

Core: Risk and Safety SDM Workbook Materials

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**CALIFORNIA
SDM® HOTLINE TOOLS**

r: 06/15

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 marked, 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 mark 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)
- | | |
|---|--|
| <input type="checkbox"/> Inadequate food | <input type="checkbox"/> Inadequate medical/mental health care |
| <input type="checkbox"/> Inadequate clothing/hygiene | <input type="checkbox"/> Caregiver absence/abandonment |
| <input type="checkbox"/> Inadequate/hazardous shelter | <input type="checkbox"/> Failure to protect |
| <input type="checkbox"/> Inadequate supervision | <input type="checkbox"/> Involving child in criminal activity |
- ☐ Threat of neglect (go to neglect tree)
- | | |
|--|---|
| <input type="checkbox"/> Prior failed reunification or severe neglect, and new child in household | <input type="checkbox"/> Prenatal substance use |
| <input type="checkbox"/> Allowing child to use alcohol or other drugs | <input type="checkbox"/> Other high-risk birth |
| <input type="checkbox"/> Prior death of a child due to neglect AND there is a new child, of any age, in the home | |

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 marked
*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 marked
Proceed to Step III, Response Priority

Overrides

- ☐ In-person response. No criteria are marked, but report will be opened as a referral. No further SDM assessments required.
 Mark 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 marked, but report will be evaluated out. No further SDM assessments required.
 Mark all that apply.
 - ☐ Insufficient information to locate child/family
 - ☐ Another community agency has jurisdiction
 - ☐ Historical information only

Commercially Sexually Exploited and/or Sex Trafficked Information

Check when an in-person response has been indicated and the maltreatment criterion is either sexual abuse: sexual exploitation or general neglect: failure to protect and the reason is commercial sexual exploitation.

- ☐ Child has been commercially sexually exploited and/or sex trafficked while in placement (notify worker for immediate response and notify licensing)
- ☐ Child has been commercially sexually exploited and/or sex trafficked (not in placement)—immediate placement support

STEP III. RESPONSE PRIORITY

Mark 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

| | |
|--|--|
| <p>PHYSICAL ABUSE</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Do ANY of the following apply?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical care currently required due to alleged abuse <input type="checkbox"/> Caregiver's behavior is alleged to be dangerous or threatening to child's health or safety (reasonable person standard) <input type="checkbox"/> Allegation of physical injury to non-mobile child or any child under age 2 (or capability equivalent) </div> <div style="display: flex; justify-content: flex-end; margin-right: 20px;"> Yes → <div style="border: 1px solid black; padding: 2px 10px;">Within 24 Hours</div> </div> <div style="text-align: center; margin: 5px 0;"> No ↓ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><input type="checkbox"/> Is there a nonperpetrating caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?</p> </div> <div style="display: flex; justify-content: flex-end; margin-right: 20px;"> Yes → <div style="border: 1px solid black; padding: 2px 10px;">Within 10 Days</div> </div> <div style="text-align: center; margin: 5px 0;"> No ↓ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Do ANY of the following apply?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child is vulnerable or fearful <input type="checkbox"/> There is prior history of physical abuse <input type="checkbox"/> There is current concern that domestic violence will impact the safety of the child within the next 10 days </div> <div style="display: flex; justify-content: flex-end; margin-right: 20px;"> Yes → <div style="border: 1px solid black; padding: 2px 10px;">Within 24 Hours</div> </div> <div style="text-align: center; margin: 5px 0;"> No ↓ </div> <div style="border: 1px solid black; padding: 2px 10px;">Within 10 Days</div> | <p>EMOTIONAL ABUSE</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Caregiver's behavior is alleged to be cruel, bizarre, or dangerous to the emotional health or safety of the child</p> </div> <div style="display: flex; justify-content: flex-end; margin-right: 20px;"> Yes → <div style="border: 1px solid black; padding: 2px 10px;">Within 24 Hours</div> </div> <div style="text-align: center; margin: 5px 0;"> No ↓ </div> <div style="border: 1px solid black; padding: 2px 10px;">Within 10 Days</div> |
| <p>NEGLECT</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Do ANY of the following apply?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child requires immediate medical/mental health evaluation or care <input type="checkbox"/> Child's physical living conditions are immediately hazardous to health or safety <input type="checkbox"/> Child is currently unsupervised and in need of supervision <input type="checkbox"/> Substance-exposed newborn will be discharged within 10 days AND no caregiver appears willing and able to provide for the infant upon discharge </div> <div style="display: flex; justify-content: flex-end; margin-right: 20px;"> Yes → <div style="border: 1px solid black; padding: 2px 10px;">Within 24 Hours</div> </div> <div style="text-align: center; margin: 5px 0;"> No ↓ </div> <div style="border: 1px solid black; padding: 2px 10px;">Within 10 Days</div> | <p>SEXUAL ABUSE</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><input type="checkbox"/> Is there current abuse/exploitation as evidenced by disclosure, credible witnessed account, or medical evidence?</p> </div> <div style="display: flex; justify-content: flex-end; margin-right: 20px;"> No → <div style="border: 1px solid black; padding: 2px 10px;">Within 10 Days</div> </div> <div style="text-align: center; margin: 5px 0;"> Yes ↓ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p><input type="checkbox"/> Is there a nonperpetrating caregiver aware of the alleged abuse/exploitation who is demonstrating a response that is appropriate and protective of the child?</p> </div> <div style="display: flex; justify-content: flex-end; margin-right: 20px;"> No/Unknown → <div style="border: 1px solid black; padding: 2px 10px;">Within 24 Hours</div> </div> <div style="text-align: center; margin: 5px 0;"> Yes ↓ </div> <div style="border: 1px solid black; padding: 2px 10px;">Within 10 Days</div> |

