**IMMEDIATE RISK OF HARM DETERMINATION WORK SHEET**

**Directions:**
- Complete identifying information
- Use to determine the level of harm for each disqualified person

**Name of Subject:** ____________________  
**Relationship:** ____________________

**Program Name:** ____________________  
**License Number or in Application:** ____________________  
**Rule:** __________

**Licensing Agency:** ____________________  
**Date Received:** __________

**Disqualification(s):** ____________________  
**Offense Level(s):** ____________________  
**Incident Date:** ____________________

**Disposition(s):**  
- Conviction(s) __  
- Preponderance __  
- Adjudication(s) __  
- Maltreatment Finding(s) __

**RISK OF HARM ANALYSIS**

- All relevant information immediately available shall be considered, including the following seven factors required by Statute:

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>LOW RISK</th>
<th>INTERMEDIATE RISK</th>
<th>HIGH RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recency of disqualifying characteristic</td>
<td>Long (over 7 years)</td>
<td>Moderate (1 to 7 years)</td>
<td>Short (less than 1 year)</td>
</tr>
<tr>
<td>Recency of the date of discharge from probation</td>
<td>Long (over 7 years)</td>
<td>Moderate (1 to 7 years)</td>
<td>Short (less than 1 year)</td>
</tr>
<tr>
<td>Number of disqualifying characteristics</td>
<td>One</td>
<td>More than one</td>
<td>Three or more</td>
</tr>
</tbody>
</table>
| Intrusiveness or violence of the disqualifying event | Accidental or unintentional  
- Isolated incident  
- Adequate supervision  
- No or minor injury  
- Slight discernible effect  
- No medical attention required | Intentional  
- Neglectful  
- Inadequate supervision  
- Unexplained injury  
- Requires some medical attention  
- Some discomfort for victim | Deliberate/overt  
- Violent behavior  
- Sexual abuse  
- Injury requires immediate medical attention  
- Pattern, ongoing, or repeat offenses |
| Vulnerability of the victim(s) | 10 + years of age and/or VA  
- Ability to care for and protect self with limited help from others  
- No disabilities | 5-9 years if age and/or VA  
- Requires some help from others in caring for and/or protecting self  
- Minor physical/developmental disability | Less than 5 years of age and/or VA  
- Unable to care for or protect self without major help from others  
- Major physical/developmental disability |
| Similarity of victim to persons served by program | None/Little | Some similarity | Same/very similar |
| Whether individual has a previous disqualification - not set aside | No previous disqualification | Disqualification with variance | Disqualification – not set aside |

**Other relevant information considered:**
___________________________________________________________________________________________________
___________________________________________________________________________________________________

**AGENCY DISPOSITION**

**RISK LEVEL:** __________LOW ____________ INTERMEDIATE ______________ HIGH

**AGENCY ACTION:**
- Disqualification letter sent to subject (low risk)
- Disqualification letter sent to license holder (low risk)
- Disqualification letter sent to subject re: need for continuous supervision
- Disqualification letter sent to license holder re: continuous supervision
- Disqualification letter sent to subject re: immediate removal
- Disqualification letter sent to license holder ordering immediate removal

**COMMENTS:**
___________________________________________________________________________________________________

**DATE OF REVIEW:** ________________  
**LICENSING WORKER:** ____________________  
**Phone:** ________________