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# ***System Build 16 Job Aid***

## ***Risk Assessment Profile (RAP)***



**CONNECTIONS Training Project  
SUNY Training Strategies Group**

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**CONNECTIONS - System Build 16 Job Aid  
Risk Assessment Profile (RAP)**

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This Job Aid is available online:

- In the Public Folders:  
    *All Public Folders > Statewide > CONNECTIONS > Build 16*
- On the Citrix sign-on page:  
    Select the *Click Here for OCFS CONNECTIONS Intranet Website* hyperlink
- On the CONNECTIONS Intranet site:  
    *DFA Intranet Site > OCFS Home page > CONNECTIONS > Desk and Job Aids*

In addition to this Job Aid, the following additional Build 16 Job Aids are available:

- Changes to Safety Assessment
- Changes to Progress Notes
- Changes to CPS Functions

The CONNECTIONS Intranet site also contains information about CONNECTIONS training.



## Introduction

This Job Aid provides information about the implementation of the Risk Assessment Profile (RAP) in CONNECTIONS that is being introduced with Build 16.

Specifically, this Job Aid contains information about the following:

- The new **Risk Assess Profile** tab in the CPRS
- Creating, modifying and viewing the Risk Assessment Profile in CONNECTIONS
- Selecting Risk Elements
- Selecting Elevated Risk Elements
- System calculation of Risk Score and Risk Ratings
- The effect of case-level information on the RAP
- Build 16 effects on pre-Build 16 Investigation stages

**The WebRAP**



Since early 2003, the Web-based Risk Assessment Profile (WebRAP) has been implemented throughout New York State.

The information recorded in the WebRAP is retained in a separate database; it will not be converted into the CPRS Risk Assessment Profile (RAP) functionality in CONNECTIONS.

WebRAPs should be printed and filed  
in the external case record.

The WebRAP will remain available for 90 days following the implementation of CONNECTIONS Build 16. This timeframe will allow ample time for workers to complete and submit for approval any WebRAPs initiated *prior* to Build 16 implementation. Individual WebRAP workloads will remain active for 90 days after Build 16 implementation.

Investigation stages with an effective date on or after the implementation of Build 16 will no longer be carried over from CONNECTIONS into the caseworker's WebRAP workload.

### **Structured Decision-Making and the New York State Risk Assessment Profile**

The New York State Office of Children and Family Services has developed a Structured Decision-Making (SDM) approach that is designed to improve the consistency and effectiveness of each decision point in the child welfare system through the use of assessment tools that are objective, comprehensive and easy to use. These assessment tools help caseworkers focus on critical case characteristics and issues in a straightforward, simple manner, enabling them to work with families more efficiently and effectively. The assessment instruments are intended to guide and structure decisions, not to replace the professional judgment of caseworkers. The structured assessments provide caseworkers with a basis for explaining and justifying

decisions, while providing administrators with a mechanism for ensuring accountability and quality.

The Risk Assessment Profile (RAP) is a research-based assessment tool that estimates the likelihood of recurrence of child abuse and maltreatment. It is the result of a research study that examined the relationship between family characteristics and subsequent indicated child abuse and maltreatment reports for actual cases in New York State. Research-based (actuarial) risk assessment models have consistently proven to be more reliable and accurate than consensus-based models in determining the likelihood of future abuse or maltreatment, even when the consensus-based models have been utilized by experienced caseworkers.

The RAP classifies cases into four risk categories (Low, Moderate, High or Very High) based on the probability of future abuse or maltreatment.

### ***High Risk and Very High Risk Cases***

- Services are deemed essential in order to decrease the risk of subsequent abuse or maltreatment.
- If closing a case with High or Very High risk, an explanation of why services are not being provided is required at the investigation conclusion.
- Services should be targeted to High or Very High risk cases, regardless of the report determination (indicated or unfounded).

### ***Moderate Risk and Low Risk Cases***

- Families with Moderate or Low risk may have no service needs, or their needs may be appropriately served through informal community resources and/or through existing family strengths, resources or protecting factors within the home.
- The RAP does not replace casework judgment. There may be valid reasons why a service case is opened for a family with Low or Moderate risk.

## Safety vs. Risk

To support the child welfare goals of safety, permanency and well-being for children and their families, two assessments are completed during the course of every CPS Investigation, addressing *safety* and *risk*. *Safety* refers to the immediate danger of serious harm; *risk* refers to the likelihood of future abuse or maltreatment.

### Safety

- Safety deals with *present* or *impending* danger.
- Safety factors pose a threat of *immediate* harm.
- Safety factors pose a threat of *serious* harm.
- In order to *control for safety*, there must be an assessment of the need for *immediate interventions*, as well as strengths, resources or protecting factors present in the home.

### Risk

- Risk is the likelihood that a child may be abused or maltreated *in the future*.
- Risk Elements identify significant behaviors and circumstances within a family unit that create *different levels of risk* to the child.
- Risk may be very high even if the report is unfounded; conversely, risk may be low even if the report is indicated.
- Risk may be *reduced* with appropriate services, changes in the caretaker's behavior, and family or community support.



#### Definition: RAP Family Unit

The RAP Family Unit is essentially the group of people whose risk the caseworker needs to assess and for whom services may need to be provided. The RAP Family Unit is not limited to the individuals listed in the SCR report.

For the purposes of the Risk Assessment Profile, the RAP family unit consists of *all* of the following:

- All persons listed in the CPS case, including but not limited to all person residing in the child(ren)'s home at the time of the report
- Any person who has child care responsibility or frequent contact with the child(ren) and assumes a caretaker role
- Any child who is in foster care or alternative placement with a permanency planning goal of "return home" or independent living
- Any child who has run away or is temporarily in another living situation, but who is expected to return home.

Before beginning work on the RAP, the caseworker should make sure that all necessary individuals in the RAP Family Unit have been added to the *Person List* for the Investigation stage. (This is accomplished via the **Maintain Person** task on the *Task List* for the stage.) Any individual who needs to be selected as the Primary Caretaker or Secondary Caretaker in the RAP must first exist on the *Person List* for that Investigation stage.



**The RAP Family Unit in CONNECTIONS consists of all individuals listed on the *Person List* in concurrently open stages.**

**If, during the course of an investigation, the caseworker determines that the RAP Family Unit in CONNECTIONS should include individuals who are not already listed on the *Person List* for the stage, the caseworker needs to add them.**

**If you need to add new persons to the *Person List* for an Investigation, be sure to do so *before* starting a new RAP.**

**If any Person Merges and/or Case Merges need to be performed, they should be completed *before* starting a new RAP, in order to generate more accurate system responses.**

## The Risk Assessment Profile (RAP)

Caseworkers are responsible for thoroughly and continually assessing the safety and risk of every child in the household throughout the life of the CPS case. They must document this information in a timely and accurate manner in the case record. Caseworkers use the Safety Assessment (see the *Safety Assessment Job Aid*) to document the child(ren)'s immediate safety; they use the Risk Assessment Profile (RAP) to document the child(ren)'s risk of future abuse or maltreatment.



### Definition: Primary Household

Primary Household refers to the residence (address) where the child(ren) reside with the Primary Caretaker.

The RAP is designed to help caseworkers and supervisors make informed decisions regarding whether to open a case for services. This tool supports the ability of caseworkers and supervisors to classify and measure more accurately the level or severity of risk in a family. The RAP uses various scales to promote and support a structured and rational decision-making approach to case practice, without replacing the professional judgment of caseworkers and their supervisors. Caseworkers use the RAP in CONNECTIONS to document information that the RAP then uses to calculate the level of risk.

The RAP is a research-based instrument that classifies cases into four risk categories, based on the probability of future abuse or maltreatment. It is intended to assist caseworkers and supervisors in making decisions about whether to provide services to reduce the level of risk. The RAP, in conjunction with the Family Assessment, is an important part of the overall assessment analysis that leads to case planning. The new RAP functionality in CONNECTIONS replaces the Indicated/Closed UCR. In addition, there will be a new *Initial* UCR for CPS cases. The new UCR template for CPS cases will contain the modified risk scales in combination with the new RAP functionality.

The response to each Risk Element in the RAP will have an associated point value (or “weight”). The point value was determined by examining the strength of the correlation between the Risk Element and the incidence of subsequent indicated abuse and neglect reports for a sample of actual cases in New York State. The higher an individual Risk Element’s score is, the higher its contribution is to the Preliminary Risk Score.

The RAP also calculates Risk Ratings (both Preliminary and Final), which refer to the probability that a subsequent child abuse/maltreatment report will be received and indicated on the RAP family unit within the next two years.

Based on data from the New York State 2003 RAP validation study, cases which have a current indicated report and have a “Very High” risk rating have a 71% chance of having another subsequent indicated report within two years. The table below shows the probability for each level of risk in relation to whether the current report was indicated or unfounded:

Probability of a Subsequent Indicated Report Within the Next Two Years		
<i>Risk Rating</i>	<i>Current Report Indicated</i>	<i>Current Report Unfounded</i>
Low Risk	7%	10%
Moderate Risk	25%	25%
High Risk	56%	40%
Very High Risk	71%	88%

Although no one can predict the exact cases in which subsequent child abuse or maltreatment will occur in the future, the Risk Rating can classify cases by the likelihood of subsequent child abuse or maltreatment; this enables services to be targeted to families with the highest risk. This is especially important in times when service resources are scarce. The intent of the RAP is to identify and provide services to the highest risk families who need intervention and services in order to reduce their risk of subsequent abuse or maltreatment.

Prior to Build 16, when a CPS report was indicated and a case was opened for services, the CPS worker completed an Initial UCR, which included a section for documenting the Risk Elements present in the child(ren)'s home. This section of the UCR will be replaced with the Risk Assessment Profile (RAP) in Build 16. With the implementation of Build 18, the RAP will be completed during the Investigation stage in the CPRS in order to assist caseworkers as they make informed decisions regarding whether to open a case for services. The RAP is intended to support the development of the service plan by targeting resources to High and Very High risk cases. A complete analysis of safety, risk, family strengths and needs is necessary to make an informed decision regarding whether or not to open a case for services, as well as in the development of a service plan.



With the implementation of Build 18, the RAP that is completed in the Investigation stage will be carried over into the initial UCR upon opening the case for services. Until that time, caseworkers will need to print a hard copy of the RAP for inclusion in the external case record.



**The RAP is *not*...**

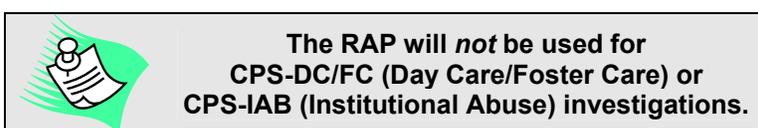
- A replacement for caseworker or supervisor judgment
- An interview tool
- Designed to determine child safety
- Designed to affect the report determination decision

The RAP should support the development of the service plan by identifying and targeting areas where risk needs to be reduced.

The RAP in the Child Protective Record Summary (CPRS), provides several benefits:

- The ability for integrated case-level information
- Incorporation of the Risk Assessment into the electronic case record
- A reduced need for duplicative data entry, which should result in more efficient and accurate completion of the Risk Assessment

Caseworkers will use the RAP to evaluate all of the participants in an Investigation stage and identify the present case-level risk of future abuse or maltreatment. It may also be used to assess case progress. Each CPS-Familial Investigation stage will have one corresponding RAP. The Primary caseworker will be required to complete and submit the RAP for supervisory approval before its corresponding investigation conclusion can be submitted for approval.