B. OverridesPolicy

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**Field Update**

To be completed by field supervisor, if needed, based on new or additional information. Mark only decisions that have changed.

New Decisions

Screening: ☐ Evaluate out

Response Priority: ☐ 24 hours ☐ 10 days

Path: ☐ No response ☐ Path 1 ☐ Path 2 ☐ Path 3

Basis (state reason for change based on SDM criteria and new or additional information): _____**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. Mark 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.

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

Path Decision (mark 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. Mark 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 (mark 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 (mark one): ☐ Path 2 ☐ Path 3

**CALIFORNIA
SDM® SAFETY ASSESSMENT**

r: 06/15

Referral Name: _____ **Referral #:** _____

County: _____ **Worker:** _____

Is either caregiver Native American or a person with Indian ancestry? ☐ Yes ☐ No **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. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Are there additional names on reverse? ☐ 1. Yes ☐ 2. No

Household Name: _____ **Were there allegations in this household?** ☐ 1. Yes ☐ 2. No

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

- | | |
|---|--|
| <input type="checkbox"/> Age 0–5 years | <input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, nonverbal) |
| <input type="checkbox"/> Significant diagnosed medical or mental disorder | <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs) |
| <input type="checkbox"/> 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. Mark all that apply.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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: <input type="checkbox"/> Serious injury or abuse to the child other than accidental. <input type="checkbox"/> Caregiver fears he/she will maltreat the child. <input type="checkbox"/> Threat to cause harm or retaliate against the child. <input type="checkbox"/> Domestic violence likely to injure child. <input type="checkbox"/> Excessive discipline or physical force. <input type="checkbox"/> Drug-/alcohol-exposed infant. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in severe psychological/emotional harm AND these actions result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 any safety threats above are marked yes, 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. Mark 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. *Mark all that apply to the household.*

| | Household Strengths (Mark all that apply) | Protective Actions (Mark all that apply) |
|---------------------------|--|--|
| Caregiver problem solving | <input type="checkbox"/> At least one caregiver identifies and acknowledges the problem/safety threat(s) and suggests possible solutions. | <input type="checkbox"/> 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. |
| Caregiver support network | <input type="checkbox"/> At least one caregiver has at least one supportive relationship with someone who is willing to be a part of his/her support network. <input type="checkbox"/> At least one non-offending caregiver exists and is willing and able to protect the child from future harm. <input type="checkbox"/> At least one caregiver is willing to work with the agency to mitigate safety threats, including allowing the caseworker(s) access to the child. | <input type="checkbox"/> 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. |
| Child problem solving | <input type="checkbox"/> At least one child is emotionally/ intellectually capable of acting to protect him/herself from a safety threat. | <input type="checkbox"/> At least one child, in the past or currently, acts in ways that protect him/herself from a safety threat(s). |
| Child support network | <input type="checkbox"/> At least one child is aware of his/her support network members and knows how to contact these individuals when needed. | <input type="checkbox"/> 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. |
| Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

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." Mark 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. Mark 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.

