Core: SDM Assessment Skills Lab
Workbook Materials – Updated January 2019

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Referral Name: 

Referral #: 

Date: ___/___/____  County: 

STEP I. PRELIMINARY SCREENING

☐ Review of screening criteria is not required
  ☐ Evaluate out
    ☐ No child under age 18
    ☐ Duplicate referral that contains no new information
    ☐ Referred to another county
    ☐ Allegations of harm in a group home, residential treatment facility, or other institution
    ☐ Safely surrendered baby

If any of the above are selected, the screening decision has been made and the assessment is completed. No further SDM assessments are required.

STEP II. APPROPRIATENESS OF A CHILD ABUSE/NEGLECT REPORT FOR RESPONSE

A. Screening Criteria (Elicit reporter’s concerns and select all that apply.)

Physical Abuse (if not automatic 24-hour, go to physical abuse tree)
  ☐ Non-accidental or suspicious injury
    ☐ Death of a child due to abuse AND there is another child in the home (automatic 24-hour)
    ☐ Severe (automatic 24-hour)
    ☐ Other injury (other than very minor unless child is under 1 year old)
  ☐ Caregiver action that likely caused or will cause injury (other than very minor unless child is under 1 year old)
  ☐ Prior death of a child due to abuse AND there is a new child, of any age, in the home

Emotional Abuse (go to emotional abuse tree)
  ☐ Caregiver actions have led or are likely to lead to child’s severe anxiety, depression, withdrawal, or aggressive behavior toward self or others
  ☐ Exposure to domestic violence

Neglect
  ☐ Severe neglect (if not automatic 24-hour, go to neglect tree)
    ☐ Diagnosed malnutrition (automatic 24-hour)
    ☐ Non-organic failure to thrive
    ☐ Child’s health/safety is endangered
    ☐ Death of a child due to neglect AND there is another child in the home (automatic 24-hour)
  ☐ General neglect (go to neglect tree)
    ☐ Inadequate food
    ☐ Inadequate clothing/hygiene
    ☐ Inadequate/hazardous shelter
    ☐ Inadequate supervision
    ☐ Inadequate medical/mental health care
    ☐ Caregiver absence/abandonment
    ☐ Involving child in criminal activity
    ☐ Failure to protect
Threat of neglect (go to neglect tree)
- Prior failed reunification or severe neglect, and new child in household
- Allowing child to use alcohol or other drugs
- Prior death of a child due to neglect AND there is a new child, of any age, in the home
- Prenatal substance use
- Other high-risk birth

Sexual Abuse (go to sexual abuse tree)
- Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator
- Physical, behavioral, or suspicious indicators consistent with sexual abuse
- Sexual act(s) among siblings or other children living in the home
- Sexual exploitation
- Threat of sexual abuse
  - Known or highly suspected sexual abuse perpetrator lives with child
  - Severely inappropriate sexual boundaries

B. Screening Decision

- Evaluate out: No criteria are selected
  For differential response counties, proceed to Step IV-A, Path Decision for Evaluate Out.
  For counties not implementing differential response, stop. No further SDM assessments required.
- In-person response: One or more criteria are selected
  Proceed to Step III, Response Priority

Overrides
- In-person response. No criteria are selected, but report will be opened as a referral. No further SDM assessments required. Select all that apply.
  - Courtesy interview at law enforcement's request
  - Residency verification
  - Response required by court order
  - Local protocol (specify): _________________________________
  - Other (specify): _________________________________

- Evaluate out. One or more criteria are selected, but report will be evaluated out. No further SDM assessments required. Select all that apply.
  - Insufficient information to locate child/family
  - Another community agency has jurisdiction
  - Historical information only

STEP III. RESPONSE PRIORITY
Select if applicable.
- Allegation concerns maltreatment by current substitute care provider AND county policy requires response within 24 hours (automatic 24-hour)
- Child is already in custody (automatic 24-hour)

If not applicable, complete the appropriate decision tree(s).
A. Decision Trees

**PHYSICAL ABUSE**

- Do ANY of the following apply?
  - Medical care currently required due to alleged abuse
  - Caregiver’s behavior is alleged to be dangerous or threatening to child’s health or safety (reasonable person standard)
  - Allegation of physical injury to non-mobile child or any child under age 2 (or capability equivalent)

  Yes → Within 24 Hours

  No → Is there a nonperpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?

  Yes → Within 10 Days

  No → Within 10 Days

**NEGLECT**

- Do ANY of the following apply?
  - Child requires immediate medical/mental health evaluation or care
  - Child’s physical living conditions are immediately hazardous to health or safety
  - Child is currently unsupervised and in need of supervision
  - Substance-exposed newborn will be discharged within 10 days AND no caregiver appears willing and able to provide for the infant upon discharge

  Yes → Within 24 Hours

  No → Within 10 Days

**EMOTIONAL ABUSE**

- Child is exhibiting behavior that threatens the health or safety of the child or others AND caregiver is unable or unwilling to seek appropriate help or control the child’s behavior

  Yes → Within 24 Hours

  No → Is there current abuse/exploitation as evidenced by disclosure, credible witnessed account, or medical evidence?

  Yes → Within 10 Days

  No → Unknown → Within 24 Hours

  No/Unknown → Within 10 Days

**SEXUAL ABUSE**

- Is there a nonperpetrating caregiver aware of the alleged abuse/exploitation who is demonstrating a response that is appropriate and protective of the child?

  Yes → Within 10 Days

  No → Within 10 Days
B. Overrides

Policy
Increase to 24 hours whenever:
☐ Law enforcement requests an immediate response;
☐ Forensic considerations would be compromised by slower response; or
☐ There is reason to believe that the family may flee.

Decrease to 10 days whenever:
☐ Child safety requires a strategically slower response;
☐ The child is in an alternative safe environment; or
☐ The alleged incident occurred more than six months ago AND no maltreatment is alleged to have occurred in the intervening time period.