The ability to view or maintain the Risk Assessment Profile in CONNECTIONS is defined as follows:

- The Primary worker assigned to the stage (or a member of the Primary worker's unit hierarchy) will be able to *maintain* the RAP.
- The Secondary worker assigned to the stage, a member of the Secondary worker's unit hierarchy, or anyone with the appropriate security to open the CPRS in view-only mode will be able to *view* the RAP.

### Accessing the Risk Assessment Profile

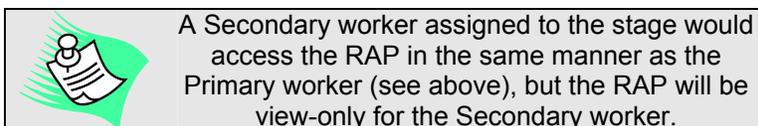
The navigational path for accessing the RAP is determined by the role of the worker who is accessing the RAP and whether the RAP is being accessed in view-only or modify mode.

To access the RAP in *modify* mode:

- The caseworker selects the **Child Protective Record Summary** task from the *Task List* for the Investigation stage and clicks on the **Risk Assess Profile** tab in the CPRS.

—OR—

- The caseworker navigates from a system-generated Risk Assessment Task To-Do on the *Staff To-Do List* or *Case To-Do List* to complete the RAP. When the CPRS opens, the **Risk Assess Profile** tab is active.



To access the RAP in *view-only* mode:

- The worker selects the CPRS event from the *Event List* for the Investigation stage and clicks on the **Risk Assess Profile** tab in the CPRS.

—OR—

- The supervisor or Unit Approver navigates from a system-generated RAP approval Task To-Do on the *Staff To-Do List* or *Case To-Do List*. When the CPRS opens, the **Risk Assess Profile** tab is active.

—OR—

- The supervisor or Unit Approver navigates from a system-generated Investigation Conclusion approval Task To-Do on the *Staff To-Do List* or *Case To-Do List*. When the CPRS opens, the **Case Identification** tab is active; clicking on the **Risk Assess Profile** tab will access the RAP.

### **The Risk Assess Profile Tab**

When an Intake stage is progressed to the Investigation stage, a new RAP event will be created and a system-generated Task To-Do will be sent to the Primary worker's *Staff To-Do List*. The **Description** of the Task To-Do will read:

*"Risk Assessment (RAP) is due and must be submitted to Supervisor for approval."*

This To-Do will automatically display 33 days after the date of Intake. By default, the *Staff To-Do List* displays a **To Date** that is seven days from the current date; to view To-Do's beyond that seven-day period, extend the **To Date** and click on the **Search** button.

This To-Do will be due 40 days from the date of Intake. When the worker selects this To-Do and clicks on the **Navigate...** button, the CPRS will display and the **Risk Assess Profile** tab will be active.

**Child Protective Record Summary**

File Options Help

Case Name: Hammond,Theresa INV Stage ID: 22159245 Stage CD:  
Case ID: 21101457 Report Date: 7/16/2003 WMS #:

Case Identification Household Composition Allegations Investigative Actions Investigative Findings Local Protocol Safety Assessment **Risk Assess Profile** Progress Notes

Effective Date: 7/24/03 Primary Caretaker: Secondary Caretaker: Describe the relevant behaviors and/or circumstances:

**Question 1:**  
1. Total prior reports for adults and children in RAP family unit: No prior determined reports  
Verify System Response is Accurate

No.	Questions 2-6:	Yes	No
2	Child(ren) in RAP family unit was in the care or custody of substitute caregivers or foster parents, at any time prior to the current report:	<input type="radio"/>	<input type="radio"/>
3	Child(ren) under one year old in RAP family unit:	<input type="radio"/>	<input checked="" type="radio"/>

No.	Questions 7-15:	Primary Yes	Primary No	Secondary Yes	Secondary No
7	Caretaker is a perpetrator of, or victim of, domestic violence; or has serious conflicts with other adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Caretaker(s) with alcohol abuse problem within the past two years, with risk of not meeting responsibilities:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Approval Status Elevated Risk  Complete Save and Submit Save Cancel

Intake Narrative Help On Narratives Generate Report Close

The **Risk Assess Profile** tab contains the following fields:

**Effective Date**

The Effective Date, which the caseworker will record in this field, is required when the caseworker starts a new RAP. System edits will require that the **Effective Date**:

- cannot be earlier than the date of Intake;
- cannot be a future date; and
- cannot be an invalid date (e.g., February 30<sup>th</sup>)

In most instances, the **Effective Date** is current and reflects the date the RAP was initiated. When the caseworker marks the RAP complete, the completed RAP becomes case-level information. (See “Case-Level Information and the RAP” on page 25.) The caseworker should update the **Effective Date**, as necessary, before marking the RAP complete; the **Effective Date** should reflect the date on which the caseworker is marking the RAP complete. Deselecting the **Complete** check box enables the worker to make changes to the RAP. If changes are made to the RAP, the **Effective Date** should be updated to the date the RAP was last marked “complete.”

In some situations, the **Effective Date** is “historical” upon entry, because it reflects a prior time frame; in these situations, therefore, the **Effective Date** will not be the date the RAP is marked “complete.”

When considering the **Effective Date**, it is important for the caseworker distinguish between changes that are

made to reflect the current situation and changes made to correct history.

- If changes are made to the RAP that reflect the current situation (e.g., family circumstances changed), the **Effective Date** should be updated to the date on which the RAP is being marked “complete.”
- If changes are made to the RAP to correct historical information (i.e., correct a data entry error), the **Effective Date** should *not* be updated.



**Once the supervisor approves the RAP, it is final and no longer modifiable.**

### Primary Caretaker

The Primary Caretaker is an adult (usually the mother) who resides with and is legally responsible for the child(ren). When more than one person who is legally responsible for the child(ren) resides in the household, the biological mother is presumed to be the Primary Caretaker. If the mother does not physically reside with the child(ren), the Primary Caretaker is the adult who resides in the child(ren)’s home and assumes primary responsibility for the care of the child(ren). *There can only be one Primary Caretaker.*

The **Primary Caretaker** field contains a drop-down list of adults contained in the *Person List* for all concurrently open stages in the case. (See “Appendix A: Definition of ‘Child’ and ‘Adult’” on page 41.) This is a required field.

The caseworker must select a Primary Caretaker in this field before the Risk Elements will enable, except for Risk Elements 1 and 3, which will have system-generated responses. (See “Risk Elements” on page 14.) Risk Elements 1 and 3 will populate with the system-generated responses when the caseworker first opens the **Risk Assess Profile** tab. Once the caseworker selects a Primary Caretaker, Risk Elements 1 and 3 will be enabled for modification.

If the caseworker changes the Primary Caretaker, the following message will display:

*“Selecting a new Primary Caretaker or Secondary Caretaker will clear all previously entered responses and comments. Continue?”*

- Clicking on the **Yes** button changes the Primary Caretaker and clears *all* previously entered responses (except those for Risk Elements 1 and

3, which are system-generated).

- Clicking on the **No** button cancels the change and displays the Primary Caretaker in effect prior to the attempted change.

## **Secondary Caretaker**

The Secondary Caretaker is:

- an adult who lives in the child(ren)'s home and assumes some responsibility for the care of the child(ren); *or*
- an adult who does not reside in the child(ren)'s home, but cares for the child(ren) on a regular basis.

This field contains a drop-down list of adults contained in the *Person List* for all concurrently open stages in the case. (See Appendix A on page 41.)

Use the following order to identify the Secondary Caretaker:

- If the mother has a spouse or intimate partner who is the subject of the CPS report (whether alleged or confirmed), select this person as the Secondary Caretaker.
- If two or more potential candidates exist and one of them is a subject of the CPS report (whether alleged or confirmed), select this adult as the Secondary Caretaker.
- In all other situations, select the adult who assumes the most responsibility for the care of the child(ren), either within or outside of the home.

There will not necessarily be a Secondary Caretaker in a particular RAP family unit. If one exists, however, this needs to be documented fully in the RAP.



If the caseworker inadvertently transposes the Primary Caretaker and the Secondary Caretaker (i.e., the person selected as the Primary Caretaker should have been selected as the Secondary Caretaker, and vice-versa), the caseworker needs to click on the drop-down arrow for the **Secondary Caretaker** field and select a blank line *before* s/he can change the **Primary Caretaker** to the correct person (who was previously listed as the Secondary Caretaker).

The same person cannot be listed simultaneously as both the Primary Caretaker and the Secondary Caretaker.



**If the caseworker needs to select a Secondary Caretaker, this should be done *before* responding to any of the Risk Elements.**

If the caseworker selects a new Secondary Caretaker (or changes the existing one) *at any point* after starting to respond to the Risk Elements, the following message will display:

*“Selecting a new Primary Caretaker or Secondary Caretaker will clear all previously entered responses and comments. Continue?”*

Clicking on the **Yes** button will cause all of the responses recorded so far (Risk Elements, Elevated Risk Elements, associated comments, Preliminary Risk Score, Preliminary Risk Rating and Final Risk Rating) to be cleared. *The caseworker must then complete all of these sections again.*

Risk Elements 1 and 3 (which contain system-generated responses) and their corresponding comments, if any, will *not* be cleared, even if the worker changed the system-generated response.

Clicking on the **No** button will cancel the addition of (or change to) the Secondary Caretaker and will restore the field to its previous state.

**Risk Elements**  
*(For a detailed list of Risk Elements, see page 21.)*

The **Risk Assess Profile** tab will contain a set of 15 Risk Elements to assess risk: the first six pertain to the RAP Family Unit; the remaining Risk Elements pertain specifically to the caretaker(s). The caseworker will be required to select one and only one response to each Risk Element. (If a Secondary Caretaker is identified, the caseworker will be required to select one response for

*both* the Primary and Secondary Caretakers for Risk Elements 7 - 15.)

The responses to Risk Elements 1 and 3 will be system-generated the first time a RAP is opened for a particular stage (these system-generated responses will be modifiable):

- **Risk Element 1** reflects the number of prior reports associated with the adults and children in the RAP family unit. This Risk Element does *not* include duplicate (DUP) reports or consolidated investigations in the calculation of prior reports.

CONNECTIONS will search for reports that include the Person ID for any individual in the RAP Family Unit.

In order for CONNECTIONS to populate a response for **Risk Element 1**, the number of prior indicated reports will be calculated as the number of existing indicated investigation stages in which either (a) a *Confirmed Subject* in the indicated stage is included on the *Person List* of any concurrently open investigation in the current case (unless the person only appears in the open investigation[s] as “Reported in Error” or “Added in Error”; or (b) a *Confirmed Maltreated* or *Confirmed Abused* child in the indicated stage is included as a child on the *Person List* of any concurrently open investigation in the current case.

The response to **Risk Element 1** will *not* include historical reports in which an adult in the current case was a child at the time of the previous (historical) case.