CALIFORNIA
SDM® SUBSTITUTE CARE PROVIDER SAFETY ASSESSMENT

r: 06/15

Primary SCP Name: _____ **Referral #:** _____

SCP Type: ☐ Foster ☐ Relative ☐ NREFM ☐ FFA ☐ Small Family Home

List any other related referrals:

| Referral Name | Referral # |
|---------------|------------|
| | |
| | |
| | |
| | |

Name(s) of foster children in the household:

| Name | Age | Name | Age |
|------|-----|------|-----|
| 1. | | 3. | |
| 2. | | 4. | |

Date of Referral: ____/____/____ Date of Assessment: ____/____/____

CSW Name: _____

SECTION 1: SAFETY THREATS

Assess the household for each of the following safety threats. Indicate whether currently available information results in reason to believe the safety threat is present for any foster/adoptive child currently residing in the household. Mark all that apply.

- ☐ 1. The SCP caused physical harm to the child or made a plausible threat to cause physical harm in the current investigation, as indicated by any of the following:
- ☐ Injury or abuse to the child other than accidental.
 - ☐ The SCP fears he/she will maltreat the child and/or requests the child's removal.
 - ☐ Threat to cause harm or retaliate against the child.
 - ☐ Domestic violence likely to injure child.
 - ☐ Excessive discipline or physical force.
- ☐ 2. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern.
- ☐ 3. The SCP does not meet the child's 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. The SCP routinely describes the child in negative terms or acts towards the child in negative ways.

- ☐ 6. The SCP fails to protect the child from harm or threatened harm by others. This may include physical abuse, sexual abuse, neglect, or emotional abuse.
- ☐ 7. The SCP's explanation for the injury to the child is questionable or inconsistent with the type of injury.
- ☐ 8. The SCP hinders/refuses access to the child.
- ☐ 9. Current circumstances, combined with prior referrals of abuse/neglect and/or incident reports, suggest that the child's safety may be of immediate concern.
- ☐ 10. Other (specify): _____

Safety Decision: If no safety threats are present, mark 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.

SECTION 1A: SUBSTITUTE CARE PROVIDER COMPLICATING BEHAVIORS

If any safety threats are above are marked yes, 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 constitute a safety threat. These factors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Mark all that apply to the household.

- | | | |
|---|---|--|
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Developmental/cognitive impairment | <input type="checkbox"/> Physical condition | |

SECTION 2: IN-HOME PROTECTIVE INTERVENTIONS

Safety Decision

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

Mark all that apply:

- ☐ 1. Intervention or direct services by worker.
- ☐ 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. Have the SCP appropriately protect the victim from the alleged perpetrator.
- ☐ 5. Have the alleged perpetrator leave the household, either voluntarily or in response to legal action.
- ☐ 6. Other (specify): _____

SECTION 3: PLACEMENT INTERVENTIONS

- ☐ 7. Removal from current placement is necessary because interventions 1–6 do not adequately ensure the child's safety.

Safety Decision

- ☐ Unsafe. One or more safety threats are present, and removal from the SCP's household is the only protective intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate harm.

| Foster Children Removed | Foster Children Not Removed |
|-------------------------|-----------------------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

Caseworker Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____

Copy the appropriate individuals according to agency policy.

CALIFORNIA
SDM® FAMILY RISK ASSESSMENT

Referral Name: _____ **Referral #:** _____ **Date:** ____/____/____

County Name: _____ **Worker Name:** _____ **Worker ID#:** _____

| PRIOR INVESTIGATIONS | Neglect | Abuse |
|--|----------------|--------------|
| 1. Prior neglect investigations | | |
| <input type="radio"/> a. No prior neglect investigations | 0 | 0 |
| <input type="radio"/> b. One prior neglect investigation | 0 | 1 |
| <input type="radio"/> c. Two prior neglect investigations | 1 | 1 |
| <input type="radio"/> d. Three or more prior neglect investigations | 2 | 1 |
| 2. Prior abuse investigations | | |
| <input type="radio"/> a. No prior abuse investigations | 0 | 0 |
| <input type="radio"/> b. One prior abuse investigation | 1 | 0 |
| <input type="radio"/> c. Two prior abuse investigations | 1 | 1 |
| <input type="radio"/> d. Three or more prior abuse investigations | 1 | 2 |
| 3. Household has previous or current open ongoing CPS case (voluntary/court ordered) | | |
| <input type="radio"/> a. No | 0 | 0 |
| <input type="radio"/> b. Yes, but not open at the time of this referral | 1 | 1 |
| <input type="radio"/> c. Yes, household has open CPS case at the time of this referral | 2 | 2 |
| 4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child | | |
| <input type="radio"/> a. None/not applicable | 0 | 0 |
| <input type="radio"/> b. One or more apply (<i>mark all applicable</i>) | | |
| <input type="checkbox"/> Prior physical injury to a child resulting from child abuse/neglect | 0 | 1 |
| <input type="checkbox"/> Prior substantiated physical abuse of a child | | |