Discretionary
☐ Increase response level
☐ Decrease response level (requires supervisory approval)
Reason: 

Final Response Priority: ☐ 24 hours ☐ 10 days

STEP IV. PATH OF RESPONSE DECISION

A. Path Decision for Evaluate Out (for differential response counties only)
Review the following factors/considerations when making the path decision. Select yes or no for each as applicable based on information reported and/or available at the time of referral. If unknown at the time of report, answer no.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| ☐   | ☐  | Prior investigations (indicate number of prior investigations)
| ☐   | ☐  | One or two
| ☐   | ☐  | Three or more
| ☐   | ☐  | Prior failed reunification, or death of a child not due to abuse or neglect
| ☐   | ☐  | Current caregiver substance abuse, domestic violence, or mental health issues
| ☐   | ☐  | Identified need that can be addressed with community services
| ☐   | ☐  | Clothing
| ☐   | ☐  | Counseling
| ☐   | ☐  | Education
| ☐   | ☐  | Medical
| ☐   | ☐  | Food
| ☐   | ☐  | Financial
| ☐   | ☐  | Other (specify):
| ☐   | ☐  | Other (specify):

Path Decision (select one): ☐ No response ☐ Path 1
B. Path Decision for In-Person Response (for differential response counties only)
Review the following factors/considerations when making the path decision. Select yes or no for each as applicable based on information reported and/or available at the time of referral. If unknown at the time of report, answer no.

(If final response priority is 24 hours)

Apply automatic Path 3? ○ Yes ○ No

Yes No
○ ○ Likelihood of caregiver arrest or juvenile court involvement as a result of alleged incident
○ ○ Allegation involves sexual abuse
○ ○ Prior investigations (indicate number of prior investigations)
  □ One or two
  □ Three or more
○ ○ Prior child protective services (previous ongoing case)
○ ○ Four or more alleged child victims
○ ○ Caregiver has a current mental health issue
  □ Primary caregiver
  □ Secondary caregiver
  □ Both caregivers
○ ○ Primary caregiver has a history of abuse/neglect as a child
○ ○ Any child with (select all that apply):
  □ Mental health/behavioral problems
  □ Developmental or physical disability
  □ Medically fragile or failure to thrive
  □ Positive toxicology screen at birth
  □ Delinquency history
○ ○ Housing is unsafe or family is homeless
○ ○ Prior injury to a child due to abuse or neglect
○ ○ Domestic violence in the last 12 months
○ ○ Caregiver has a current substance abuse issue
  □ Primary caregiver
  □ Secondary caregiver
  □ Both caregivers
○ ○ Other (specify): ____________________________________________________________

Path Decision (select one): ○ Path 2 ○ Path 3
CALIFORNIA
SDM® SAFETY ASSESSMENT

Referral Name: ___________________________ Referral #: ______-_____-____-_____

County: _______________________ Worker: ______________________

Is either caregiver Native American or a person with Indian ancestry? ☐ Yes ☐ No ☐ Parent Not Available ☐ Parent Unsure

Date of Assessment: ______/_____/______ Assessment Type: ☐ Initial ☐ Review/update ☐ Referral closing/case closing

Names of Children Assessed: (If more than six children are assessed, add additional names and numbers on reverse side.)

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________
5. _______________________________________________________________________
6. _______________________________________________________________________

Are there additional names on reverse? ☐ Yes ☐ No

Household Name: ___________________________ Were there allegations in this household? ☐ Yes ☐ No

Factors Influencing Child Vulnerability (Conditions resulting in child’s inability to protect self; select all that apply to any child.)

☐ Age 0–5 years ☐ Diminished mental capacity (e.g., developmental delay, nonverbal)
☐ Significant diagnosed medical or mental disorder ☐ Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
☐ Not readily accessible to community oversight

SECTION 1: SAFETY THREATS
Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present. Select all that apply.

Yes ☐ ☐ No

☐ 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:
   ☐ Serious injury or abuse to the child other than accidental.
   ☐ Caregiver fears he/she will maltreat the child.
   ☐ Threat to cause harm or retaliate against the child.
   ☐ Domestic violence likely to injure child.
   ☐ Excessive discipline or physical force.
   ☐ Drug-/alcohol-exposed infant.

☐ 2. Child sexual abuse is suspected, AND circumstances suggest that the child’s safety may be of immediate concern.

☐ 3. Caregiver does not meet the child’s immediate needs for supervision, food, clothing, and/or medical or mental health care.

☐ 4. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

☐ 5. Caregiver describes or speaks to the child in predominantly negative terms or acts toward or in the presence of the child in negative ways AND these actions result in severe psychological/emotional harm, leading to the child being a danger to self or others.

☐ 6. Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
7. Caregiver’s explanation for the injury to the child is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child’s safety may be of immediate concern.

8. The family refuses access to the child, or there is reason to believe that the family is about to flee.

9. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child’s safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver’s response to the previous incident.

10. Other (specify): ____________________________________________________________________________

Safety Decision: If no safety threats are present, complete the safety decision below.

☐ Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Complete the investigation and the risk assessment as required.

SECTION 1A: CAREGIVER COMPLICATING BEHAVIORS

If yes is selected for any safety threats above, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Select all that apply to the household.

☐ Substance abuse  ☐ Domestic violence  ☐ Mental health  ☐ Developmental/cognitive impairment
☐ Physical condition  ☐ Other (specify): ____________________________________________________________________________

SECTION 2: HOUSEHOLD STRENGTHS AND PROTECTIVE ACTIONS

Household Strengths: These are resources and conditions that increase the likelihood or ability to create safety for a child but in and of themselves do not fully address the safety threats.

Protective Actions: These are specific actions, taken by one of the child’s current caregivers or by the child, that mitigate identified safety threats in the household.

Household strengths and protective actions should be assessed, considered, and built upon when creating a safety plan. Select all that apply to the household.