The response to this Risk Element will display as follows:

- ▷ No prior determined reports
  - ▷ Prior unfounded reports only
  - ▷ One to two prior indicated reports
  - ▷ Three to four prior indicated reports
  - ▷ Five or more prior indicated reports
- **Risk Element 3** reflects the presence of one or more children younger than one year of age on the *Person List* of any concurrently open Investigation stages in the case. The Date of Birth (DOB) recorded in CONNECTIONS for the child(ren) will

be used to determine the response to this Risk Element, regardless of whether the DOB is exact or approximate. If the **DOB** field on the *Person Detail* window is blank for any person whose **Rel/Int** field signifies that the person is a child (see “Appendix A: Definition of ‘Child’ and ‘Adult’” on page 41), CONNECTIONS will include that person as a child younger than one year old in this calculation.

If the caseworker cancels the RAP before the first save, the RAP will remain in NEW status; the next time the worker accesses the RAP, the system-generated responses will be recalculated and case-level data will be incorporated accordingly.

Once the caseworker saves the RAP, its event status changes to PROC (In Process). If the caseworker subsequently reopens the **Risk Assess Profile** tab for the In-Process RAP, CONNECTIONS will *not* regenerate/recalculate the system-generated responses to Risk Elements 1 and 3; the responses to these Risk Elements will remain modifiable.

If the RAP is in PROC status and the caseworker adds an individual to the *Person List* for the stage or indicates the report, CONNECTIONS will *not* regenerate/recalculate the system-generated responses to Risk Elements 1 and 3 ; the responses to these Risk Elements will remain modifiable.

**Risk Elements 2 – 6** apply to the RAP Family Unit (everyone in the *Person List* for the concurrently open Investigation stages in the case). The caseworker responds to each Risk Element by clicking on either the **Yes** or **No** radio button for the respective Risk Element.

**Risk Elements 7 – 15** apply to the Primary and, if applicable, Secondary Caretakers in the stage. The caseworker responds to each Risk Element by clicking on either the **Yes** or **No** radio button next to the respective Risk Element for *each* applicable caretaker.

Risk Elements can be addressed in any order, but the caseworker must respond to *all* of the Risk Elements in order to populate the **Primary Risk Score** and **Primary Risk Rating** (see page 18). Once the caseworker has responded to all of the Risk Elements, the **Elevated Risk** button will enable.

#### **Risk Element Comments**

Comments will enable the caseworker to document the basis for selecting a particular Risk Element response. A

written comment provides the caseworker's supervisor, any subsequent case planner, and anyone authorized to review the case (e.g., attorney, Family Court, state officials) with more insight regarding the rationale and context of the Risk Element response.

The caseworker will use this field to record comments, as required, for *each* Risk Element. Each Risk Element has its own corresponding comments field.

This field will highlight in yellow (signifying that comments are required) for any response that increases risk; comments must be recorded before the caseworker can proceed. The caseworker will be able to record comments for any Risk Element, even if comments are not required for that Risk Element.

This field includes Spell Check functionality. The **Spell Check** button will enable once a comment is recorded. The maximum input size for this field is 1,000 characters of text.

**Verify System  
Response is Accurate**  
(check box)

The caseworker will select this check box to verify that the information pre-filled by the system in **Risk Element 1** (see "Risk Elements" on page 14) is accurate for the current RAP.

The system response could be inaccurate if an individual in the RAP family unit is in the CONNECTIONS database under more than one Person ID. This can occur when an individual being added to CONNECTIONS should be (but is not) merged with an existing Person ID.



**If you need to add new persons to the *Person List* for an Investigation, or if you need to complete a Person Merge or Case Merge that could affect the stage, be sure to do so *before* starting a new RAP.**

In order for CONNECTIONS to consider **Risk Element 1** as having been addressed, the caseworker must either select this check box or click on the drop-down arrow for the **Risk Element 1** field and select a different response from the resulting list.

If the caseworker selects a different response than the system-generated response, the check box will disable. If the caseworker needs to change the response to Risk Element 1 from the system-generated response after having selected this check box, the caseworker must first *deselect* the check box before the information can be changed in the **Risk Element 1** field. If the caseworker later changes the **Risk Element 1** response back to the

system-generated response, the check box must be reselected.

**Preliminary Risk Score**

This field will display the total score for all of the Risk Elements. (See “Appendix D: Risk Element Scoring Matrix” on page 51.)

The response to each Risk Element in the RAP will have an associated point value (or “weight”). The point value was determined by examining the strength of the relationship between the Risk Element and the incidence of subsequent indicated abuse and maltreatment reports, based on research of actual cases in New York State. The higher an individual Risk Element’s score is, the higher its contribution is to the Preliminary Risk Rating.

The **Preliminary Risk Score** will be calculated once the caseworker has responded to *all* of the Risk Elements. If the caseworker changes the response to any Risk Element(s), the **Preliminary Risk Score** will recalculate automatically.

**Preliminary Risk Rating**

This field will display a rating based on the range in which the **Preliminary Risk Score** falls. This rating refers to the probability that a subsequent child abuse/maltreatment report will be received and indicated on the RAP family unit within the next two years.

The **Preliminary Risk Rating** will be calculated once the caseworker has responded to *all* of the Risk Elements. The correlation between the **Preliminary Risk Score** and the **Preliminary Risk Rating** is defined in the table below:

<b><i>Preliminary Risk Score</i></b>	<b><i>Preliminary Risk Rating</i></b>
2 or lower	Low
3 to 6	Moderate
7 to 9	High
10 or above	Very High

If the caseworker changes the response to any Risk Element(s), the **Preliminary Risk Rating** will recalculate automatically.

**Final Risk Rating**

This field will be based on the presence or absence of any of the Elevated Risk Elements. The presence of *any* Elevated Risk Element will automatically raise the risk rating to Very High. (See page 24 for a list of Elevated Risk Elements.) This rating is based on the research-based probability that the presence of one of the Elevated Risk Elements significantly increases the likelihood that a

subsequent child abuse/maltreatment report will be received and indicated on the RAP family unit within the next two years.

The RAP and its Risk Ratings do *not* replace the professional judgment of caseworkers and their supervisors; rather, this functionality provides objective, research-based support for the decisions made by these individuals.

The **Final Risk Rating** will be calculated once the caseworker has responded to *all* of the Elevated Risk Elements. If the caseworker later changes the response to any Elevated Risk Element, the **Final Risk Rating** will recalculate automatically.

The **Final Risk Rating** will be calculated as follows:

- If “No” has been selected as the response for *every* Elevated Risk Element, the **Final Risk Rating** will be calculated as equal to the **Preliminary Risk Rating**.
- If “Yes” has been selected as the response for *at least one* Elevated Risk Element, the **Final Risk Rating** will be calculated as Very High and the following text will display below the **Final Risk Rating** field: “*Elevated Risk Exists.*”

The “Elevated Risk Exists” indicator and the **Final Risk Rating** will be displayed on the **Risk Assess Profile** tab, but unlike the **Preliminary Risk Score**, there is only a **Final Risk Rating**, not a final risk score.

**Complete** (check box)

This check box will signify that all items in the RAP have been completed. The check box enables once the caseworker has responded to all of the Risk Elements and Elevated Risk Elements (including any required corresponding comments). When the caseworker selects this check box, all fields on the **Risk Assess Profile** tab (including the Elevated Risk Elements) will be locked; the RAP can then be submitted for supervisory approval. The **Elevated Risk** button will remain enabled, but the information on the *Elevated Risk Elements* window will be locked.

Once the caseworker selects the **Complete** check box and saves the tab (using either the **Save** or **Save and Submit** button), the information will be saved to the stage and may also be saved as case-level information. (See “Case-Level Information and the RAP” on page 25.)

Once the **Complete** check box has been selected, changes cannot be made to the **Risk Assess Profile** tab unless the caseworker first *deselects* the **Complete** check box.

At any point after the caseworker has marked the RAP “complete,” but before the RAP has been approved, the caseworker can deselect the **Complete** check box, which will unlock all of the RAP fields (including the Elevated Risk Elements). New case-level information may be presented for the caseworker’s acceptance.



If the caseworker *deselects* the **Complete** check box and the RAP is in PEND or REJT status, the following message will display:

*“Saving will invalidate pending approval.  
Continue in modify mode?”*

- Clicking on the **Yes** button will enable the caseworker to modify the RAP’s information; any changes that are saved to the RAP will invalidate the pending approval.
- Clicking on the **No** button will leave the **Complete** check box selected; all information on the **Risk Assess Profile** tab will be view-only.

## Risk Elements

For Risk Element definitions, see “Appendix B: Risk Element Definitions” on page 43.

- 1 Total prior reports for adults and children in RAP family unit<sup>†</sup>
  - 2 Child(ren) in RAP family unit was in the care or custody of substitute caregivers or foster parents, at any time prior to the current report
  - 3 Child(ren) under one year old in RAP family unit<sup>†</sup>
  - 4 Inadequate housing with serious health or safety hazards, extreme overcrowding, or no housing
  - 5 Financial resources are severely limited or mismanaged to the degree basic family needs are chronically unmet
  - 6 Caretaker(s) in primary household has reliable and useful social support, from extended family, friends or neighbors
  - 7 Caretaker is a perpetrator of, or victim of, domestic violence, or has serious conflicts with other adults
  - 8 Caretaker(s) with alcohol abuse problem within the past two years, with risk of not meeting responsibilities
  - 9 Caretaker(s) with drug abuse problem within the past two years, with risk of not meeting responsibilities
  - 10 Caretaker(s) has a serious mental health problem
  - 11 Caretaker(s) has very limited cognitive skills
  - 12 Caretaker(s) has a debilitating physical illness or physical disability
  - 13 Caretaker(s) has and applies realistic expectations of *all* the children
  - 14 Caretaker(s) always or usually recognizes and attends to the needs of *all* the children
  - 15 Caretaker(s) views the abuse/maltreatment situation as *seriously* as the caseworker
- Risk Elements applicable to the RAP family unit*
- Risk Elements applicable to the Primary and Secondary Caretaker(s) in the RAP family unit*

<sup>†</sup>Indicates a system-generated field; the caseworker can modify the value in this field.

The following buttons display at the bottom of the **Risk Assess Profile** tab:

- |                        |  |
|------------------------|--|
| <b>Approval Status</b> | This button opens the <i>Approval Status</i> window in view-only mode. The button is disabled until the RAP has been Saved and Submitted for supervisory approval. |
| <b>Elevated Risk</b>   | This button opens the <i>Elevated Risk Elements</i> window. The button is disabled until the caseworker has responded to <i>all</i> of the Risk Elements.          |

## Save and Submit

This button saves the changes to the database and generates a Task To-Do for the supervisor/Unit Approver to review and approve the RAP. This button will enable after the **Complete** check box is selected. (See page 19.)

When the caseworker clicks on the **Save and Submit** button, the RAP data will be saved and the following message will display:

*“This action will close this window.  
Do you wish to continue?”*

- Clicking on the **No** button will cancel the submission process and leave the CPRS open with the **Risk Assess Profile** tab active.
- Clicking on the **Yes** button will save the information to the database and display the following message: *“Changes have been saved.”* (Clicking on the **OK** button in response to that message will close the CPRS window and display the *To-Do Detail* window, enabling the caseworker to continue the approval submission process.)