| CURRENT INVESTIGATION | Neglect | Abuse |
|---|----------------|--------------|
| 5. Current report maltreatment type (<i>mark all applicable</i>) | | |
| <input type="checkbox"/> a. Neglect | 1 | 0 |
| <input type="checkbox"/> b. Physical and/or emotional abuse | 0 | 1 |
| <input type="checkbox"/> c. None of the above | 0 | 0 |
| 6. Number of children involved in the child abuse/neglect incident | | |
| <input type="radio"/> a. One, two, or three | 0 | 0 |
| <input type="radio"/> b. Four or more | 1 | 1 |
| 7. Primary caregiver assessment of the incident | | |
| <input type="radio"/> a. Caregiver does not blame the child | 0 | 0 |
| <input type="radio"/> b. Caregiver blames the child | 0 | 1 |

| FAMILY CHARACTERISTICS | | Neglect | Abuse |
|---|----------------|--------------|-------|
| 8. Age of youngest child in the home | | | |
| <input type="radio"/> a. 2 years or older | 0 | 0 | |
| <input type="radio"/> b. Under 2 | 1 | 0 | |
| 9. Characteristics of children in the household | | | |
| <input type="radio"/> a. Not applicable | 0 | 0 | |
| <input type="radio"/> b. One or more present (<i>mark all applicable</i>) | | | |
| <input type="checkbox"/> Mental health or behavioral problems | 1 | 1 | |
| <input type="checkbox"/> Developmental disability | | | |
| <input type="checkbox"/> Learning disability | | | |
| <input type="checkbox"/> Physical disability | | 0 | |
| <input type="checkbox"/> Medically fragile or failure to thrive | | | |
| 10. Housing | | | |
| <input type="radio"/> a. Household has physically safe housing | 0 | 0 | |
| <input type="radio"/> b. One or more apply (<i>mark all applicable</i>) | 1 | 0 | |
| <input type="checkbox"/> Physically unsafe; AND/OR | | | |
| <input type="checkbox"/> Family homeless | | | |
| 11. Incidents of domestic violence in the household in the past year | | | |
| <input type="radio"/> a. None or one incident of domestic violence | 0 | 0 | |
| <input type="radio"/> b. Two or more incidents of domestic violence | 0 | 1 | |
| 12. Primary caregiver disciplinary practices | | | |
| <input type="radio"/> a. Employs appropriate discipline | 0 | 0 | |
| <input type="radio"/> b. Employs excessive/inappropriate discipline | 0 | 1 | |
| 13. Primary or secondary caregiver history of abuse or neglect as a child | | | |
| <input type="radio"/> a. No history of abuse or neglect for either caregiver | 0 | 0 | |
| <input type="radio"/> b. One or both caregivers have a history of abuse or neglect as a child | 1 | 1 | |
| 14. Primary or secondary caregiver mental health | | | |
| <input type="radio"/> a. No past or current mental health problem | 0 | 0 | |
| <input type="radio"/> b. Past or current mental health problem (<i>mark all applicable</i>) | 1 | 1 | |
| <input type="checkbox"/> During the past 12 months | | | |
| <input type="checkbox"/> Prior to the last 12 months | | | |
| 15. Primary or secondary caregiver alcohol and/or drug use | | | |
| <input type="radio"/> a. No past or current alcohol/drug use that interferes with family functioning | 0 | 0 | |
| <input type="radio"/> b. Past or current alcohol/drug use that interferes with family functioning (<i>mark all applicable</i>) | 1 | 1 | |
| <input type="checkbox"/> Alcohol (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months) | | | |
| <input type="checkbox"/> Drugs (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months) | | | |
| 16. Primary or secondary caregiver criminal arrest history | | | |
| <input type="radio"/> a. No caregiver has prior criminal arrests | 0 | 0 | |
| <input type="radio"/> b. Either caregiver has one or more criminal arrests | 1 | 0 | |
| | Neglect | Abuse | |
| 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.

