

## Environmental Risk Assessment (ERA) tool

Child's Name:		Mother:				
Date of Birth:		Father:				
		Primary Caregiver:				
FOR ITEMS 1 TO 3: Add number of protective factors present to obtain risk (A through F).						
B. Stable housi C. Receives ste D. Accesses ne E. Has transpor	es available (car seat, ng for at least 3 mont eady source of adequat	hs te income rvices (ISD benefits, WIC, etc.) blic transportation	A.			
Add number of pro 4-6 = No risk	tective factors present 3 = Medium risk	to obtain risk (A through E) 0-2 = High risk	No			
B. Positive, sup C. Positive sup D. Reports affi	egiver has a partner th oportive relationships port of friends	nat is involved and is a positive influence from extended family living nearby group (church, support groups, AA/NA)	A.			
Add number of pro 4-5 = No risk	tective factors present 3 = Medium risk	to obtain risk (A through E) 0-2 = High risk	NoMH			
B. Is not overly C. Has appropr D. Has safe, de E. Has been ad		riate toys needs of the child	A.			
Add number of pro 4-6 = No risk	tective factors present 3 = Medium risk	to obtain risk (A through E) 0-2 = High risk	No			
FOR ITEMS 4 TO	15: Circle the approp	oriate risk level.				
<b>4. Family Educati</b> No. No history	onal History of the following:					
M. History of	one of the following:					
H. History of	two or more of the fo	ollowing:				
	tory of school dropout tory of speech/langua					

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## Family Infant Toddler (FIT) - Environmental Risk Assessment Tool

		Family history of learning disability(ies) or special education Family history of social/emotional or behavioral disorder(s)	No□M□H□
5.		ily Health Immediate family members living in home have no chronic illness, or debilitating disability.	
	Μ.	Immediate family member has a chronic illness and is compliant with treatment regimen OR has a debilitating disability with sufficient adaptations in place to care for the child independently.	
	Н.	Immediate family member has a chronic illness and is NOT compliant with treatment regimen OR has a debilitating disability that impairs the ability of the family to care for the child OR has died in the last six months.	No□M□H□
6.		ily Substance Use  No recent history of inappropriate substance use by individuals living in household.	
	Μ.	Minimal, recent history of or infrequent inappropriate substance use by individuals living in the household.	
	Н.	Consistent inappropriate substance use by individuals living in the household.	No
7.		ily Mental Health No psychiatric diagnoses identified for individuals living in the household.	
	Μ.	Managed and/or treated psychiatric diagnosis in any individual living in household.	
	Н.	Active non-treated psychiatric diagnosis in any individual living in the household.	No
8.		ily Violence No past physical, sexual, or emotional abuse in the child's home.	
	Μ.	Parental history of physical, sexual, emotional abuse.	
	Н.	Child has been exposed to physical, sexual, or emotional abuse of some member in the family.	No
9.		se and Neglect Immediate family has never had CYFD Protective Services (CYFD PS) involvement.	
	Μ.	Immediate family has been the subject of unsubstantiated CYFD PS investigation(s).	
	Н.	Immediate family has an open CYFD PS investigation, had a substantiated CYFD PS investigation, and/or child is in state custody.	No

	ustice System Related Legal History Parent(s) or household member(s) have no history of jail time or probation.		
Μ.	Parent or household members have a previous history of jail time or probation.		
Н.	Parent(s) or household member(s) have a history of jail time or probation since the child's birth.	No	
11. Primary Caregiver Age at Child's Birth. No. Primary caregiver is twenty-one years old or over.			
Μ.	Primary caregiver is seventeen to twenty years old.		
Н.	Primary caregiver is sixteen years old or younger.	No M H	
	Itiple Placement Child has had one primary caregiver in the last year.		
Μ.	Child has had 2 -3 different primary caregivers in different homes in the last year.		
Н.	Child has had 4 or more different primary caregivers in different homes in the last year.	No M H	
PRIMA	RY CAREGIVER DISPOSITION		
13. Primary Caregiver Acceptance of and Affection toward Child No. Very accepting and affectionate. No negative statements made about the child.			
Μ.	Variable acceptance and affection. Demonstrates affection toward child, but also makes negative comments about the child.		
Н.	Very little affection demonstrated towards child, frequently makes negative statements about the child or handles child roughly.	No	
	mary Caregiver Expectations of Child  Very realistic and primary caregiver has good knowledge of (or good feelings for) age-appropriate behaviors.		
М.	Somewhat realistic, but open to improvement. Primary caregiver has fair knowledge of age appropriate behaviors, but child sometimes held in too high or too low standards.		
Н.	Unrealistic or not open to improvement. Primary caregiver either has very poor understanding of age-appropriate behaviors, or makes unrealistic demands of children despite some knowledge of development.	No	
15. Primary Caregiver Interpretation of Child Cues No. Interprets and responds appropriately to cues most of the time.			
Μ.	Interprets and responds appropriately to cues half of the time.		
Н.	Rarely interprets and responds appropriately to cues	No	

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16. Primary Caregiver Responds to Child Cues No. Responds appropriately to cues of child most of the time.						
	Responds appropriately to cues half of the time. H. Rarely responds appropriately to cues.					
H. F	Rarely responds to cues.	No				
17. Other physical, social, economic and/or caregiver/family member disposition factors that may pose a substantial risk to development (rate <u>each</u> additional factor):						
		No				
	SCORING					
	a) a "High" rating in one, or more of the following: No. 6, 7, 8, 9  b) a "High" rating in a minimum of two risk factors; or  c) a "Medium" rating in four risk factors.	, or				
Family Infant Toddler (FIT) Program Eligibility Determination:  The above combination of risk factors has led to the determination of eligibility for FIT Program services based on the "Environmental At Risk" for developmental delay criteria:  Yes \[ \] No \[ \]						
Agency: Clinician						
Does this child qualify for Family Infant Toddler Program due to any other Eligibility Criteria?  Developmental Delay Established Condition Biological or Medical Risk  Primary Eligibility:						
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