## Save

This button saves the changes to the database. The caseworker can save work incrementally by clicking on this button; the **Risk Assess Profile** tab will remain open.

When the caseworker clicks on this button, the following message will display:

*“Changes have been saved.”*

Clicking on the **OK** button will close the message.

If the **Complete** check box has not yet been selected, the incomplete data will be saved for the stage and the caseworker can resume work at a later time. If the caseworker opens an in-process RAP to continue work, new case-level information may be presented for his/her acceptance. (See page 25.)

If the caseworker attempts to close the CPRS before saving the information recorded on the **Risk Assess Profile** tab, the following message will display:

*“Save changes in progress?”*

- Clicking on the **Yes** button will save the changes and display the following message: *“Changes have been saved.”* (Clicking on the **OK** button in response to that message will close the CPRS.)
- Clicking on the **No** button will discard the changes and close the CPRS.

If the **Complete** check box has been selected and the caseworker saves the tab (using either the **Save** or **Save and Submit** button), data will be saved to the stage and may also be saved as case-level information. (See “Case-Level Information and the RAP” on page 25.)

**Cancel**

This button clears all data entries made to the **Risk Assess Profile** tab since the last time the tab was saved. When the caseworker clicks on this button, the following message will display:

*“Do you want to cancel?  
Unsaved data and/or narratives will be lost.”*

- Clicking on the **Yes** button will discard the changes and refresh the tab; the tab will remain open for the caseworker to continue working.
- Clicking on the **No** button will close the message; the tab will remain open with the unsaved data.

At any point after starting to record or modify information on the **Risk Assess Profile** tab, the caseworker can click on the **Cancel** button to discard all changes made since the last save.

**The Elevated Risk Elements Window**

When all of the Risk Elements have been completed on the **Risk Assess Profile** tab, the **Elevated Risk** button will enable. Clicking on this button will open the *Elevated Risk Elements* window.

**Elevated Risk Elements**  
File Options Help

The Final Risk Rating is based on the presence or absence of the following elevated risk elements. Please fill out each item.

Elevated Risk Elements	Response
Death of a child as a result of abuse or maltreatment by caretaker(s)	<input type="radio"/> Yes <input type="radio"/> No
Caretaker(s) has a previous TPR	<input type="radio"/> Yes <input type="radio"/> No
Siblings removed from the home, prior to current report, due to abuse or neglect and remain with the substitute caregivers or foster parent	<input type="radio"/> Yes <input type="radio"/> No
Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)	<input type="radio"/> Yes <input type="radio"/> No
Sexual abuse of a child and perpetrator is likely to have current access to child	<input type="radio"/> Yes <input type="radio"/> No
Physical injury to a child under one year old as a result of abuse or maltreatment by caretaker(s)	<input type="radio"/> Yes <input type="radio"/> No
Serious physical injury to a child requiring hospitalization/emergency care within the last 6 months, as a result of abuse or maltreatment by caretaker(s)	<input type="radio"/> Yes <input type="radio"/> No
Newborn child has a positive toxicology for alcohol or drugs	<input type="radio"/> Yes <input type="radio"/> No

Please explain the Elevated Risks:

Spell Check      OK      Cancel

This window contains a set of eight Elevated Risk Elements, which are not included among the 15 Risk Elements on the **Risk Assess Profile** tab because the Elevated Risk Elements refer to events that are relatively rare. Although they occur infrequently, the Elevated Risk Elements indicate that there is a heightened risk of serious abuse or maltreatment in the future.

The caseworker must select a response of “Yes” or “No” for each Elevated Risk Element by selecting the corresponding radio button for each Elevated Risk Element. A response of “Yes” to *any* Elevated Risk Element will automatically raise the risk in the stage to Very High.

The caseworker will use the **Comments** field at the bottom of the *Elevated Risk Elements* window to record comments for all Elevated Risk Elements to which the caseworker responded “Yes.” The first time a caseworker selects “Yes” for an Elevated Risk Element, the **Comments** field will highlight in yellow, signifying that this is a required field. (The field will highlight only when the **Comments** field is empty and the caseworker selects “Yes” for any Elevated Risk Element.) The caseworker will be able to record comments for Elevated Risk Elements even if comments are *not* required. This field can hold a maximum of 2,000 characters of text and includes Spell Check functionality. Once a comment is recorded, the **Spell Check** button will enable.

The **OK** button on the *Elevated Risk Elements* window closes the window. The information recorded on the *Elevated Risk Elements* window is not saved until the **Risk Assess Profile** tab is saved (via the **Save** or **Save and Submit** button/menu command).

### ***Elevated Risk Elements***

- 1 Death of a child as a result of abuse or maltreatment by caretaker(s)
- 2 Caretaker(s) has a previous TPR
- 3 Siblings removed from the home, prior to current report, due to abuse or neglect and remain with substitute caregivers or foster parent
- 4 Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)
- 5 Sexual abuse of a child and perpetrator is likely to have current access to child
- 6 Physical injury to a child under one year old as a result of abuse or maltreatment by caretaker(s)
- 7 Serious physical injury to a child requiring hospitalization/emergency care within the last 6 months, as a result of abuse or maltreatment by caretaker(s)
- 8 Newborn child has a positive toxicology for alcohol or drugs

For definitions of the Elevated Risk Elements, see “Appendix C: Elevated Risk Element Definitions” on page 49.

The following buttons display at the bottom of the *Elevated Risk Elements* window:

- |                    |  |
|--------------------|--|
| <b>Spell Check</b> | This button will perform the Spell Check function on the <b>Comments</b> field. The button will be disabled until comments are recorded.   |
| <b>OK</b>          | This button will close the <i>Elevated Risk Elements</i> window, returning the worker to the <b>Risk Assess Profile</b> tab. The <b>OK</b> button is disabled until an Elevated Risk Element is selected |

and, if the response to that Elevated Risk Element is “Yes,” any accompanying comments are recorded. The caseworker can save work on the Elevated Risk Elements incrementally by closing the *Elevated Risk Elements* window and clicking on the **Save** button on the **Risk Assess Profile** tab.

## **Cancel**

This button will discard any unsaved changes and close the *Elevated Risk Elements* window, returning the worker to the **Risk Assess Profile** tab.

When the caseworker clicks on the **Cancel** button, the following message will display:

*“Do you want to cancel?  
Unsaved data and/or narratives will be lost.”*

- Clicking on the **Yes** button will discard the changes and close the window.
- Clicking on the **No** button will enable the worker to remain on the window.

When the caseworker has completed the *Elevated Risk Elements* window and clicked on the **OK** button, the **Risk Assess Profile** tab will display with the calculated **Final Risk Rating**. If the caseworker responded “Yes” to any of the Elevated Risk Elements, the following text will display directly below the **Final Risk Rating** field: “*Elevated Risk Exists.*” The **Complete** check box will enable; once the caseworker clicks on this check box, the **Save and Submit** button will enable and the caseworker can save the information to the database and submit the RAP for supervisory approval.

## **Case-Level Information and the RAP**

Although the RAP pertains to a family unit (case-level information), a separate RAP will be completed for *each* CPS Investigation. Since the family composition, demographics or Risk Elements may change from one CPS Investigation to the next, the level of risk may consequently change over time.

Multiple Investigation stages may be open concurrently within a CPS case. Since each Investigation stage will have a corresponding Risk Assessment Profile, multiple RAPs could exist at the same time. Build 16 will include several system edits to ensure that the information made available in each investigation’s RAP is as current and accurate as possible, as well as being modifiable within each RAP.

To make completing multiple RAPs less burdensome, particularly when multiple reports are received for the same case within a short period of time, CONNECTIONS will carry over the information from a previously completed RAP to the new RAP that is related to a Subsequent report. Any Risk Elements and Elevated Risk Elements (including all corresponding comments) from the previously completed RAP will automatically populate the new RAP, but the worker can and should modify this information if it has changed since the previous RAP was completed.

The first time a caseworker starts the RAP for a particular investigation, CONNECTIONS will determine if relevant case-level RAP information exists. Case-level information is considered relevant if the **Effective Date** of the case-level information is within 180 days of the current date.

If relevant case-level information exists, the responses to the Risk Elements (except Risk Elements 1 and 3, which will have system-generated responses), Elevated Risk Elements and all related comments will be populated automatically with the case-level information; the populated fields will be modifiable. The caseworker still needs to verify the response to the system-generated Risk Elements.

If no relevant case-level information exists, all fields and comments will be blank on the **Risk Assess Profile** tab.

The following case-level information will be brought forward into new RAPs (automatically) or in-process RAPs (if the caseworker accepts the case-level information from the *Case Level Information* window):

- Primary Caretaker
- Secondary Caretaker (if any)
- Responses to all Risk Elements (except those for Risk Elements 1 and 3, which are system-generated)
- Responses to all Elevated Risk Elements
- All comments related to Risk Elements (except those for Risk Elements 1 and 3) and Elevated Risk Elements

The availability of case-level information is determined by two fields in the RAP: the **Effective Date** field and the **Complete** check box:

- **If the RAP has not been marked as complete**, RAP information will only be saved for the current stage; the information will *not* be saved at the case level.
- **If the RAP has been marked as complete** and the **Effective Date** of the completed RAP is not earlier than the **Effective Date** of existing case-level information, the information on the current stage's RAP will be saved at the case level.



The first RAP that is marked “complete” will set the case-level information. If multiple completed RAPs exist in a case, the most recently completed RAP (based on the **Effective Date**) will overwrite the existing case-level information.

When a caseworker starts a RAP for an Investigation stage and that RAP is the first created in the entire case, the RAP will be blank. Only the **Effective Date**, **Primary Caretaker** and **Secondary Caretaker** fields will be enabled; the **Primary Caretaker** field will be highlighted in yellow, indicating that it is required. The **Effective Date** is also required, but the field will not highlight in yellow.

When a caseworker clicks on the **Complete** check box and then saves the RAP (using either the **Save** or **Save and Submit** button), CONNECTIONS will determine if case-level information already exists for the case:

- *If case-level information **does not exist** for the case*, the information in the current, completed RAP will be stored at the case level.
- *If case-level information **exists** for the case*, CONNECTIONS will determine if the RAP currently being saved is more relevant than the existing case-level information. The RAP currently being saved is considered to be more relevant if the caseworker-recorded **Effective Date** on the RAP being saved is more recent than that stored with the existing case-level information. If the information on the RAP currently being saved is more relevant, then new case-level information will be saved; if not, the previous case-level information will be retained.

Storing RAP information at the case level enables RAPs for other investigation stages in the same case to use this information as a starting point, which reduces the need for duplicative data entry.

Saving an In Process RAP *never* saves information at the case level; only RAPs marked “complete” can save information at the case level. When information is saved at the case level and case-level information already exists, the new case-level information will overwrite the existing case-level information.

When case-level information is brought forward, the **Verify System Response is Accurate** check box will be cleared. The **Preliminary Risk Score**, **Preliminary Risk Rating** and **Final Risk Rating** will not display until the caseworker either verifies the system-generated response (by clicking on the check box) or selects a different response to **Risk Element 1**.

