

**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:

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

**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** \_\_\_\_\_