<table>
<thead>
<tr>
<th>Household Strengths</th>
<th>Protective Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Select all that apply)</td>
<td>(Select all that apply)</td>
</tr>
<tr>
<td>Caregiver problem solving</td>
<td>☐ At least one caregiver articulates specific strategies that, in the past, have been at least partially successful in mitigating the identified safety threat(s), and the caregiver has used or could use these strategies in the current situation.</td>
</tr>
<tr>
<td>☐ At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.</td>
<td>☐ At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions.</td>
</tr>
<tr>
<td>Caregiver support network</td>
<td>☐ At least one caregiver has a stable support network that is aware of the safety threat(s), has been or is responding to the threat(s), and is willing to provide protection for the child.</td>
</tr>
<tr>
<td>☐ At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.</td>
<td>☐ At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network.</td>
</tr>
<tr>
<td>☐ At least one non-offending caregiver exists and is willing and able to protect the child from future harm.</td>
<td>☐ At least one non-offending caregiver exists and is willing and able to protect the child from future harm.</td>
</tr>
<tr>
<td>☐ At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.</td>
<td>☐ At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child.</td>
</tr>
<tr>
<td>Household Strengths</td>
<td>Protective Actions</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>(Select all that apply)</td>
<td>(Select all that apply)</td>
</tr>
<tr>
<td>Child problem solving</td>
<td>□ At least one child is emotionally/intellectually capable of acting to protect him/herself from a safety threat.</td>
</tr>
<tr>
<td></td>
<td>□ At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s).</td>
</tr>
<tr>
<td>Child support network</td>
<td>□ At least one child is aware of his/her support network members and knows how to contact these individuals when needed.</td>
</tr>
<tr>
<td></td>
<td>□ At least one child has successfully pursued support, in the past or currently, from a member of his/her support network, and that person(s) was able to help address the safety threat and keep the child safe.</td>
</tr>
<tr>
<td>Other</td>
<td>□ Other</td>
</tr>
<tr>
<td></td>
<td>□ Other</td>
</tr>
</tbody>
</table>

**SECTION 3: IN-HOME PROTECTIVE INTERVENTIONS**

If safety threats have been identified in the household and after consideration of child vulnerabilities, household strengths, and protective actions, it is determined that a safety plan will allow the child to remain in the home, the safety decision is "safe with plan." Select the decision below. If a safety plan that would allow the child to remain in the home safely cannot be created, go to Section 4.

**SAFETY DECISION**

- **Safe with plan.** One or more safety threats are present; however, the child can safely remain in home with a safety plan. In-home protective interventions have been initiated through a safety plan and the child will remain in the home as long as the safety interventions mitigate the safety threats. Select all in-home interventions used in the safety plan.

  - □ 1. Intervention or direct services by worker. (DO NOT include the investigation itself.)
  - □ 2. Use of family, neighbors, or other individuals in the community as safety resources.
  - □ 3. Use of community agencies or services as safety resources.
  - □ 4. Use of tribal, Indian community service agency, and/or ICWA program resources.
  - □ 5. Have the caregiver appropriately protect the victim from the alleged perpetrator.
  - □ 6. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
  - □ 7. Have the non-offending caregiver move to a safe environment with the child.
  - □ 8. Legal action planned or initiated—child remains in the home.
  - □ 9. Other (specify): ____________________________

**SECTION 4: PLACEMENT INTERVENTIONS**

**Safety Decision**

- **Unsafe.** One or more safety threats are present, and placement is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm. Check one response only.

  - □ 10. Have the caregiver voluntarily place the child outside the home, consistent with WIC § 11400 (o) and (p).
  - □ 11. Child placed in protective custody because interventions 1–10 do not adequately ensure the child’s safety.
# SDM® FAMILY RISK ASSESSMENT

## PRIOR INVESTIGATIONS

<table>
<thead>
<tr>
<th></th>
<th>Neglect</th>
<th>Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prior neglect investigations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. No prior neglect investigations</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>b. One prior neglect investigation</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>c. Two prior neglect investigations</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>d. Three or more prior neglect investigations</td>
<td>2</td>
</tr>
<tr>
<td>2. Prior abuse investigations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. No prior abuse investigations</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>b. One prior abuse investigation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>c. Two prior abuse investigations</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>d. Three or more prior abuse investigations</td>
<td>1</td>
</tr>
<tr>
<td>3. Household has previous or current open ongoing CPS case (voluntary/court ordered)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. No</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>b. Yes, but not open at the time of this referral</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>c. Yes, household has open CPS case at the time of this referral</td>
<td>2</td>
</tr>
<tr>
<td>4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. None/not applicable</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>b. One or more apply (select all applicable)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Prior physical injury to a child resulting from child abuse/neglect</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prior substantiated physical abuse of a child</td>
<td></td>
</tr>
</tbody>
</table>

## CURRENT INVESTIGATION

<table>
<thead>
<tr>
<th></th>
<th>Neglect</th>
<th>Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Current report maltreatment type (select all applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Neglect</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>b. Physical and/or emotional abuse</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>c. None of the above</td>
<td>0</td>
</tr>
<tr>
<td>6. Number of children involved in the child abuse/neglect incident</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. One, two, or three</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>b. Four or more</td>
<td>1</td>
</tr>
<tr>
<td>7. Primary caregiver assessment of the incident</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Caregiver does not blame the child</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>b. Caregiver blames the child</td>
<td>0</td>
</tr>
</tbody>
</table>
## FAMILY CHARACTERISTICS

### 8. Age of youngest child in the home
- **a. 2 years or older**
  - Neglect: 0
  - Abuse: 0
- **b. Under 2**
  - Neglect: 1
  - Abuse: 0

### 9. Characteristics of children in the household
- **a. Not applicable**
  - Neglect: 0
  - Abuse: 0
- **b. One or more present (select all applicable)**
  - Mental health or behavioral problems: 1
  - Developmental disability: 1
  - Learning disability: 0
  - Physical disability: 0
  - Medically fragile or failure to thrive: 0

### 10. Housing
- **a. Household has physically safe housing**
  - Neglect: 0
  - Abuse: 0
- **b. One or more apply (select all applicable)**
  - Physically unsafe; AND/OR Family homeless: 1

### 11. Incidents of domestic violence in the household in the past year
- **a. None or one incident of domestic violence**
  - Neglect: 0
  - Abuse: 0
- **b. Two or more incidents of domestic violence**
  - Neglect: 0
  - Abuse: 1

### 12. Primary caregiver disciplinary practices
- **a. Employs appropriate discipline**
  - Neglect: 0
  - Abuse: 0
- **b. Employs excessive/inappropriate discipline**
  - Neglect: 0
  - Abuse: 1

### 13. Primary or secondary caregiver history of abuse or neglect as a child
- **a. No history of abuse or neglect for either caregiver**
  - Neglect: 0
  - Abuse: 0
- **b. One or both caregivers have a history of abuse or neglect as a child**
  - Neglect: 1
  - Abuse: 1

### 14. Primary or secondary caregiver mental health
- **a. No past or current mental health problem**
  - Neglect: 0
  - Abuse: 0
- **b. Past or current mental health problem (select all applicable)**
  - During the past 12 months: 1
  - Prior to the last 12 months: 0

### 15. Primary or secondary caregiver alcohol and/or drug use
- **a. No past or current alcohol/drug use that interferes with family functioning**
  - Neglect: 0
  - Abuse: 0
- **b. Past or current alcohol/drug use that interferes with family functioning (select all applicable)**
  - Alcohol: 1
  - Drugs: 0

### 16. Primary or secondary caregiver criminal arrest history
- **a. No caregiver has prior criminal arrests**
  - Neglect: 0
  - Abuse: 0
- **b. Either caregiver has one or more criminal arrests**
  - Neglect: 1
  - Abuse: 0

### TOTAL SCORE
**SCORED RISK LEVEL.** Assign the family’s scored risk level based on the highest score on either the neglect or abuse indices, using the following chart.