When a caseworker reopens a RAP that has been saved in process (not marked complete), CONNECTIONS will determine if case-level information has been changed since the last in-process save. If so, the *Case Level Information* window will display, giving the caseworker an opportunity to use the current case-level information in the in-process RAP. (See page 29.) If the caseworker accepts the information, the fields on the in-process RAP will be populated with the case-level information, which the caseworker can then modify before marking the RAP “complete.”

Once the caseworker selects the **Complete** check box, the fields and comments will be populated with their values at the time the check box was selected and all fields will be locked. The caseworker must deselect the **Complete** check box in order to modify the information on this RAP.

If a caseworker opens a modifiable RAP while an earlier Investigation stage exists in the case (and the RAP for the earlier stage is in NEW or PROC status), the following message will display:

*“The Risk Assessment Profile for an earlier open investigation in this case has not yet been completed. It is recommended that the earlier RAP be completed first.  
Do you wish to continue in modify mode?”*

- Click on the **Yes** button to open the current **Risk Assess Profile** tab in modify mode.
- Click on the **No** button to open the current **Risk Assess Profile** tab in read-only mode.

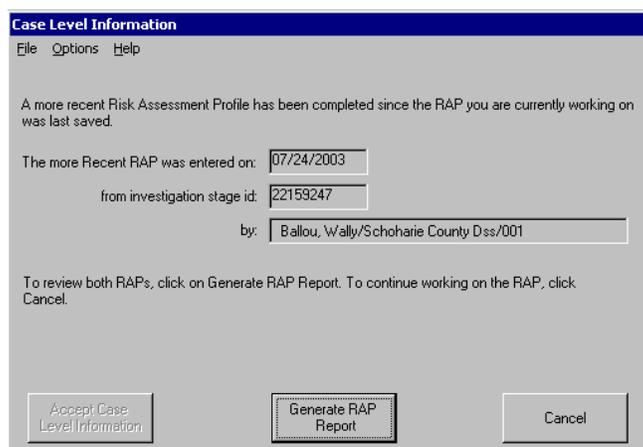
	No Other INV Stages Exist	Other RAPs Exist, None Marked Complete	Other RAPs Exist, At Least One Marked Complete ( <i>not older than 180 days</i> )
New RAP	<ul style="list-style-type: none"> <li>No case-level information brought forward</li> </ul>	<ul style="list-style-type: none"> <li>No case-level information brought forward</li> <li>Warning message will display if an earlier in-process RAP<sup>†</sup> has not been completed</li> </ul>	<ul style="list-style-type: none"> <li>Case-level information brought forward automatically to new RAP</li> <li>Warning message will display if an earlier in-process RAP<sup>†</sup> has not been completed</li> <li>Case-level information reflects most recent (based on <b>Effective Date</b>) completed RAP</li> </ul>
Existing (In-Process) RAP	<ul style="list-style-type: none"> <li>No case-level information brought forward</li> </ul>	<ul style="list-style-type: none"> <li>No case-level information brought forward</li> <li>Warning message will display if an earlier in-process RAP<sup>†</sup> has not been completed</li> </ul>	<ul style="list-style-type: none"> <li>Warning message will display if an earlier in-process RAP<sup>†</sup> has not been completed</li> <li><i>Case Level Information</i> window will display, prompting caseworker to use existing (or updated, as applicable) case-level information or proceed without using case-level information</li> <li>Case-level information reflects most recent (based on <b>Effective Date</b>) completed RAP</li> </ul>

<sup>†</sup>based on the Intake date

It is advisable, whenever feasible, to complete RAPs in chronological order (i.e., RAPs for Initial [INI] Investigation stages should be completed before RAPs for Subsequent [SUB] Investigation stages.

## The Case Level Information Window

The *Case Level Information* window will open automatically when a worker accesses a current, in-process RAP in modify mode *and* new case-level information exists. This window gives the caseworker an opportunity to bring data from a newly completed RAP in the same case into the current stage's RAP. Accepting will populate the in-process RAP with the case-level information; rejecting will allow the caseworker to continue modifying the RAP data as it was originally saved in-process.



This window also displays if the caseworker *deselects* the **Complete** check box for a RAP when a more recently completed RAP (based on the **Effective Date**) exists.

The *Case Level Information* window contains three system-populated fields:

<b>The more recent RAP was entered on</b>	The <b>Effective Date</b> of the more recently completed RAP
<b>From Stage ID</b>	The <b>Stage ID</b> for the more recently completed RAP
<b>By</b>	The name, office and unit of the worker who recorded the more recently completed RAP

The *Case Level Information* window contains three buttons:

<b>Accept Case Level Information</b>	This button accepts the case-level information from the more recently completed RAP, overwriting the data in the current, in-process RAP with the case-level information. <b><i>This button will be disabled until the RAP Case-Level Report has been generated and viewed.</i></b>
--------------------------------------	---

When the caseworker clicks on the **Accept Case Level Information** button, the following message displays:

*“You have chosen to accept information from a more recently saved RAP. If you choose to continue, you will overwrite any information you had entered into the RAP you are currently working on. If you do not wish to overwrite the information entered, select Cancel.”*

- The **Cancel** button in this message closes the message box and does *not* overwrite your current, in-process RAP with case-level information.
- The **Continue** button closes the *Case Level Information* window and populates the RAP with case-level information.

## Generate RAP Report

When a caseworker accesses the **Risk Assess Profile** tab in modify mode for an in-process RAP (after a more recent RAP has been completed), the caseworker will be able to generate a report of case-level RAP information. The caseworker can use this report to determine whether to overwrite the current, in-process RAP with the case-level information.

This button generates the RAP Case-Level Report (see page 31) as an Adobe Acrobat (PDF) document. Once the caseworker clicks on this button and subsequently closes the generated RAP Case-Level Report, the *Case Level Information* window will change to display the following message (see the graphic on page 30):

*“If you wish to overwrite your current RAP with the more recently saved information, click on Accept Case Level Information. After accepting, you may make changes to the responses and comments.*

*If you do not wish to overwrite your current RAP, click Cancel to continue working on your current RAP.”*

## Cancel

This button closes the *Case Level Information* window and returns the caseworker to the current, in-process RAP without considering the case-level information.

**Case Level Information**  
File Options Help

A more recent Risk Assessment Profile has been completed since the RAP you are currently working on was last saved.

The more Recent RAP was entered on: 07/24/2003  
from investigation stage id: 22159247  
by: Ballou, Wally/Schoharie County DSS/001

If you wish to overwrite the RAP you are currently working on with the more recently saved information, click on Accept Case Level Information. After accepting, you may make changes to the responses and comments.

If you do not want to overwrite the RAP you are currently working on, click Cancel and continue.

Accept Case Level Information    Generate RAP Report    Cancel

### ***RAP Case-Level Report***

The RAP Case Level Report lists each RAP Risk Element and Elevated Risk Element, along with the responses and comments recorded for both the current, in-process RAP and the more recently completed RAP. The report contains the following fields:

<b>Case ID</b>	The unique, system-generated case identification number with which the Investigation stage is associated
<b>Case Name</b>	The name of the case (in familial CPS cases, this is usually the name of the mother of the abused/maltreated child[ren] in the case)
<b>Stage CD</b>	The Community District (CD) code; applicable only to Investigation stages with addresses in New York City
<b>INV Stage ID</b>	The unique, system-generated identification number for the stage
<b>INV Stage Name</b>	The name of the stage (in familial CPS cases, this is usually the name of the mother of the abused/maltreated child[ren] in the stage)
<b>INT Report Date</b>	The date the Intake was recorded by the State Central Register (SCR)
<b>WMS#</b>	The Welfare Management System (WMS) case identification number recorded by the caseworker on the <i>CPS Investigation Conclusion</i> window in CONNECTIONS
<b>Fatality Report</b>	An indicator denoting that the Investigation stage involves the reported fatality of one or more children in the household (displays only if applicable)
<b>High Priority</b>	An indicator denoting that High Priority safety factors have been recorded for the stage (displays only in NYC, if applicable)
<b>Risk Elements 2 and 4 – 15</b>	Risk Elements displayed on the <b>Risk Assess Profile</b> tab (not including Risk Elements 1 and 3, since system-generated responses are created for them)

The fields described below will be displayed for both the current, in-process RAP and the more recently completed RAP (referred to as case-level information). The date the case-level information was saved to the database will be listed in the heading of the **Case Level** column.

<b>Primary Caretaker</b>	The name of the Primary Caretaker selected on the <b>Risk Assess Profile</b> tab
<b>Secondary Caretaker</b>	The name of the Secondary Caretaker (if any) selected on the <b>Risk Assess Profile</b> tab
<b>Response</b>	“Yes” or “No,” as selected, in response to each Risk Element (Risk Elements 7 – 15 require a response for both the Primary Caretaker and the Secondary Caretaker, if selected; “Secondary” will display for all Risk Elements requiring a secondary response, <i>even if a Secondary Caretaker has not been recorded.</i> )
<b>Comments</b> [for Risk Elements]	1,500-character text field for each Risk Element; required for any response that increases risk, but comments can be recorded for <i>any</i> Risk Element. Comments label will display whether or not a comment has been recorded.
<b>Elevated Risk Elements</b>	Elevated Risk Elements displayed on the <i>Elevated Risk Elements</i> window
<b>Elevated Risk Response</b>	“Yes” or “No,” as selected, in response to each Elevated Risk Element
<b>Comments</b> [for Elevated Risk Elements]	2,000-character text field for <i>all</i> Elevated Risk Elements; required for any “Yes” response to an Elevated Risk Element, but comments can be recorded for <i>any</i> Elevated Risk Element. Comments label will display whether or not a comment has been recorded.

### Marking a RAP “Complete”

The caseworker may not attempt to mark a RAP as complete until *all* necessary information has been recorded and the **Final Risk Rating** has been calculated. The **Complete** check box will not enable until all necessary steps have been completed to calculate the **Final Risk Rating**.

The caseworker will have the ability to deselect the **Complete** check box for a RAP that was previously marked “complete.” Once the caseworker does so, the RAP will return to PROC (in process) status. (See “RAP Events” on page 34 for a list of possible RAP Event statuses.)

## Saving and Submitting the RAP for Supervisory Approval

Only the Primary worker or a member of the Primary worker's unit hierarchy can submit the Risk Assessment Profile for approval. Once the **Complete** check box has been selected, the **Save and Submit** button will enable.

When reopening a RAP that was rejected by the supervisor/Unit Approver, the caseworker must deselect the **Complete** check box before being able to make any changes.

If the caseworker accesses the **Risk Assess Profile** tab in modify mode after the RAP has been saved and submitted for supervisory approval, the following message will display when the caseworker attempts to deselect the **Complete** check box:

*"Saving will invalidate the pending RAP approval. Do you wish to continue?"*

- Clicking on the **Yes** button will enable the caseworker to modify the RAP's information; any changes that are saved to the RAP will invalidate the pending approval.
- Clicking on the **No** button will leave the **Complete** check box selected; all information on the tab will be view-only.

If the caseworker accesses the **Risk Assess Profile** tab in modify mode after *both* the RAP *and* the Investigation Conclusion have been saved and submitted for supervisory approval, the following message will display when the caseworker deselects the **Complete** check box:

*"Saving will invalidate the pending RAP and Investigation Conclusion approvals. Do you wish to continue?"*

- Clicking on the **Yes** button will enable the caseworker to modify the RAP's information; any changes that are saved to the RAP will invalidate the pending approvals of *both* the RAP *and* the Investigation Conclusion.
- Clicking on the **No** button will leave the **Complete** check box selected; all information on the tab will be view-only.