| Neglect Score | Abuse Score | Scored Risk Level |
|------------------------------|------------------------------|------------------------------------|
| <input type="checkbox"/> 0–2 | <input type="checkbox"/> 0–1 | <input type="checkbox"/> Low |
| <input type="checkbox"/> 3–5 | <input type="checkbox"/> 2–4 | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> 6–8 | <input type="checkbox"/> 5–7 | <input type="checkbox"/> High |
| <input type="checkbox"/> 9 + | <input type="checkbox"/> 8 + | <input type="checkbox"/> Very high |

OVERRIDES

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

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Sexual abuse case AND the perpetrator is likely to have access to the child. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Non-accidental injury to a child under age 2. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Severe non-accidental injury. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 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, mark yes, increase risk by one level, and indicate reason.

- | | | | | | |
|------------------------------|-----------------------------|--|-----------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. If yes, override risk level (mark one): | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Very High |
|------------------------------|-----------------------------|--|-----------------------------------|-------------------------------|------------------------------------|

Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ____/____/____

FINAL RISK LEVEL (mark final level assigned): ☐ Low ☐ Moderate ☐ High ☐ Very high

RECOMMENDED DECISION

| Final Risk Level | Recommendation |
|------------------|-----------------|
| Low | Do not promote* |
| Moderate | Do not promote* |
| High | Promote |
| Very high | Promote |

*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 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 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

CALIFORNIA
SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT

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Case Name: _____ **Case #:** _____ **Date:** ____/____/____
County Name: _____ **Worker Name:** _____ **Worker ID#:** _____
Household Name: _____

SECTION 1: CAREGIVER STRENGTHS AND NEEDS ASSESSMENT

☐ Primary **Primary Caregiver Name:** _____

☐ Secondary **Secondary Caregiver Name:** _____

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

Ethnicity: _____

Tribal Affiliation: ☐ Yes ☐ No **Tribe Name:** _____ **Federally Recognized:** ☐ 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 | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Actively helps create safety, permanency, and child/youth/young adult well-being. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Is a barrier to safety, permanency, or child/youth/young adult well-being. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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."

| | |
|-------------|---|
| SN1. | Resource Management/Basic Needs The caregiver's resources and management of resources: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are barriers to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| SN2. | Physical Health The caregiver's physical health: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively helps create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Is a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| SN3. | Parenting Practices The caregiver's parenting practices: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| SN4. | Social Support System The caregiver's social support system: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively helps create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Is not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Is a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contributes to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| SN5. | Household and Family Relationships The caregiver's relationships with other adult household members: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are barriers to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| SN6. | Domestic Violence The caregiver's intimate relationships: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not strengths or barriers for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are barriers to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> d. Contribute to imminent danger of serious physical or emotional harm to the child/youth/young adult. |
| SN7. | Substance Use The caregiver's actions regarding substance use: P S <input type="checkbox"/> <input type="checkbox"/> a. Actively help create safety, permanency, and child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> b. Are not a strength or barrier for safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> c. Are a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input type="checkbox"/> 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 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.

SN9. Prior Adverse Experiences/Trauma

The caregiver's response to prior adverse experiences/trauma:

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.

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 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.

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.

| NEEDS | | | |
|------------------------|-------------|---|--|
| Score ("d"s then "c"s) | Domain Name | Caregiver | Priority for Closure? (required if score is "d") |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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.

| STRENGTHS | | | |
|--------------|-------------|---|--|
| Score ("a"s) | Domain Name | Caregiver | Include in Family Case Plan? |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Both | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

Ethnicity: _____

Tribal Affiliation: ☐ Yes ☐ No **Tribe Name:** _____ **Federally Recognized:** ☐ 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 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:**

- ☐ a. Help him/her create safety, permanency, and well-being for him/herself.
- ☐ b. Have no effect on his/her safety, permanency, or well-being.
- ☐ c. Make it difficult for him/her to experience long-term safety, permanency, or well-being.
- ☐ 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".