<table>
<thead>
<tr>
<th>Neglect Score</th>
<th>Abuse Score</th>
<th>Scored Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–2</td>
<td>0–1</td>
<td>Low</td>
</tr>
<tr>
<td>3–5</td>
<td>2–4</td>
<td>Moderate</td>
</tr>
<tr>
<td>6–8</td>
<td>5–7</td>
<td>High</td>
</tr>
<tr>
<td>9 +</td>
<td>8 +</td>
<td>Very high</td>
</tr>
</tbody>
</table>

**OVERRIDES**

**Policy Overrides.** Select yes if a condition shown below is applicable in this case. If any condition is applicable, override the final risk level to very high.

- Yes
- No

1. Sexual abuse case AND the perpetrator is likely to have access to the child.
2. Non-accidental injury to a child under age 2.
3. Severe non-accidental injury.
4. Caregiver action or inaction resulted in the death of a child due to abuse or neglect (previous or current).

**Discretionary Override.** If a discretionary override is made, select yes, increase risk by one level, and indicate reason.

- Yes
- No

5. If yes, override risk level (select one):

   - Moderate
   - High
   - Very High

Discretionary override reason: ____________________________

Supervisor’s Review/Approval of Discretionary Override: ____________________________ Date: __________

**FINAL RISK LEVEL (select final level assigned):**

- Low
- Moderate
- High
- Very high

**RECOMMENDED DECISION**

<table>
<thead>
<tr>
<th>Final Risk Level</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Do not promote*</td>
</tr>
<tr>
<td>Moderate</td>
<td>Do not promote*</td>
</tr>
<tr>
<td>High</td>
<td>Promote</td>
</tr>
<tr>
<td>Very high</td>
<td>Promote</td>
</tr>
</tbody>
</table>

*Unless there are unresolved safety threats.

**PLANNED ACTION**

- Promote
- Do not promote

If recommended decision and planned action do not match, explain why:

________________________________________________________________________
SUPPLEMENTAL RISK ITEMS
Note: These items should be recorded but are not scored.

1. Either caregiver demonstrates difficulty accepting one or more children’s gender identity or sexual orientation.
   - a. No
   - b. Yes

2. Alleged perpetrator is an unmarried partner of the primary caregiver.
   - a. No
   - b. Yes

3. Another non-related adult in the household provides unsupervised child care to a child under the age of 3.
   - a. No
   - b. Yes
   - c. N/A

   3a. Is the other non-related adult in the household employed?
   - a. No
   - b. Yes
   - c. N/A

4. Either caregiver is isolated in the community.
   - a. No
   - b. Yes

5. Caregiver has provided safe and stable housing for at least the past 12 months.
   - a. No
   - b. Yes
SECTION 1: CAREGIVER STRENGTHS AND NEEDS ASSESSMENT

□ Primary  
Primary Caregiver Name: ________________________________

□ Secondary  
Secondary Caregiver Name: ________________________________

Race (select all that apply):  
□ African American/Black  
□ American Indian/Alaska Native  
□ Asian/Pacific Islander  
□ Latino/a  
□ Multiracial  
□ White  
□ Other  

Ethnicity: ____________________________________________

Tribal Affiliation:  
□ Yes  
□ No  
□ Parent Not Available  
□ Parent Unsure

Tribe Name: ____________________________________________  
Active Efforts May or Do Apply:  
□ Yes  
□ No

Sexual Orientation:  
□ Heterosexual  
□ Gay  
□ Lesbian  
□ Bisexual  
□ Other  
□ Not discussed

Gender Identity/Expression:  
□ Female  
□ Male  
□ Transgender  
□ Other

Religious/Spiritual Affiliation: ________________________________

Other Cultural Identity Important to Caregiver (e.g., immigration status, disability status): ________________________________

A. Household Context

The caregiver’s perspective of culture and cultural identity:

P  S  
□ □  
a. Actively helps create safety, permanency, and child/youth/young adult well-being.

□ □  
b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.

□ □  
c. Is a barrier to safety, permanency, or child/youth/young adult well-being.

□ □  
d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Consider how the family’s culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence or shape parenting and caregiving. Are there contacts or services within this culture that can be mobilized in the case plan to enhance safety now or over time?
B. Caregiver Domains

Indicate whether the caregiver’s behaviors in each domain (a) actively help create safety, permanency, or well-being for the child/youth/young adult; (b) are neither a strength nor a barrier for child/youth/young adult safety, permanency, or well-being; (c) make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or (d) directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if caregiver actions fit definitions “c” and “d,” select “d.”

Domains and behaviors identified as “d” on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as “d.”

<table>
<thead>
<tr>
<th>SN1. Resource Management/Basic Needs</th>
<th>The caregiver’s resources and management of resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P S</td>
<td>o a. Actively help create safety, permanency, and child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o c. Are barriers to safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SN2. Physical Health</th>
<th>The caregiver’s physical health:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P S</td>
<td>o a. Actively helps create safety, permanency, and child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o c. Is a barrier to safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SN3. Parenting Practices</th>
<th>The caregiver’s parenting practices:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P S</td>
<td>o a. Actively help create safety, permanency, and child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o b. Are not a strength or barrier for safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o c. Are a barrier to safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SN4. Social Support System</th>
<th>The caregiver’s social support system:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P S</td>
<td>o a. Actively helps create safety, permanency, and child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o c. Is a barrier to safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SN5. Household and Family Relationships</th>
<th>The caregiver’s relationships with other adult household members:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P S</td>
<td>o a. Actively help create safety, permanency, and child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o c. Are barriers to safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SN6. Domestic Violence</th>
<th>The caregiver’s intimate relationships:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P S</td>
<td>o a. Actively help create safety, permanency, and child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o c. Are barriers to safety, permanency, or child/youth/young adult well-being.</td>
</tr>
<tr>
<td></td>
<td>o d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.</td>
</tr>
</tbody>
</table>
### SN7. Substance Use
The caregiver’s actions regarding substance use:
- P S
  - a. Actively help create safety, permanency, and child/youth/young adult well-being.
  - b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
  - c. Are barriers to safety, permanency, or child/youth/young adult well-being.
  - d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