	<p><b>Note for Supervisors:</b> The RAP must be approved before the Investigation Conclusion can be approved. Approval "bundling" is not available for the RAP.</p>
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When a supervisor navigates from a RAP approval Task To-Do, the following message will display if case-level information has changed since the RAP was completed:

*"A more recent RAP has been completed."*

This message is only a warning; it will not prevent the supervisor from proceeding with the approval process. The supervisor will not be able to view the case-level information from this message.

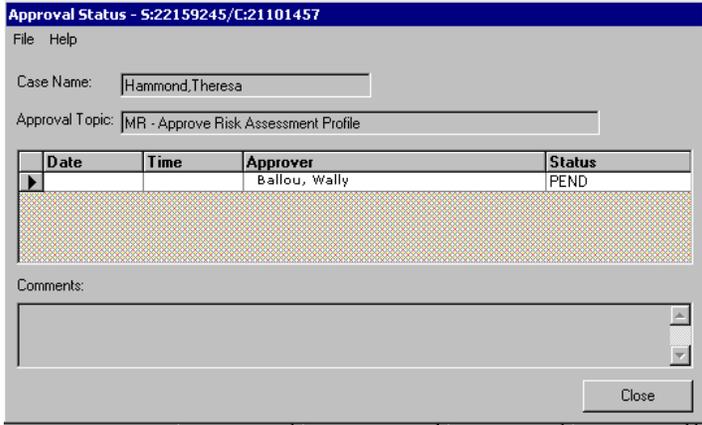
Once the caseworker has submitted a RAP for approval, the **Approval Status** button will enable on the **Risk Assess Profile** tab. This button opens the *Approval Status* window. The caseworker must reopen the CPRS and select the **Risk Assess Profile** tab in order to click on the **Approval Status** button and access the *Approval Status* window.

## The Approval Status Window

The *Approval Status* window will display information related to a Risk Assessment approval that has been submitted, approved or rejected. This window is *view-only*.

The following information will be displayed in the *Approval Status* window:

- Case Name
- Approval Topic
- Event Date
- Event Time
- Approver Name
- Event Status
- Comments  
(if recorded)



The screenshot shows a window titled "Approval Status - 5:22159245/C:21101457". It has a menu bar with "File" and "Help". Below the menu bar, there are two text input fields: "Case Name:" with the value "Hammond, Theresa" and "Approval Topic:" with the value "MR - Approve Risk Assessment Profile". Below these fields is a table with four columns: "Date", "Time", "Approver", and "Status". The table contains one row with the values: "Date" (empty), "Time" (empty), "Approver" (Ballou, Wally), and "Status" (PEND). Below the table is a "Comments:" label and a text area with a scroll bar. At the bottom right of the window is a "Close" button.

The only button on the *Approval Status* window is the **Close** button, which will close the window and return the caseworker to the **Risk Assess Profile** tab of the CPRS.

## RAP Events

When the caseworker starts or modifies a RAP and saves that information, the Event status for the RAP will be updated accordingly. Seven possible statuses exist for a RAP Event:

- NEW** A new Risk Assessment Profile event has been created (occurred when the Intake stage was progressed to the Investigation stage).
- PROC** The caseworker has recorded and saved some information in the RAP, but either has not marked the RAP "complete" or has removed the check mark in the **Complete** check box.
- COMP** The caseworker has marked the RAP complete and saved it.
- PEND** The caseworker has submitted the completed RAP for supervisory approval. Modifying the RAP after submission will invalidate the pending approval.
- REJT** The supervisor/Unit Approver has rejected the completed RAP submitted by the caseworker. The worker must remove the check mark in the **Complete** check box in order to make the necessary changes/corrections. (Clearing the **Complete** check box will return the RAP to PROC status.)

Whenever an item is rejected, the supervisor will record comments to the caseworker, which the caseworker needs to view. These comments can be viewed on the *Approval Status* window.

In addition, a Rejection Task To-Do will be generated to the caseworker's *Staff To-Do List*. From this Task To-Do, the worker will be able to view the supervisor's comments and navigate directly to the RAP to make the necessary changes.

**APRV** The supervisor/Unit Approver has approved the completed RAP submitted by the caseworker. Once a RAP has been approved, its data is "frozen" (including the **Complete** check box); no changes may be made to it.

**SUSP** The Investigation stage has been closed as a Duplicate and the closure has been approved by the supervisor/Unit Approver. If the Investigation is closed as Fatality – No Surviving Children, the status of the RAP will change to SUSP, unless the RAP was previously approved by the supervisor.

### Copy/Paste Functionality in the RAP

The information recorded in the **Comments** fields on both the **Risk Assess Profile** tab and the *Elevated Risk Elements* window can be copied into other modifiable areas of the CPRS within the same stage (e.g., Progress Notes). Since no **Edit** menu exists on the **Risk Assess Profile** tab or the *Elevated Risk Elements* window, the "hot key" function must be used to copy information from or paste information into the RAP:

- **Ctrl-C** = Copy
- **Ctrl-V** = Paste

To copy, click and drag with the mouse to highlight the text, then use the **Ctrl-C** hot key function.

To paste, click to place the cursor in the desired location, then use the **Ctrl-V** hot key function.



If you close the CPRS, the electronic clipboard clears.

### Build 16 Effects on Pre-Build 16 Stages

All CPS stages (Intake and Investigation) with an Intake date that precedes the implementation of Build 16 ("pre-Build 16" stages) will use the functionality and structure existing prior to implementation. For example, the *Task List* and CPRS will display as they did prior to Build 16; the Safety Assessment and Progress Notes will still be documented as they were before; and Risk Assessments will still be completed via WebRAP.



For information regarding pre-Build 16 functionality for CPS Investigation stages, refer to the *CPRS Job Aid*.

This Job Aid, which was developed for a previous build, is available on the CONNECTIONS Intranet site (<http://sdssnet5/ocfs/connect>) on the "Desk/Job Aids" page.

All CPS stages (Intake and Investigation) with an Intake date on or *after* the implementation of Build 16 will use the new functionality and structure.

Because a CPS case can contain multiple Intake and Investigation stages, some cases will contain both “pre-Build 16” and “implemented” stages. For example, if a case contains both a “pre-Build 16” Investigation stage (with an Intake date prior to the implementation of Build 16) and an “implemented” Investigation stage (with an Intake date after implementation), the pre-Build 16 stage will look and function the same way it did before Build 16. The implemented stage will display and function in accordance with the new structure.



### Step-by-Step: Recording a New RAP

- 1 From the *Task List* for an INV stage, click on the **Child Protective Record Summary** task and click on the **Detail...** button.  
*The CPRS window displays.*
- 2 Click on the **Risk Assess Profile** tab.  
*The **Primary Caretaker** field is highlighted in yellow.  
(If case-level information exists, it will automatically populate the new RAP, except for Risk Elements 1 and 3, which will have system-generated responses. See page 25 for details regarding case-level information.)*
- 3 In the **Effective Date** field, click on the check box to accept the current date or click on the drop-down arrow for the field and select a date from the resulting calendar.  
*(See page 11 for rules regarding the entry of data in this field.)*
- 4 Click on the drop-down arrow for the **Primary Caretaker** field and select from the resulting list.  
*The Risk Elements enable. The responses to Risk Elements 1 and 3 are system-generated, but may be modified.*
- 5 If applicable, click on the drop-down arrow for the **Secondary Caretaker** field and select from the resulting list.  
*(See the note on page 14.)*
- 6 Confirm the system-generated response to **Risk Element 1** (“Total prior reports for adults and children in RAP family unit”) by clicking on the **Verify System Response is Accurate** check box.

—OR—

Click on the drop-down arrow for the **Risk Element 1** field and select a different response from the resulting list.

- 7 Verify that the system-generated response to **Risk Element 3** is accurate.  
*Change the response, if necessary, by clicking on the appropriate radio button.*
- 8 Respond to Risk Elements 2 and 4-15 by clicking on the **Yes** or **No** button, as applicable. Record comments, as necessary, in the **Comments** field on the right side of the window.  
*The **Comments** field highlights in yellow when the response to a particular Risk Element would increase risk. Each Risk Element has its own corresponding **Comments** field. If comments are required, they must be recorded in this field before the caseworker can proceed to the next Risk Element. Once a comment has been*

recorded, the **Spell Check** button enables, allowing the caseworker to run a **Spell Check** on that comment. Risk Elements can be addressed in any order. (Note: Risk Elements 7 – 15 require responses for both caretakers if a Secondary Caretaker is selected in **Step 5**, above.) When the caseworker has responded to all of the Risk Elements, the **Primary Risk Score** and **Primary Risk Rating** populate and the **Elevated Risk** button enables.

- 9 Click on the **Elevated Risk** button.  
*The Elevated Risk Elements window displays.*
- 10 Respond to each Elevated Risk Element by clicking on the **Yes** or **No** button, as applicable. Record comments, as necessary, in the **Comments** field at the bottom of the window.  
*The **Comments** field highlights in yellow the first time you select the **Yes** radio button for an Elevated Risk Element (if the **Comments** field is blank). There is only one **Comments** field for all of the Elevated Risk Elements. Once a comment has been recorded, the **Spell Check** button enables, allowing the caseworker to run a **Spell Check** on that comment. Risk Elements can be addressed in any order.*
- 11 Click on the **OK** button to close the *Elevated Risk Elements* window.  
*The **Risk Assess Profile** tab displays. The **Complete** check box enables and the **Final Risk Rating** is calculated. If no Elevated Risk Elements were selected, the **Final Risk Rating** will equal the **Preliminary Risk Rating**. If any Elevated Risk Elements received a “Yes” response, the **Final Risk Rating** displays as “Very High” and the following text displays below the **Final Risk Rating** field: “Elevated Risk Exists.”*
- 12 Click on the **Complete** check box.  
*All fields on the window are locked when the **Complete** check box is selected. The **Save and Submit** button enables.*
- 13 Click on the **Save and Submit** button to submit the completed RAP for supervisory approval.  
*The following message displays:  
“This action will close this window. Do you wish to continue?”*
- 14 Click on the **Yes** button.  
*The following message displays: “Changes have been saved.”*
- 15 Click on the **OK** button.  
*The **To-Do Detail** window displays. Record comments, if desired, in this window.*
- 16 Click on the **Save** button on the *To-Do Detail* window to complete the submission process.



If risk is Low, discuss with your supervisor whether it is feasible or recommended to offer services to the family.

If risk is High or Very High, you will need to explain why the case is being closed with a High/Very High Risk Rating.  
(See the *Build 16 CPS Functions Job Aid*.)



