



Assessing Risk

How to assess potential or actual harm

The level of harm to a child can be assessed based on the level of intervention(s) needed to address the potential or actual consequences from a violation.

When assessing the most appropriate level of harm, you should consider other incidents that may have happened in the past (not necessarily at the facility being assessed) that involved circumstances and consequences to a child in care that you believe are similar to the circumstances and consequences to a child in care in your present case.

Also, it is important to remember that harm may occur in a form other than physical injury (e.g., emotional, social, developmental or psychological injury or stress).

How to assess probability of harm

The probability of harm to a child can be assessed based on the likelihood of something happening or being the case.

When assessing the most appropriate probability, you should consider the circumstances such as accessibility by children, potential threats having access to children, and the age and developmental level of the child, the qualifications of and number of staff involved, etc.

General guidelines for assessing overall risk:

The Question:	The question to answer is “What is the most likely outcome from the noncompliance with standards or statute?” The question is not, “What is the worst possible outcome?”
The Focus:	The focus when assessing risk is the potential or probability for harm or injury to occur, and if it does, the level of harm or injury. If harm or injury occurred, it is no longer a risk; rather, it is an incident. Risk ratings should not be lowered due to past compliance history. The history will be considered if enforcement action is pursued.
Harm Has Occurred:	When harm has resulted from a violation, the probability of harm rating must always be assessed as “C.”
Corrected Violations:	Do not downgrade a risk assessment because a violation was corrected while you were there or because a promise to correct a violation was made.
Adjustment Variables:	Exacerbating variables that may increase the risk rating include: (1) physiological development, status of mental, emotional, and physical health; (2) frequency of occurrence; (3) pattern or scope of violation(s); or (4) duration of violation(s). Mitigating variables that may lower the risk rating include: (1) enhanced physical safety features of a building; or (2) staffing above the required number.
Repeat Violations:	When considering repeat violations, the continued noncompliance with a standard or statute can increase the probability that harm may occur, but is not likely to increase the level of harm that could occur. Exceptions would be if the conditions resulting in the violation have deteriorated more, therefore increasing the level of harm that could result.
Systemic Violations:	When considering systemic violations, the pattern of noncompliance that demonstrates defects in the overall operation of the facility can increase the probability that harm may occur, but is not likely to increase the level of harm that could occur. Exceptions would be if the conditions resulting in the violation have deteriorated more, therefore increasing the level of harm that could result.
Fatality or Police Intervention Required Due to Missing Child:	When a fatality has occurred or police intervention for a missing child was needed due to noncompliance, harm has already occurred and we are no longer “assessing risk”. The probability of harm rating must always be assessed as “C”, and enforcement action must be considered.

Risk Assessment Matrix	1 Low Level of Harm	2 Moderate Level of Harm	3 Serious Level of Harm
A Low Probability of Harm (Harm is not likely to occur, but the possibility exists)	A-1 (2 points)	A-2 (4 points)	A-3 (6 points)
B Medium Probability of Harm (Harm is likely to occur)	B-1 (8 points)	B-2 (12 points)	B-3 (14 points)
C High Probability of Harm (Harm is imminent or has occurred)	C-1 (10 points) *	C-2 (16 points)	C-3 (18 points)
<p>*The weight assigned to C-1, 10 points, is lower than the weight assigned to B-2 and B-3.</p> <p>Although the probability for harm is higher for C-1, the probable level of harm is lower than for B-2 and B-3.</p>	<p>“Low level of harm” is an actual or potential harm experienced by a child in care due to the provider’s noncompliance with a standard or statute where it is determined that the potential or actual harm to a child in care would not or did not affect the well-being of a child in a significant way.</p> <p>Examples of violations of low levels of harm may include: (1) omissions of required but inconsequential information on a form, e.g. documentation of zip code or staff position title is missing, etc.; (2) failure to timely update or post menus or daily schedules; (3) presence of an odor or unclean area that does not represent a widespread or hazardous concern; (4) the failure to replace an item in the first aid kit, etc.; or (5) minor injuries that do not require the intervention beyond basic first aid.</p>	<p>“Moderate level of harm” is an actual or potential harm experienced by a child in care due to the provider’s noncompliance with a standard or statute where it is determined that the potential or actual harm to a child in care would or did affect the well-being of a child in a significant negative way, but not to the extent that it resulted in death or inpatient hospitalization, surgery, referral for specialized treatment, long term treatment or therapy, or permanent disability or disfigurement.</p> <p>Examples of violations of moderate levels of harm may include: (1) a caregiver’s or a provider’s admission to (i) negligence; or (ii) intentional actions which resulted in harm; (2) required a report to licensing, CPS or law enforcement; (3) missing background checks; (4) medication administration errors; or (5) supervision related violations, forbidden actions, or injuries that require medical treatment or intervention beyond the level of first aid but not inpatient hospitalization, surgery, referral for specialized treatment or long term treatment or therapy.</p>	<p>“Serious level of harm” is an actual or potential harm experienced by a child in care due to the provider’s noncompliance with a standard or statute where it is determined that the potential or actual harm to a child in care would or did affect the well-being of a child in an egregious way, and to the extent that one of the following conditions did or is very likely to occur: death, inpatient hospitalization, surgery, referral for specialized treatment; temporary or permanent and/or partial or total disability in physical, emotional, and/or psychological functioning; permanent disfigurement; long-term treatment or therapy; an order by a local authority to cease partial or total services; and/or removal of one or more individuals in care from a facility/home resulting from an enforcement or CPS action.</p> <p>Examples of violations of serious levels of harm may include: (1) supervision related violations involving unsafe surroundings or environmental conditions that may impact a child’s health; (2) exposure to a life-threatening allergen; (3) exposure to or ingestion of an illicit drug, poison, or medications or supplements not intended for the child; (4) suffocation or strangulation hazards; or (5) physical plant or equipment hazards that could or did result in death, inpatient hospitalization, surgery, referral for specialized treatment or long term treatment or therapy.</p>