### SN8. Mental Health
The caregiver’s mental health:
- P S
  - a. Actively help create safety, permanency, and child/youth/young adult well-being.
  - b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
  - c. Are barriers to safety, permanency, or child/youth/young adult well-being.
  - d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

### SN9. Prior Adverse Experiences/Trauma
The caregiver’s response to prior adverse experiences/trauma:
- P S
  - a. Actively help create safety, permanency, and child/youth/young adult well-being.
  - b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
  - c. Are barriers to safety, permanency, or child/youth/young adult well-being.
  - d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

### SN10. Cognitive/Developmental Abilities
The caregiver’s developmental and cognitive abilities:
- P S
  - a. Actively help create safety, permanency, and child/youth/young adult well-being.
  - b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
  - c. Are barriers to safety, permanency, or child/youth/young adult well-being.
  - d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

### SN11. Other Identified Caregiver Strength or Need (not covered in SN1–SN10)
- Not applicable.

An additional need or strength has been identified that:
- P S
  - a. Actively help create safety, permanency, and child/youth/young adult well-being.
  - b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being.
  - c. Are barriers to safety, permanency, or child/youth/young adult well-being.
  - d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:
C. Priority Needs and Strengths

Enter the item number and description of all of the most serious needs ("d"s first, then "c"s) from items SN1–SN11 for each caregiver (P=Primary; S=Secondary, B=Both). Then identify which are a priority for closure.

The family’s priority needs should all be included in the family case plan.

<table>
<thead>
<tr>
<th>Needs</th>
<th>Score (&quot;d&quot;s then &quot;c&quot;s)</th>
<th>Domain Name</th>
<th>Caregiver</th>
<th>Priority for Closure? (required if score is “d”)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>P: Primary, S: Secondary, B: Both</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Enter the item number and description of all of the family’s strengths ("a" answers) from items SN1–SN11 for each caregiver (P=Primary; S=Secondary, B=Both). These family strengths can be used to address the priority needs identified above.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Score (&quot;a&quot;s)</th>
<th>Domain Name</th>
<th>Caregiver</th>
<th>Include in Family Case Plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>P: Primary, S: Secondary, B: Both</td>
<td>Yes</td>
</tr>
</tbody>
</table>
SECTION 2: CHILD/YOUTH/YOUNG ADULT STRENGTHS AND NEEDS ASSESSMENT
Repeat this section for each child/youth/young adult in the family.

Child/Youth/Young Adult Name: ____________________________

Race (select all that apply): □ African American/Black □ American Indian/Alaska Native □ Asian/Pacific Islander □ Latino/a □ Multiracial □ White □ Other

Ethnicity: ____________________________

Tribal Affiliation: O Yes O No O Parent Not Available O Parent Unsure

Tribe Name: ____________________________ Active Efforts May or Do Apply: □ Yes □ No

Sexual Orientation: O Heterosexual O Gay O Lesbian O Bisexual O Other O Not discussed

Gender Identity/Expression: O Female O Male O Transgender O Other

Religious/Spiritual Affiliation: ____________________________

Other Cultural Identity Important to Child/Youth/Young Adult (e.g., immigration status, disability status):

A. Household Context

The child/youth/young adult’s perspective of culture, cultural identity, norms, and past/current experiences of discrimination:
O a. Help him/her create safety, permanency, and well-being for him/herself.
O b. Have no effect on his/her safety, permanency, or well-being.
O c. Make it difficult for him/her to experience long-term safety, permanency, or well-being.
O d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Consider how the child/youth/young adult’s culture, cultural identity, norms, and past/current experiences of discrimination/oppression may influence him/her. Are there contacts or services within this culture that can be mobilized in the case plan?
**B. Child/Youth/Young Adult Domains**

Indicate whether the behaviors of the child/youth/young adult in each domain (a) actively help create safety, permanency, or well-being for him/herself; (b) are neither a strength nor a barrier for his/her safety, permanency, or well-being; (c) make it difficult to create long-term safety, permanency, or well-being (i.e., are a barrier); or (d) directly contribute to a safety threat.

Always select the highest priority that applies, e.g., if child/youth/young adult actions fit definitions “c” and “d,” select “d.”

Domains and behaviors identified as “d” on the following table must relate directly to a safety threat identified on the most recent SDM safety assessment. If there are no safety threats currently identified, do not rate any of the below domains as “d.”

<table>
<thead>
<tr>
<th>CSN1. Emotional/Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The child/youth/young adult’s emotional/behavioral health contributes to his/her safety.</td>
</tr>
<tr>
<td>b. The child/youth/young adult does not have an emotional/behavioral concern OR the child/youth/young adult has an emotional/behavioral health concern, but no additional intervention is needed.</td>
</tr>
<tr>
<td>c. The child/youth/young adult has an emotional/behavioral health concern, AND it is an ongoing unmet need.</td>
</tr>
<tr>
<td>d. The child/youth/young adult has an emotional/behavioral health concern that directly contributes to danger to the child/youth/young adult.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CSN2. Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The child/youth/young adult’s response to prior trauma contributes to his/her safety.</td>
</tr>
<tr>
<td>b. The child/youth/young adult has not experienced trauma OR the child/youth/young adult has experienced trauma but no additional intervention is needed.</td>
</tr>
<tr>
<td>c. The child/youth/young adult’s response to prior trauma is a concern AND it is an ongoing unmet need.</td>
</tr>
<tr>
<td>d. The child/youth/young adult’s response to prior trauma is a concern that directly contributes to danger to the child/youth/young adult.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CSN3. Child Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The child/youth/young adult’s development is advanced.</td>
</tr>
<tr>
<td>b. The child/youth/young adult’s development is age-appropriate.</td>
</tr>
<tr>
<td>c. The child/youth/young adult’s development is limited.</td>
</tr>
<tr>
<td>d. The child/youth/young adult’s development is severely limited.</td>
</tr>
</tbody>
</table>

(Shown in WebSDM if “d” is selected)

☐ A regional center referral has been completed.