### Step-by-Step: Modifying a Current (In Process) RAP

- 1 From the *Task List* for an INV stage, click on the **Child Protective Record Summary** task and click on the **Detail...** button.  
*The CPRS window displays.*
- 2 Click on the **Risk Assess Profile** tab.  
*(If case-level information has changed since the last in-process save, the Case Level Information window will display. See page 25 for details regarding case-level information.)*
- 3 Enter any unrecorded responses or modify existing responses, as appropriate, for the Risk Elements.
- 4 Click on the **Elevated Risk** button.  
*The Elevated Risk Elements window displays.*
- 5 Enter any unrecorded responses or modify existing responses, as appropriate, for the Elevated Risk Elements.
- 6 Continue with **Step 10** from “Step-by-Step: Recording a New RAP” on page 37.



### Step-by-Step: Modifying a Completed RAP

- 1 From the *Task List* for an INV stage, click on the **Child Protective Record Summary** task and click on the **Detail...** button.  
*The CPRS window displays.*
- 2 Click on the **Risk Assess Profile** tab.
- 3 Click on the **Complete** check box to deselect it.  
*(If more recent case-level information exists, the Case Level Information window will display. See page 25 for details regarding case-level information.)*  
*All fields enable on the **Risk Assess Profile** tab.*
- 4 Enter any unrecorded responses or modify existing responses, as appropriate, for the Risk Elements.
- 5 Click on the **Elevated Risk** button.  
*The Elevated Risk Elements window displays.*
- 6 Enter any unrecorded responses or modify existing responses, as appropriate, for the Elevated Risk Elements.
- 7 Continue with **Step 10** from “Step-by-Step: Recording a New RAP” on page 37.



### Step-by-Step: Viewing the Approval Status of a Submitted RAP

- 1 From the *Task List* for an INV stage, click on the **Child Protective Record Summary** task and click on the **Detail...** button.  
*The CPRS displays.*

—OR—

Click on the **Options** menu and select the **Event List...** command.  
*The **Event List** command can also be selected from the **Options** menu on the Assigned Workload. From the Event List, select the CPRS event and click on the **Detail** button to open the CPRS window in view-only mode.*

- 2 Click on the **Risk Assess Profile** tab.  
*The Approval Status button enables.*
- 3 Click on the **Approval Status** button.  
*The Approval Status window displays. This window is always view-only.*
- 4 To close the *Approval Status* window, click on the **Close** button.  
*The **Risk Assess Profile** tab displays.*
- 5 To close the CPRS, click on the **Close** button.

## Online Help

Build 16 will include updates to Online Help to support all functionality in the Risk Assessment Profile, including casework guidelines and context-sensitive help.

## Appendix A: Definition of 'Child' and 'Adult'

In the Risk Assessment Profile, a **Child** is defined as a person under the age of 18 (or with a blank **DOB** on the *Person Detail* window) who has:

- a role of Abused Child (AB), Confirmed Abused (CA), Confirmed Maltreated (CM), Maltreated Child (MA), Non-Confirmed Abused (NA) or Non-Confirmed Maltreated (NM);

—OR—

- a role of No Role (NO) or Unknown (UK) *AND* one of the following values in the **Rel/Int** field on the *Person Detail* window:
  - Child (CH)
  - Cousin (CO)
  - Daughter/Son (DA)
  - Other Family Member (FM)
  - Grandchild (GC)
  - Niece/Nephew (NN)
  - Sibling (SB)
  - Unrel. Home Member (UH)
  - Unknown (UK)
  - Other (XX)

By contrast, an **Adult** is defined as a person who is not a child. For example, a 16-year-old biological father of a child would be considered an adult by this definition.

## Appendix B: Risk Element Definitions

### 1 Total prior reports for adults and children in RAP family unit

Displays the number of prior indicated reports in which:

- an adult in the RAP family unit was a confirmed subject (regardless of report type); or
- a child in the RAP family unit was a confirmed victim of abuse or maltreatment in a familial report type.

This calculation includes prior indicated reports where an adult in the RAP family unit was a subject, regardless of whether or not the children who were abused/maltreated in the prior report are members of the current RAP family unit. This calculation also includes prior indicated reports where a child in the RAP family unit was abused or maltreated by an adult who is not part of the current RAP family unit. All persons in the RAP family unit are included in the calculation, not just the Primary and Secondary Caretakers of the child(ren) alleged to be maltreated.

This calculation does *not* include the following:

- Duplicate (DUP) stages
- Reports where all of the RAP family unit members had “No Role”

The response to this Risk Element will display as follows:

- ▷ No prior determined reports
- ▷ Prior unfounded reports only
- ▷ One to two prior indicated reports
- ▷ Three to four prior indicated reports
- ▷ Five or more prior indicated reports

### 2 Child(ren) in RAP family unit was in the care or custody of substitute caregivers or foster parents, at any time prior to the current report

Indicates whether any child in the RAP family unit previously resided (or currently resides) with a foster parent or substitute caregiver, either informally or formally, for a significant period of time. The placement does not need to have been due to child protective concerns; it could have been an informal family arrangement for one of many reasons.

### 3 Child(ren) under one year old in RAP family unit

Indicates whether there are any children younger than one year of age residing in the home, in foster care with a permanency planning goal of returning home, or temporarily in another living situation (such as living with a relative or in a hospital) but expected to return home. If the **DOB** field on the *Person Detail* window is blank for any person whose **Rel/Int** field signifies that the person is a child (see “Appendix A: Definition of ‘Child’ and ‘Adult’” on page 41), CONNECTIONS will include that person as a child younger than one year old in this calculation.

#### **4 Inadequate housing with serious health or safety hazards, extreme overcrowding, or no housing**

Evidence of inadequate or hazardous housing may include, but is not limited to, the following:

- Serious overcrowding
- Seriously inadequate furnishings to meet the family's needs
- Inadequate heat, plumbing, electricity or water
- Lack or inoperability of essential kitchen appliances or bathroom facilities
- Multiple serious health hazards, such as rodent or vermin infestation; garbage and junk piled up; perishable food found spoiled; evidence of human or animal waste; and walls, floors, doors and furnishings thick with dirt and debris
- Multiple serious safety hazards, such as leaking gas from a stove or heating unit; dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink, or out in the open; peeling lead-based paint; hot water or steam leaks from a radiator; broken or missing windows; and no guards on open windows

In some cases, one or two isolated hazardous conditions will be corrected prior to the determination of the report, such as restoring heat or installing window bars. In these cases, the response to this Risk Element would be "No." However, if the hazardous situation has been an ongoing concern, such as a filthy house with multiple hazards, and, based on past experience, the condition is likely to reoccur even if it has been cleaned up by the time of the determination, the response to this Risk Element would be "Yes."

#### **5 Financial resources are severely limited or mismanaged to the degree basic family needs are chronically unmet**

This Risk Element is present if either of the following conditions exist:

- The family does not have enough financial resources to meet the basic needs of the family for shelter, food, clothing and health. Benefits such as public assistance, SSI, food stamps, public housing or housing vouchers, HEAP, etc., should be considered as financial resources that help meet the family's basic needs.
- The financial resources should be sufficient to meet the family's basic needs, but are not sufficient due to mismanagement or inappropriate use of funds.

#### **6 Caretaker(s) in primary household has reliable and useful social support, from extended family, friends or neighbors**

Indicates whether the caretaker(s) living in the primary household with the child(ren) has reliable and useful social support from informal sources, such as extended family, friends or neighbors. Reliable and useful social support is present when the adult caretaker(s) has a *network* of relatives, friends or neighbors to call upon for assistance in any area where the family may need help, such as child care, transportation, emergency financial or housing help, or emotional support. In addition, the informal social support network is nearby and readily available when needed.

**7 Caretaker is a perpetrator of, or victim of, domestic violence, or has serious conflicts with other adults**

Domestic violence is defined as a pattern of coercive tactics that can include physical, psychological, social, economic or emotional abuse perpetrated by one adult against another adult. Examples of domestic violence include: grabbing, pushing, hitting, punching, kicking, choking, biting and restraining; attacking with weapons; threatening to harm the partner or the children; stalking and harassment; intimidation; forced sex; berating and belittling; denying access to family assets, etc. This includes:

- a caretaker who is a victim or perpetrator of domestic violence involving a partner, former partner or other adult;
- a caretaker who continues to maintain any type of relationship with an abusive/abused adult and domestic violence remains a threat (the presumption should be that domestic violence remains a threat);
- an order of protection is in effect against the abusive adult; or
- a caretaker who is involved in serious conflicts (volatile arguments or physical fighting) with other adults within or outside the RAP family unit.

**8 Caretaker(s) with alcohol abuse problem within the past two years, with risk of not meeting responsibilities**

Alcohol abuse means regular or periodic use of alcohol, with the risk of not meeting responsibilities or having adverse effects on daily living (e.g., danger of job loss, financial problems, partner threatens to leave, child care suffers, criminal justice system involvement).

- If the caretaker is participating in a non-professional support group, such as Alcoholics Anonymous (AA), without any other evidence of continuing alcohol use within the last two years, do not consider this, by itself, as a current alcohol abuse problem.
- If the caretaker was in treatment more than two years ago, but there is evidence that the person has resumed using alcohol, consider this as a current alcohol abuse problem.
- Respond “Yes” to this Risk Element if the caretaker is currently participating in an alcohol treatment program.
- Respond “No” to this Risk Element if the caretaker had an alcohol problem in the past, but has completed treatment and has remained alcohol-free for at least two years.

**9 Caretaker(s) with drug abuse problem within the past two years, with risk of not meeting responsibilities**

Drug abuse means regular or periodic abuse of one or more drugs, with the risk of not meeting responsibilities or having adverse effects on daily living (e.g., danger of job loss, financial problems, partner threatens to leave, child care suffers, criminal justice system involvement).

- If the caretaker is participating in a non-professional support group, such as Narcotics Anonymous (NA), without any other evidence of continuing drug abuse, do not consider this, by itself, as a current alcohol abuse problem.
- If the caretaker was in treatment more than two years ago, but there is evidence that the person has resumed using drugs, consider this as a current drug abuse problem.
- Select “Yes” for this Risk Element if the caretaker is currently participating in a drug abuse treatment program.
- Select “No” for this Risk Element if the caretaker had a drug abuse problem in the past, but has completed treatment and has remained substance-free for at least two years.

**10 Caretaker(s) has a serious mental health problem**

The caretaker should be considered as having a mental health problem if he or she:

- exhibits symptoms, such as bizarre behavior or delusions, of an undiagnosed mental illness;
- has recent repeated referrals for mental health evaluation or treatment;
- has been prescribed medication for an ongoing or recurring serious mental health problem;
- is currently experiencing depression of an ongoing or recurring nature, or suicidal behavior;
- has a current diagnosed serious mental illness; or
- has attempted suicide in the past.

**11 Caretaker(s) has very limited cognitive skills**

Very limited cognitive skills could include mental retardation, brain injury or some type of cognitive disability that limits the caretaker’s ability in major life activities, such as child care, capacity to form positive relationships with others, self-care, self-direction, receptive and expressive language, learning, capacity for independent living and economic self-sufficiency.

**12 Caretaker(s) has a debilitating physical illness or physical disability**

Indicates whether or not the caretaker has a serious physical disability or debilitating illness that limits his/her ability to perform any major life activities, such as child care, capacity to form positive relationships with family members or others, self-care, self-direction, receptive and expressive language, learning, mobility, capacity for independent activities and economic self-sufficiency.

