to a child under age 2
- Severe non-accidental injury
- Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE: If yes, override risk level (mark one):

- Moderate
- High
- Very High

Discretionary override reason:

FINAL RISK LEVEL (mark final level assigned):

- Low
- Moderate
- High
- Very High

Signature and Approval

Timothy Riggs

Worker

6/03/2011

Date

Sara Perry

Supervisor

6/03/2011

Date

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 1/4/2012

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

Neglect Scale

N1. Current report is for neglect.

No (0)

Yes(1)

N2. Prior assessments (*assign highest score that applies*)

None (-1)

One or more, abuse only (1)

One or two for neglect (2)

Three or more for neglect (3)

N3. Household has previously received child protective services.

No (0)

Yes (1)

N4. Number of children involved in the child abuse/neglect incident

One, two, or three (0)

Four or more (1)

N5. Age of youngest child in the home

Two or older (0)

Under two (1)

N6. Characteristics of children in household (*add for score*)

Not applicable (0)

One or more present (*mark all applicable & add*)

Developmental, learning, or physical disability (1)

Medically fragile or failure to thrive (1)

Mental health or behavioral problem (1)

N7. Primary caregiver physical care of the child

Consistent with child needs (0)

Inconsistent with child needs (1)

N8. Primary caregiver has a history of abuse or neglect as a child.

No (0)

Yes (1)

N9. Primary caregiver has/had a mental health problem.

None/not applicable (0)

Current or prior mental health problem (1)

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 1/4/2012

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

N10. Primary caregiver has/had an alcohol and/or drug problem.

None/not applicable..... 0

One or more apply (*mark all applicable*) (2)

__Alcohol (__Last 12 months and/or __Prior to the last 12 months)

__Drugs (__Last 12 months and/or __Prior to the last 12 months)

__Marijuana __Methamphetamine __Heroin __Cocaine

__Other:

N11. Primary caregiver has criminal arrest history.

No (0)

Yes (1)

If yes, check either or both:

__Arrests __Conviction

N12. Current housing

Not applicable..... 0

One or more apply 1

Physically unsafe AND/OR

Family homeless

TOTAL NEGLECT SCALE RISK SCORE = 3

ABUSE Score

A1. Current report is for physical abuse.

No (0)

Yes(1)

A2. Prior assessments (*assign highest score that applies*)

None (-1)

One or more, abuse only (1)

One or two for neglect (2)

Three or more for neglect (3)

A3. Household has previously received child protective services.

No (0)

Yes (1)

A4. Number of children involved in the child abuse/neglect incident

One, two, or three (0)

Four or more (1)

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 1/4/2012

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

A5. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse to a child

None/not applicable (0)

One or more of the following apply (1)

Prior physical injury to a child resulting from CA/N

Prior substantiated physical abuse of a child

A6. Characteristics of children in household (score 1 if any present)

Not applicable (0)

One or more present (mark all applicable) (1)

Delinquency history

Developmental disability

Learning disability

Mental health or behavioral problem

A7. Domestic violence in the household in the past year

No (0)

Yes (1)

A8. Primary caregiver employs excessive/inappropriate discipline.

No (0)

Yes (1)

A9. Primary caregiver has a history of abuse or neglect as a child.

No (0)

Yes (1)

A10. Primary caregiver has/had a mental health problem.

No (0)

One or more apply (1)

During the last 12 months

Prior to the last 12 months

TOTAL ABUSE SCALE SCORE: 3

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

Neglect Score

-1-1

2-5

6-8

9 +

Abuse Score

-1-0

1-3

4-5

6 +

Scored Risk Level

Low

Moderate

High

Very High

Mock State Risk Assessment

Case Name: Clement

Child(ren): David Clement

Date of Birth: 8/01/2001

Date of Assessment: 1/4/2012

Parent: Collin Clement

Date of Birth: 3/27/1979

Parent: Jennifer Clement (not in home) Date of Birth: 10/30/1981

POLICY OVERRIDES. Check the box if a condition shown below is applicable. If any condition is applicable, override the final risk level to very high.

- Sexual abuse AND the perpetrator is likely to have access to the child/ victim.
- Non-accidental injury to a child under age 2
- Severe non-accidental injury
- Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE: If yes, override risk level (mark one):

- Moderate
- High
- Very High

Discretionary override reason:

FINAL RISK LEVEL (mark final level assigned):

- Low
- Moderate
- High
- Very High

Signature and Approval

Timothy Riggs

Worker

1/4/2012

Date

Sara Perry

Supervisor

1/4/2012

Date