<table>
<thead>
<tr>
<th>CSN4. Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The child/youth/young adult has outstanding academic achievement.</td>
</tr>
<tr>
<td>b. The child/youth/young adult has satisfactory academic achievement OR the child/youth/young adult is not of school age.</td>
</tr>
<tr>
<td>c. The child/youth/young adult has academic difficulty.</td>
</tr>
<tr>
<td>d. The child/youth/young adult has severe academic difficulty.</td>
</tr>
</tbody>
</table>

Also indicate if:

☐ The child/youth/young adult has an individualized education plan.
☐ The child/youth/young adult has an educational surrogate parent.
☐ The child/youth/young adult needs an educational surrogate parent.
☐ The child/youth/young adult is required by law to attend school but is not attending.

<table>
<thead>
<tr>
<th>CSN5. Social Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The child/youth/young adult has strong social relationships.</td>
</tr>
<tr>
<td>b. The child/youth/young adult has adequate social relationships.</td>
</tr>
<tr>
<td>c. The child/youth/young adult has limited social relationships.</td>
</tr>
<tr>
<td>d. The child/youth/young adult has poor social relationships.</td>
</tr>
</tbody>
</table>
### CSN6. Family Relationships
- a. The child/youth/young adult’s relationships within his/her family contribute to his/her safety.
- b. The child/youth/young adult’s relationships within his/her family do not impact his/her safety.
- c. The child/youth/young adult’s relationships within his/her family interfere with long-term safety.
- d. The child/youth/young adult’s relationships within his/her family contribute to danger of serious physical or emotional harm to the child/youth/young adult.

### CSN7. Physical Health/Disability
- a. The child/youth/young adult's immunizations are current.
- a. The child/youth/young adult has no health care needs or disabilities.
- b. The child/youth/young adult has minor health problems or disabilities that are being addressed with minimal intervention and/or medication.
- c. The child/youth/young adult has health care needs or disabilities that require routine interventions.
- d. The child/youth/young adult has serious health/disability needs that require ongoing treatment and interventions by professionals or trained caregivers AND/OR the child/youth/young adult has an unmet medical need.

### CSN8. Alcohol/Drugs
- a. The child/youth/young adult actively chooses an alcohol- and drug-free lifestyle.
- b. The child/youth/young adult does not use or experiment with alcohol/drugs.
- c. The child/youth/young adult’s alcohol and/or other drug use results in disruptive behavior and conflict.
- d. The child/youth/young adult’s chronic alcohol and/or other drug use results in severe disruption of functioning.

### CSN9. Delinquency
- a. The child/youth/young adult has no delinquent behavior. There is no indication of delinquent history or behavior.
- b. The child/youth/young adult has no delinquent behavior in the past two years.
- c. The child/youth/young adult is/has engaged in delinquent behavior and may have been arrested or placed on probation in the past two years.
- d. The child/youth/young adult is or has been involved in any violent, or repeated nonviolent, delinquent behavior.

Also indicate “d” if:
- The child/youth/young adult has been adjudicated a WIC Section 602 ward.
- The child/youth/young adult is in need of a WIC Section 241.1 hearing.

### CSN10. Relationship With Substitute Care Provider (if child/youth/young adult is in care)
- Not applicable; child/youth/young adult is not in care.
- a. The child/youth/young adult has developed a strong attachment to at least one substitute care provider.
- b. The child/youth/young adult has no conflicts with the substitute care provider.
- c. The child/youth/young adult has some conflicts with the substitute care provider that have resulted or may result in the child/youth/young adult feeling unsafe or unaccepted in the placement; however, with support, these issues can be mitigated.
- d. The child/youth/young adult has serious conflicts with one or more members of the current substitute care provider’s household.

### CSN11. Independent Living (if age 15.5 or older)
- Not applicable.
- a. The youth/young adult is prepared to function as an adult.
- b. The youth/young adult is making progress toward being prepared for adulthood.
- c. The youth/young adult is attempting to prepare for adulthood but lacks the confidence, emotional maturity, and/or sufficient skills to live independently.
- d. The youth/young adult is not prepared or is refusing to prepare for adulthood.

For youth/young adult age 15.5 and older, check all that apply to preparation for adulthood.
- The youth/young adult is receiving assistance from a regional center.
- The 15.5-year-old assessment has been completed.
- For youth/young adults age 16 or older, a referral to formal services and a credit check application have been completed.
- For youth/young adults age 17 and older, an independent living plan has been completed.
- A 90-Day Transition Meeting has been held.
- An Emancipation Conference has been held.
- The youth/young adult is participating in the extension foster care program (AB 12).
CSN12. Other Identified Child/Youth/Young Adult Strength or Need (not covered in CSN1–CSN11)
  ○ Not applicable.

  An additional need or strength has been identified that:
  ○ a. Actively helps him/her create safety, permanency, and well-being for him/herself.
  ○ b. Is not a strength or barrier for safety, permanency, or well-being.
  ○ c. Is a barrier to his/her safety, permanency, or well-being.
  ○ d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult.

Description of behaviors:
C. Priority Needs and Strengths

Enter the item number and description of all of the most serious needs ("d"s first, then "c"s) from items CSN1–CSN12 for each child/youth/young adult.

The child/youth/young adult’s priority needs ("d" answers) should all be included in the family case plan.

<table>
<thead>
<tr>
<th>Score (&quot;d&quot;s, then &quot;c&quot;s)</th>
<th>Domain Name and Description</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Use the table below to identify child/youth/young adult strengths ("a" answers) from items CSN1–CSN12 that can contribute to addressing the priority needs identified above.

<table>
<thead>
<tr>
<th>STRENGTHS</th>
</tr>
</thead>
</table>
| Score ("a"s) | Domain Name | Include in Family Case Plan?
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>○ Yes ○ No</td>
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<td>○ Yes ○ No</td>
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<td>○ Yes ○ No</td>
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<td>○ Yes ○ No</td>
</tr>
</tbody>
</table>
Case Name: ___________________________ Date Completed: _____/_____/_____

Case #: _______ - _______ - _______ Household Assessed: ___________________________

Is this the removal household? ☐ Yes ☐ No Assessment # (select): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

To be completed for each household to which a child may be returned (e.g., father’s home, mother’s home).

