

**State of Illinois**  
**Department of Children and Family Services**

**DCFS GUIDE TO RISK FACTORS FOR SUBSTANCE AFFECTED FAMILIES & SUBSTANCE EXPOSED INFANTS**

*Use on all Substance Affected Family Cases in conjunction with CERAP. Check off the level of risk for each factor. Add specific details in case notes. Use this Guide to support safety decisions.*

**FAMILY NAME** \_\_\_\_\_

**DCFS Case ID** \_\_\_\_\_

**DCFS/POS WORKER** \_\_\_\_\_

**DATE** \_\_\_\_\_

<b>FACTOR</b>	<b>LOW RISK</b>	<b>INTERMEDIATE RISK</b>	<b>HIGH RISK</b>
1. History of Abuse/Neglect	No known history.	Prior protective services. Family used services to resolve safety issues at that time.	Prior abuse/neglect case of serious nature. Children placed in temporary custody. Parent unable to use services to correct conditions.
2. Mother's current drug use	None. Occasional.	Abuses drugs with moderate impairment in functioning.	Compulsive, dependent drug abuser; loss of control.
3. Drug treatment history	Entered drug treatment early in pregnancy; remains compliant,	No prior drug treatment. Completed some level of treatment. Currently in treatment.	Refuses treatment. Multiple failed treatments.
4. Awareness of impact of drug use	Understands drug use impairs functioning. Expresses interest in resolving problems.	Displays some understanding of how drugs impact her care for children. Willing to begin treatment.	Displays lack of concern or denies' impact of drug use on children. Refuses help.
5. Mother's functional capacity	Evidence of full control of mental faculties. Appears to manage family routines and relationships.	Evidence of mildly impaired judgment, but manages household, family routines and relationships.	Evidence of poor judgement and impulse control. Disorganized household. Symptoms of emotional disturbance or mental health problems.
6. Parenting skills and responsiveness to children	Exhibits appropriate knowledge and skills to meet the essential needs of children. Nurturing relationship with children. Responds to the special needs of the infant.	Cares about children and relates to them. Responsive to infant. Expectations are within reason. Shows some understanding of managing behavior, Obtains help from extended family. Willing to learn more.	Provides minimal physical care for children. Has unrealistic expectations of children. Relies on others to care for them. Unresponsive to infant's needs, fails to hold; poor eye contact, does not inquire as to the infant's welfare. Does not seem interested in children.
7. Mother's motivation and cooperation	Willing and able to work with services to correct conditions and meet the needs of the children.	Demonstrates marginal cooperation with planned intervention. Plans to make appointments, but inconsistent follow up.	Denies problem, refuses or unable to cooperate, disinterested or evasive.
8. Father or partner's relationship to family	Father/partner is drug-free. supportive and stable. Available to assist with care for children. No prior criminal convictions,	Stable father/partner but assumes only minimum care giving responsibilities for children. Willing to take drug screen and participate in services.	Father/partner stays with family occasionally. but is not a positive influence. Involved in drug activity. Shows evidence of poor impulse control or violence. Not willing to participate in services.

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<b>FACTOR</b>	<b>LOW RISK</b>	<b>INTERMEDIATE RISK</b>	<b>HIGH RISK</b>
9. Prenatal care and preparation for SEI	Sought early prenatal care with consistent follow up. Has crib and clothes,	Sought prenatal care but inconsistent follow up. Has made some preparations for infant bed, clothes, and feeding.	No prenatal care; sought only in third trimester. Has no crib and few baby clothes.
10. Infant's special care needs	No apparent withdrawal, health or developmental problems. Only routine pediatric care needed.	Minor health/developmental problems which do not significantly affect infant's vital life functions. Experiences mild withdrawal symptoms, lethargy, poor interaction. Feeds well, sleeps 3 hours after feeding. Requires monthly pediatric care.	Pre-term infant <36 weeks and/or medical/physical problems which may impact vital life functions or development. Marked withdrawal symptoms: tremors, high-pitched cry, lethargic, poor interaction. Poor feeding; vomits, watery stools. Sleeps < 2 hours after feeding.
11. Prenatal care for sibling children	Educational, health, social, and environmental needs being met. Children can rely on parent.	Some evidence of immunizations, health care school attendance, and social needs being met. Children appear self-sufficient but relate to parent.	Few educational, health care, and environmental needs being met. Some children are in substitute care. Sporadic visitation.
12. Family support system	Has a drug-free adult living in home available to support and assist parents.	Family, friends somewhat supportive, but not always available. Willing to cooperate in child safety plan.	No drug-free family or friends available to be supportive of family.
13. Drug use in home	No member of household suspected of involvement in drug activity,	Partner or members of household may be suspected of drug activity but they are willing to be screened and cooperate for the family.	Any member of household may be suspected of drug activity. Many people seem to in/out of the house. Unwilling to be screened for drugs or participate in services.
14. Home environment	Home relatively clean, with operable utilities and furnishings. No apparent safety or health hazards. Evidence of household organization.	Home safety, utilities, and furnishings acceptable. Some evidence of household routines for food, clothing, sleeping, and school attendance. Appointments usually kept.	No stable housing. Housing unsafe or unhealthy. Chaotic management of meals, clothing and sleeping routines. Poor school attendance. Appointments not kept.
15. <i>Resource* availability and accessibility</i>	Needed resources are available and accessible in community. Parents are willing and able to use them.	Some resources are available in community for family. Parents reluctant to use. Accessibility requires arrangements for transportation and child care.	Few or no needed resources are available or accessible in the community. Family refused to use available resources.

**\*CHECK OFF RESOURCES THAT ARE NEEDED**

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| <input type="checkbox"/> Home visits by public health nurse                       | <input type="checkbox"/> Health care for parents/family planning                |
| <input type="checkbox"/> Parental drug evaluation and treatment                   | <input type="checkbox"/> HIV testing and treatment                              |
| <input type="checkbox"/> Child care/respite program                               | <input type="checkbox"/> Domestic violence intervention                         |
| <input type="checkbox"/> Transportation   | <input type="checkbox"/> Mental health assessment and treatment                 |
| <input type="checkbox"/> Early intervention to reduce risk of developmental delay | <input type="checkbox"/> Referrals for housing/utilities/furnishings            |
| <input type="checkbox"/> Interactive parenting program                            | <input type="checkbox"/> Educational or vocational training program for parents |
| <input type="checkbox"/> Health care for infant/siblings                          |   |