**13 Caretaker(s) has and applies realistic expectations of all the children**

"Realistic expectations" is defined as having an understanding of age-appropriate behavior, setting consistent, realistic standards, as well as safe and reasonable limits with appropriate consequences. In addition, the caretaker provides the child(ren) with options, encourages and helps the child(ren) with tasks when needed, and adapts parenting practices to the needs of the child(ren) and circumstances. Select "Yes" for this Risk Element *only* if the caretaker has realistic expectations of *all* of the children.

**14 Caretaker(s) always or usually recognizes and attends to the needs of all the children**

Indicates whether the caretaker has a history of recognizing and attending to the daily needs of all of the children. This strength would be present if the caretaker:

- has demonstrated competence in meeting the basic and unique needs of all of the children;
- is resourceful in making attempts to meet child(ren)'s needs despite adverse circumstances; and
- has demonstrated the ability to prioritize the children's needs above the caretaker's.

The word "always" is used because some caretakers always meet the needs of all of their children (i.e., a false report). The word "usually" is included because some caretakers may meet all of the needs of their children, but may have an isolated or temporary instance of not meeting a child's needs.

**15 Caretaker(s) views the abuse/maltreatment situation as seriously as the caseworker**

This Risk Element refers to whether the caretaker shares the caseworker's assessment of the seriousness of the child abuse/maltreatment situation.

- If the caretaker views the situation as less serious than the caseworker does, select "No" for this Risk Element.
- If both the caseworker and the caretaker view the situation as not serious (e.g., a patently false report) or both see the situation as serious, select "Yes."

## Appendix C: Elevated Risk Element Definitions

### 1 **Death of a child as a result of abuse or maltreatment by caretaker(s)**

Applies to a confirmed fatality of a child as a result of abuse or maltreatment by the identified Primary Caretaker or Secondary Caretaker. The death of the child could have occurred at any time prior to the completion of the RAP and in any jurisdiction within or outside New York State.

### 2 **Caretaker(s) has a previous TPR**

The identified Primary Caretaker or Secondary Caretaker must have had an adjudication of termination of their parental rights at any time prior to the completion of the RAP. The termination of parental rights (TPR) indicates that a proceeding in family court has occurred and has been ruled upon for the commitment of the guardianship and custody of a child. The TPR may be based upon grounds that the child is a “permanently neglected child,” “severely abused child” or a “repeatedly abused child.”

The filing of a TPR with no adjudication to date does not apply.

Parental surrenders are not to be considered as circumstances applying to this Elevated Risk Element. Parental surrenders are not a legal indication of a family court finding of permanent neglect, and therefore do not apply in this circumstance.

### 3 **Siblings removed from the home, prior to current report, due to abuse or neglect and remain with substitute caregivers or foster parent**

Applies to situations or circumstances which result in the removal of a child (or children) from the home, due to alleged or confirmed abuse or maltreatment, and the child(ren) is placed with substitute caretakers or foster parents. This includes removals by CPS, law enforcement or any authorized person or entity acting in the best interests of the child(ren).

### 4 **Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)**

Applies to confirmed reports in which the Primary Caretaker and/or Secondary Caretaker has *repeatedly* sexually abused or *severely* physically abused one or more children in his/her care or has allowed repeated sexual abuse or severe physical abuse of said child(ren) to occur.

Although a single act of sexual abuse is a serious and grievous assault upon a child, the existence of *repeated* sexual abuse implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) and therefore implies an increased risk of future harm.

*Severe* physical abuse implies, but is not limited to, a substantial risk of serious and/or protracted physical injury. Examples of severe physical abuse that results in serious physical injury may include, but are not limited to, the infliction of internal injuries, fractures, blunt trauma, shaking, choking, burns/scalding, severe lacerations, hematoma or extensive bruising.

**5 Sexual abuse of a child and perpetrator is likely to have current access to child**

Applies to situations in which a child (or children) has been sexually abused and the confirmed perpetrator (adult or child) continues to have current access to and/or contact with the child. This situation implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) from the risk of future sexual abuse. This also applies to situations in which the Primary Caretaker and/or the Secondary Caretaker is the perpetrator and resides with, or continues to have access to, the child.

**6 Physical injury to a child under one year old as a result of abuse or maltreatment by caretaker(s)**

Applies only to a child (or children) younger than one year old. Confirmed abuse or maltreatment resulting in physical injury to the child(ren) must have occurred. The young age and inherent vulnerability of the child, coupled with the physical injury to the child due to abuse or maltreatment, implies an increased risk of future harm.

**7 Serious physical injury to a child requiring hospitalization/emergency care within the last 6 months, as a result of abuse or maltreatment by caretaker(s)**

Applies to situations in which the child(ren) sustained serious physical injury that requires hospitalization, or emergency care provided by any of the following: emergency room, urgent care facility, doctor's office or emergency medical technicians. The physical injury must have occurred within the last six months.

Examples of serious physical injury may include, but are not limited to, internal injuries, blunt force trauma, whiplash/Shaken Infant Syndrome, head injury, serious injury to or loss of limb(s), fractures (including spiral and compound), burns/scalding, eye injuries and severe lacerations.

Malnutrition, Failure to Thrive (FTT) and other serious or life-threatening medical diagnoses directly related to confirmed child abuse or maltreatment may also be included under this Elevated Risk Element.

**8 Newborn child has a positive toxicology for alcohol or drugs**

Applies to situations in which a newborn (younger than 6 months old) who is currently part of the RAP family unit:

- tested positive for alcohol or drugs in his/her bloodstream or urine; and/or
- was born dependent on drugs or with drug withdrawal symptoms, fetal alcohol effect or Fetal Alcohol Syndrome.

The young age and inherent vulnerability of the newborn child, coupled with any of the circumstances above, implies an increased risk of future harm to the child.

## Appendix D: Risk Element Scoring Matrix

The response to each Risk Element on the **Risk Assess Profile** tab will have an associated point value. The total of these point values will be calculated as the **Preliminary Risk Score** once the caseworker has responded to *all* of the Risk Elements. If the caseworker changes the response to any Risk Element(s), the **Preliminary Risk Score** will recalculate automatically.

The value of the **Preliminary Risk Rating** will be determined by the range into which the **Preliminary Risk Score** falls. (See “Preliminary Risk Rating” on page 18.)



**Note the following abbreviations and indications used in the table below:**

“PC” = Primary Caretaker  
“SC” = Secondary Caretaker

† Response for the Secondary Caretaker is “No” or no Secondary Caretaker is identified

<b>Risk Element</b>	<b>Response</b>	<b>Score</b>
<b>1</b> Total prior reports for adults and children in RAP family unit	A	-1
	B	0
	C	0
	D	1
	E	2
<b>2</b> Child(ren) in RAP family unit was in the care or custody of substitute caregivers or foster parents, at any time prior to the current report	Yes	1
	No	0
<b>3</b> Child(ren) under one year old in RAP family unit	Yes	2
	No	0
<b>4</b> Inadequate housing with serious health or safety hazards, extreme overcrowding, or no housing	Yes	2
	No	0
<b>5</b> Financial resources are severely limited or mismanaged to the degree basic family needs are chronically unmet	Yes	1
	No	0
<b>6</b> Caretaker(s) in primary household has reliable and useful social support, from extended family, friends or neighbors	Yes	0
	No	1
<b>7</b> Caretaker is a perpetrator of, or victim of, domestic violence, or has serious conflicts with other adults	PC = Yes SC = No <sup>†</sup>	1
	PC = Yes SC = Yes	1
	PC = No SC = No <sup>†</sup>	0
	PC = No SC = Yes	1

<b>Risk Element</b>		<b>Response</b>	<b>Score</b>
<b>8</b>	Caretaker(s) with alcohol abuse problem within the past two years, with risk of not meeting responsibilities	PC = Yes SC = No <sup>†</sup>	1
		PC = Yes SC = Yes	1
		PC = No SC = No <sup>†</sup>	0
		PC = No SC = Yes	1
<b>9</b>	Caretaker(s) with drug abuse problem within the past two years, with risk of not meeting responsibilities	PC = Yes SC = No <sup>†</sup>	2
		PC = Yes SC = Yes	2
		PC = No SC = No <sup>†</sup>	0
		PC = No SC = Yes	2
<b>10</b>	Caretaker(s) has a serious mental health problem	PC = Yes SC = No <sup>†</sup>	1
		PC = Yes SC = Yes	1
		PC = No SC = No <sup>†</sup>	0
		PC = No SC = Yes	0

**Risk Elements 11 and 12:**

		<b>Risk Element 12:</b> Caretaker(s) has a debilitating physical illness or physical disability			
		PC = No SC = No <sup>†</sup>	PC = Yes SC = No <sup>†</sup>	PC = No SC = Yes	PC = Yes SC = Yes
<b>Risk Element 11:</b> Caretaker(s) has very limited cognitive skills	<del>PC = No SC = No<sup>†</sup></del>				
	PC = No SC = No <sup>†</sup>	0	1	1	1
	PC = Yes SC = No <sup>†</sup>	1	1	1	1
	PC = No SC = Yes	1	1	1	1
	PC = Yes SC = Yes	1	1	1	1

<sup>†</sup> SC response is "No" or no SC is identified

<b>Risk Element</b>		<b>Response</b>	<b>Score</b>
<b>13</b>	Caretaker(s) has and applies realistic expectations of <i>all</i> the children	PC = Yes SC = No <sup>†</sup>	1
		PC = Yes SC = Yes	0
		PC = No SC = No <sup>†</sup>	1
		PC = No SC = Yes	1
<b>14</b>	Caretaker(s) always or usually recognizes and attends to the needs of <i>all</i> the children	PC = Yes SC = No <sup>†</sup>	0
		PC = Yes SC = Yes	0
		PC = No SC = No <sup>†</sup>	1
		PC = No SC = Yes	1
<b>15</b>	Caretaker(s) views the abuse/maltreatment situation as <i>seriously</i> as the caseworker	PC = Yes SC = No <sup>†</sup>	0
		PC = Yes SC = Yes	0
		PC = No SC = No <sup>†</sup>	2
		PC = No SC = Yes	2

# Appendix E: Risk Rating Definitions

After the caseworker has responded to all of the Risk Elements, the Preliminary Risk Rating is calculated, based on the Preliminary Risk Score.

After the Elevated Risk Elements are taken into account, the Final Risk Rating will be calculated. If *no* Elevated Risk Elements are selected, the Final Risk Rating will equal the Preliminary Risk Rating. If the caseworker responds “Yes” to *any* Elevated Risk Element, the Final Risk Rating will automatically be calculated as “Very High.”

CONNECTIONS will generate one of four values for the Risk Ratings:

- |                       |   |  |
|-----------------------|---|--|
| <b>Low Risk</b>       | [ | • Families with Moderate or Low risk may either have no service needs, or their needs may be appropriately served by other services in the community.              |
| <b>Moderate Risk</b>  |   | • The RAP does not replace caseworker judgment; there may be valid reasons why a services case should be opened for a family with lower or moderate risk.          |
| <b>High Risk</b>      | [ | • Services are deemed essential for cases with High or Very High risk in order to decrease the risk of subsequent abuse or maltreatment.                           |
| <b>Very High Risk</b> |   | • If protective or preventive services are not provided to High or Very High risk cases, an explanation is required regarding why services are not being provided. |