A. REUNIFICATION RISK REASSESSMENT

R1. Risk level on most recent referral (not reunification risk level or risk reassessment) Score
   ☐ a. Low .................................................................................................................................................................................................... 0
   ☐ b. Moderate ........................................................................................................................................................................................ 3
   ☐ c. High ................................................................................................................................................................................................... 4
   ☐ d. Very high ......................................................................................................................................................................................... 5

R2. Has there been a new substantiation since the initial risk assessment or last reunification reassessment?
   ☐ a. No ...................................................................................................................................................................................................... 0
   ☐ b. Yes ..................................................................................................................................................................................................... 2

R3. Caregiver’s progress with case plan objectives (as indicated by behavioral change)
   (Compliance with/attendance of services is not sufficient to indicate behavioral change.)
   ☐ ☐ a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives ........................................................................................................ -2
   ☐ ☐ b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives ........................................................................... -1
   ☐ ☐ c. Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan ........................................................................... 0
   ☐ ☐ d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement ................................................................................................................. 4
   ☐ No secondary caregiver

TOTAL SCORE

REUNIFICATION RISK LEVEL
Assign the risk level based on the following chart.

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>−2 to 1</td>
<td>Low</td>
</tr>
<tr>
<td>2–3</td>
<td>Moderate</td>
</tr>
<tr>
<td>4–5</td>
<td>High</td>
</tr>
<tr>
<td>6+</td>
<td>Very High</td>
</tr>
</tbody>
</table>

OVERRIDES

Policy Overrides (increases risk level to very high): Indicate whether any of the following are true in the current review period.
☐ 1. Sexual abuse; perpetrator has access to child and has not successfully completed treatment.
☐ 2. Non-accidental physical injury to an infant, and caregiver has not successfully completed treatment.
☐ 3. Serious non-accidental physical injury requiring hospital or medical treatment, and caregiver has not successfully completed treatment.
☐ 4. Death of a sibling as a result of abuse or neglect in the household, and caregiver has not successfully completed treatment.

Discretionary Override (risk level may be adjusted up or down one level)
Override Risk Level: ☐ Lower ☐ Higher
Reason: ___________________________
**B. VISITATION PLAN EVALUATION**
Evaluate compliance with the planned visitation frequency and the quality of visits, based on the worker’s direct observation whenever possible and supplemented by observation of the child, reports by foster parents, etc.

<table>
<thead>
<tr>
<th>Visitation Frequency</th>
<th>Compliance With Visitation Plan</th>
<th>Quality of Face-to-Face Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Strong/Adequate</td>
</tr>
<tr>
<td></td>
<td>Routine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sporadic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rare or Never</td>
<td></td>
</tr>
</tbody>
</table>

Shaded cells indicate acceptable visitation.

**Overrides**

- ☐ Policy: Visitation is supervised for safety.
- ☐ Discretionary (reason): ________________________________________________

**IF RISK LEVEL IS LOW OR MODERATE AND CAREGIVER HAS ATTAINED AN ACCEPTABLE LEVEL OF COMPLIANCE WITH VISITATION PLAN, CONTINUE TO SECTION C, REUNIFICATION SAFETY ASSESSMENT.**

**IF RISK LEVEL IS HIGH OR VERY HIGH AND/OR VISITATION IS UNACCEPTABLE, GO TO SECTION D, PLACEMENT/PERMANENCY PLAN GUIDELINES. DO NOT COMPLETE SECTION C.**
C. REUNIFICATION SAFETY ASSESSMENT

Safety Threats

1. **Are any safety threats identified on the safety assessment that resulted in the child’s removal still present?**
   - ○ a. No; list the initial safety threats and describe below how the initial safety threat(s) was ameliorated or mitigated after the child’s removal.
   - ○ b. Yes; list and describe safety threat(s) as it currently exists below.

2. **Have any new safety threats been identified since the child’s removal or are there any other circumstances or conditions present in the reunification household that, if the child were returned home, would present an immediate danger of serious harm?**
   - ○ a. No
   - ○ b. Yes

**Safety Decision**
Identify the safety decision by selecting the appropriate line below. This decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Select one line only.

- ○ 1. **Safe.** No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

- ○ 2. **Safe with plan.** One or more safety threats are present, and protective safety interventions have been planned or taken. Based on safety interventions, the child would be safe with a safety plan in place upon his/her return home. SAFETY PLAN REQUIRED.

- ○ 3. **Unsafe.** One or more safety threats are present, and continued placement is the only protective intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.
D. PLACEMENT/PERMANENCY PLAN GUIDELINES

Complete one of the following trees for each child receiving family reunification services (FR), depending on whether he/she is over or under age 3, and enter the results in Section E. Consult with supervisor and appropriate statutes and regulations.

**Children Under Age 3 at Time of Removal**

- **Is the reunification risk level low or moderate?**
  - No, risk is high or very high
  - Yes

- **Is this the six-month hearing or before?**
  - Yes
  - No

- **Is visitation acceptable?**
  - Yes
  - No

- **Is the home either safe or safe with plan?**
  - Yes
  - No

**OVERRIDES (select one)**

- No override applicable (policy or discretionary).

**Policy Override**

- Child has been in placement for 15 of the last 22 months (change recommendation to “Terminate FR”).
- The tree leads to “Terminate FR” and it is the six-month hearing or before, BUT there is a probability of reunification within six months (change recommendation to “Continue FR”).
- The tree leads to “Continue FR,” but conditions exist to recommend termination of FR (change recommendation to “Terminate FR”). Specify: ____________________________

**Discretionary Override**

- Change recommendation to:
  - Return Home
  - Continue FR
  - Terminate FR

Specify: ____________________________

---

Participant Workbook, Page 26
**Children Age 3 or Older at Time of Removal**

**OVERRIDES** (select one)
- No override applicable (policy or discretionary).

**Policy Override**
- Child has been in placement for 15 of the last 22 months (change recommendation to “Terminate FR”).
- The tree leads to “Terminate FR” and it is the 12-month hearing or before, BUT there is a probability of reunification within six months (change recommendation to “Continue FR”).
- The tree leads to “Continue FR,” but conditions exist to recommend termination of FR (change recommendation to “Terminate FR”).

Specify: ____________________________

---

**Discretionary Override**
- Change recommendation to:
  - Return Home
  - Continue FR
  - Terminate FR

Specify: ____________________________

---
E. RECOMMENDATION SUMMARY
If recommendation is the same for all children, enter “all” under “Child #” and complete row 1 only.