| |
|--|
| <p>CSN1. Emotional/Behavioral Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety. <input type="checkbox"/> 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. <input type="checkbox"/> c. The child/youth/young adult has an emotional/behavioral health concern, AND it is an ongoing unmet need. <input type="checkbox"/> d. The child/youth/young adult has an emotional/behavioral health concern that directly contributes to danger to the child/youth/young adult. |
| <p>CSN2. Trauma</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. The child/youth/young adult's response to prior trauma contributes to his/her safety. <input type="checkbox"/> 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. <input type="checkbox"/> c. The child/youth/young adult's response to prior trauma is a concern AND it is an ongoing unmet need. <input type="checkbox"/> 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. |
| <p>CSN3. Child Development</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. The child/youth/young adult's development is advanced. <input type="checkbox"/> b. The child/youth/young adult's development is age-appropriate. <input type="checkbox"/> c. The child/youth/young adult's development is limited. <input type="checkbox"/> d. The child/youth/young adult's development is severely limited. <p>(shown in webSDM if "d" is marked)</p> <ul style="list-style-type: none"> <input type="checkbox"/> A regional center referral has been completed. |
| <p>CSN4. Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. The child/youth/young adult has outstanding academic achievement. <input type="checkbox"/> b. The child/youth/young adult has satisfactory academic achievement OR the child/youth/young adult is not of school age. <input type="checkbox"/> c. The child/youth/young adult has academic difficulty. <input type="checkbox"/> d. The child/youth/young adult has severe academic difficulty. <p>Also indicate "d" if:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The child/youth/young adult has an individualized education plan. <input type="checkbox"/> The child/youth/young adult has an educational surrogate parent. <input type="checkbox"/> The child/youth/young adult needs an educational surrogate parent. <input type="checkbox"/> The child/youth/young adult is required by law to attend school but is not attending. |
| <p>CSN5. Social Relationships</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. The child/youth/young adult has strong social relationships. <input type="checkbox"/> b. The child/youth/young adult has adequate social relationships. <input type="checkbox"/> c. The child/youth/young adult has limited social relationships. <input type="checkbox"/> d. The child/youth/young adult has poor social relationships. |
| <p>CSN6. Family Relationships</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. The child/youth/young adult's relationships within his/her family contribute to his/her safety. <input type="checkbox"/> b. The child/youth/young adult's relationships within his/her family do not impact his/her safety. <input type="checkbox"/> c. The child/youth/young adult's relationships within his/her family interfere with long-term safety. <input type="checkbox"/> 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

- ☐ 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.
- ☐ An exit plan meeting has been held.
- ☐ An exit from foster care meeting 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.

| Score ("d"s, then "c"s) | Domain Name and Description |
|----------------------------|-----------------------------|
| | |
| | |
| | |
| | |
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| | |

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.

| STRENGTHS | | |
|--------------|-------------|--|
| Score ("a"s) | Domain Name | Include in Family Case Plan? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CALIFORNIA
SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES

Case Name: _____ Case #: _____ Date: ____/____/____

County Name: _____ Worker Name: _____ Worker ID#: _____

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.

| | Score |
|--|--------------|
| R1. Number of prior neglect or abuse CPS investigations | |
| a. None | 0 |
| b. One or two | 1 |
| c. Three or more | 2 |
| R2. Household has previously had an open CPS case (voluntary/court ordered) | |
| a. No | 0 |
| b. Yes | 1 |
| R3. Primary caregiver has a history of abuse and/or neglect as a child | |
| a. No | 0 |
| b. Yes | 1 |
| R4. Characteristics of children in the household | |
| a. Not applicable | 0 |
| b. One or more present (mark all applicable for any child) | 1 |
| <input type="checkbox"/> Developmental disability | |
| <input type="checkbox"/> Learning disability | |
| <input type="checkbox"/> Physical disability | |
| <input type="checkbox"/> 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 | 0 |
| b. Yes | 2 |
| R6. Primary/secondary caregiver alcohol and/or drug use since the last assessment/reassessment (mark one) | |
| P S | |
| <input type="checkbox"/> <input type="checkbox"/> a. No history of alcohol or drug abuse | 0 |
| <input type="checkbox"/> <input type="checkbox"/> b. No current alcohol or drug abuse; no intervention needed | 0 |
| <input type="checkbox"/> <input type="checkbox"/> c. Yes, alcohol or drug abuse; problem is being addressed | 0 |
| <input type="checkbox"/> <input type="checkbox"/> d. Yes, alcohol or drug abuse; problem is <u>not</u> being addressed | 1 |
| R7. Adult relationships in the home | |
| a. None applicable | 0 |
| b. Yes (mark all that apply) | 1 |
| <input type="checkbox"/> Harmful/tumultuous relationships | |
| <input type="checkbox"/> Domestic violence | |
| R8. Primary caregiver mental health since the last assessment/reassessment (mark one) | |
| a. <input type="checkbox"/> No history of mental health problem | 0 |
| b. <input type="checkbox"/> No current mental health problem; no intervention needed | 0 |
| c. <input type="checkbox"/> Yes, mental health problem; problem is being addressed | 0 |
| d. <input type="checkbox"/> Yes, mental health problem; problem is <u>not</u> being addressed | 1 |
| R9. Primary caregiver provides physical care of the child that is: | |
| a. Consistent with child needs | 0 |
| b. Not consistent with child needs | 1 |