<table>
<thead>
<tr>
<th>Child #</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Return Home</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

F. SIBLING GROUP
If at least one child under the age of 3 at the time of removal has a recommendation of “terminate family reunification services” and at least one other child has any other recommendation, will all children be considered a sibling group when making the final permanency plan recommendation?

- No
- Yes. The recommendation for all children will be “terminate family reunification services.”

If the decision is to return any children home, complete a safety assessment to document the plan for any children for whom safety threats were identified.
The first four items are scored based on conditions that were present at the time of the referral that resulted in the case opening. Unless new information has been learned about those conditions, these should be scored the same as on the initial risk assessment.

**R1. Number of prior neglect or abuse CPS investigations**
- a. None
- b. One or two
- c. Three or more

**R2. Household has previously had an open CPS case (voluntary/court ordered)**
- a. No
- b. Yes

**R3. Primary caregiver has a history of abuse and/or neglect as a child**
- a. No
- b. Yes

**R4. Characteristics of children in the household**
- a. Not applicable
- b. One or more present (select all applicable for any child)
  - ☐ Developmental disability
  - ☐ Learning disability
  - ☐ Physical disability
  - ☐ Medically fragile or failure to thrive

The following case observations pertain to the period since the last assessment/reassessment.

**R5. New investigation of abuse or neglect since the initial risk assessment or the last reassessment**
- a. No
- b. Yes

**R6. Primary/secondary caregiver alcohol and/or drug use since the last assessment/reassessment (select one)**
- P
- S
  - a. No history of alcohol or drug abuse
  - b. No current alcohol or drug abuse; no intervention needed
  - c. Yes, alcohol or drug abuse; problem is being addressed
  - d. Yes, alcohol or drug abuse; problem is not being addressed

**R7. Adult relationships in the home**
- a. None applicable
- b. Yes (select all that apply)
  - ☐ Harmful/tumultuous relationships
  - ☐ Domestic violence

**R8. Primary caregiver mental health since the last assessment/reassessment (select one)**
- a. No history of mental health problem
- b. No current mental health problem; no intervention needed
- c. Yes, mental health problem; problem is being addressed
- d. Yes, mental health problem; problem is not being addressed

**R9. Primary caregiver provides physical care of the child that is:**
- a. Consistent with child needs
- b. Not consistent with child needs
R10. Caregiver’s progress with case plan objectives (as indicated by behavioral change) (score based on the caregiver demonstrating the least progress)

- a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives
- b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives
- c. Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan
- d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement

No secondary caregiver

TOTAL SCORE

SCORED RISK LEVEL. Assign the family’s risk level based on the following chart.

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–1</td>
<td>Low</td>
</tr>
<tr>
<td>2–4</td>
<td>Moderate</td>
</tr>
<tr>
<td>5–7</td>
<td>High</td>
</tr>
<tr>
<td>8+</td>
<td>Very High</td>
</tr>
</tbody>
</table>

OVERRIDES

Policy Overrides. Select yes if condition is applicable in the current review period. If any condition is applicable, override final risk level to very high.

- Yes  No  1. Sexual abuse case AND the perpetrator is likely to have access to the child.
- Yes  No  2. Non-accidental injury to a child under age 2.
- Yes  No  3. Severe non-accidental injury.
- Yes  No  4. Caregiver action or inaction resulted in death of a child due to abuse or neglect.

Discretionary Override. If a discretionary override is made, select yes, select override risk level, and indicate the reason. Risk level may be overridden one level higher or lower.

- Yes  No  5. If yes, override risk level (select one):
  - Low
  - Moderate
  - High
  - Very High

Discretionary override reason: ________________________________

Supervisor’s Review/Approval of Discretionary Override: ________________________________ Date: ____/____/____

FINAL RISK LEVEL (select final level assigned):

- Low
- Moderate
- High
- Very High

RECOMMENDED DECISION

<table>
<thead>
<tr>
<th>Final Risk Level</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Close*</td>
</tr>
<tr>
<td>Moderate</td>
<td>Close*</td>
</tr>
<tr>
<td>High</td>
<td>Continue Services</td>
</tr>
<tr>
<td>Very High</td>
<td>Continue Services</td>
</tr>
</tbody>
</table>

*Unless there are unresolved safety threats.

PLANNED ACTION

- Continue Services
- Close  **Note: A closing safety assessment is required.**

If recommended decision and planned action do not match, explain why:
SAMPLE SAFETY PLAN

Family Name: ___________________________ Referral/Case #: ___________________________

Date: ____/____/____   This plan will be reviewed on _______________________________ or no more than 30 days from the safety plan's date.

Today, at least one child in the ___________________________ family is in some danger, and immediate actions must be taken so everyone feels sure that the child will be safe. The family, its support network, and the agency have worked together to identify ways to ensure the safety of the children while everyone works together to resolve the identified worries. Everyone in the family, its support network, and the ___________________________ County child protective services workers believe that if we work together, we can help all children in the family stay at home safely while these worries are resolved. This plan describes our shared understanding of why people are worried and what we agree to do to make sure the children remain safe until the plan is reviewed.

WHAT IS THE DANGER? (SDM® SAFETY THREAT)

<table>
<thead>
<tr>
<th>Safety Threat #</th>
<th>Describe the specific situation or actions that cause the child to be unsafe (danger statement).</th>
<th>Name(s) of Child(ren) in Danger</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Safety Threat #</th>
<th>What are the actions that will be taken to address the danger?</th>
<th>Who will take these steps?</th>
<th>What will be done if these actions are not working?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We understand that if the plan does not keep all children safe, we will need to work together again to create a new plan, or the children may have to stay with someone other than their parents/legal guardians.

<table>
<thead>
<tr>
<th>Parents/Legal Guardians</th>
<th>Worker/Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children</th>
<th>Other Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WHO TO CALL IF THE PLAN IS NOT WORKING**

<table>
<thead>
<tr>
<th>Assigned Child Welfare Worker</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _______________________</td>
<td>_______ – _______ – _______</td>
</tr>
<tr>
<td>Child Welfare Supervisor</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Name: _______________________</td>
<td>_______ – _______ – _______</td>
</tr>
<tr>
<td>After-Hours Child Welfare Services Worker</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>(Before and after business hours; weekends and holidays)</td>
<td></td>
</tr>
<tr>
<td>Instructions: ____________________________</td>
<td>_______ – _______ – _______</td>
</tr>
</tbody>
</table>