R10. Caregiver's progress with case plan objectives (as indicated by behavioral change)**Score**

(score based on the caregiver demonstrating the least progress)

P S

- ☐ ☐ a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives 0
- ☐ ☐ b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives..... 0
- ☐ ☐ 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 1
- ☐ No secondary caregiver

TOTAL SCORE**SCORED RISK LEVEL.** Assign the family's risk level based on the following chart.

| Score | Risk Level |
|-------|------------------------------------|
| 0-1 | <input type="checkbox"/> Low |
| 2-4 | <input type="checkbox"/> Moderate |
| 5-7 | <input type="checkbox"/> High |
| 8+ | <input type="checkbox"/> Very High |

OVERRIDES**Policy Overrides.** Mark 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, mark yes, mark 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 (mark one): ☐ Low ☐ Moderate ☐ High ☐ Very High

Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ Date: ____/____/____

FINAL RISK LEVEL (mark final level assigned): ☐ Low ☐ Moderate ☐ High ☐ Very High**RECOMMENDED DECISION**

| Final Risk Level | Recommendation |
|------------------|-------------------|
| Low | Close* |
| Moderate | Close* |
| High | Continue Services |
| Very High | Continue Services |

*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:

CALIFORNIA
SDM® REUNIFICATION REASSESSMENT

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r: 06/15

Case Name: _____ Date Completed: _____/_____/_____

Case #: _____ Household Assessed: _____

Is this the removal household? ☐ Yes ☐ No Assessment # (mark): ☐ 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 |
| <hr/> | | |
| R2. | Has there been a new substantiation since the initial risk assessment or last reunification reassessment? | |
| | a. No | 0 |
| | b. Yes..... | 2 |
| <hr/> | | |
| 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.) | |
| P | S | |
| <input type="checkbox"/> | <input type="checkbox"/> a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives | -2 |
| <input type="checkbox"/> | <input type="checkbox"/> b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives | -1 |
| <input type="checkbox"/> | <input type="checkbox"/> 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 |
| <input type="checkbox"/> | <input type="checkbox"/> d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> No secondary caregiver | |
| Total Score | | <hr/> |

REUNIFICATION RISK LEVEL

Assign the risk level based on the following chart.

| Score | Risk Level |
|---------|------------------------------------|
| -2 to 1 | <input type="checkbox"/> Low |
| 2-3 | <input type="checkbox"/> Moderate |
| 4-5 | <input type="checkbox"/> High |
| 6+ | <input type="checkbox"/> Very High |

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: _____

FINAL REUNIFICATION RISK LEVEL (mark one):

☐ Low ☐ Moderate ☐ High ☐ Very High

Supervisor's Review/Approval of Discretionary Override:

Date: _____/_____/_____

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.

| Visitation Frequency Compliance With Visitation Plan | Quality of Face-to-Face Visit | |
|--|-------------------------------|-------------------------|
| | Strong/ Adequate | Limited/ Destructive |
| Total | | |
| Routine | | |
| Sporadic | | |
| Rare or Never | | |

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.

Describe: _____

1a. If yes, is there a safety intervention that can and will be incorporated into the case plan to mitigate these safety threats?

- ☐ No; there are no safety interventions available and appropriate to mitigate safety concerns if the child were to be reunified at this time.
- ☐ Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place.

Describe: _____

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

Describe: _____

2a. If yes, is there a safety intervention(s) that can and will be incorporated into the case plan to mitigate these safety threats?

- ☐ No; there are no safety interventions available and appropriate to mitigate safety concerns if the child were reunified at this time.
- ☐ Yes; one or more safety interventions have been identified to mitigate safety concerns and allow reunification to proceed with an in-home safety plan in place.

Describe: _____

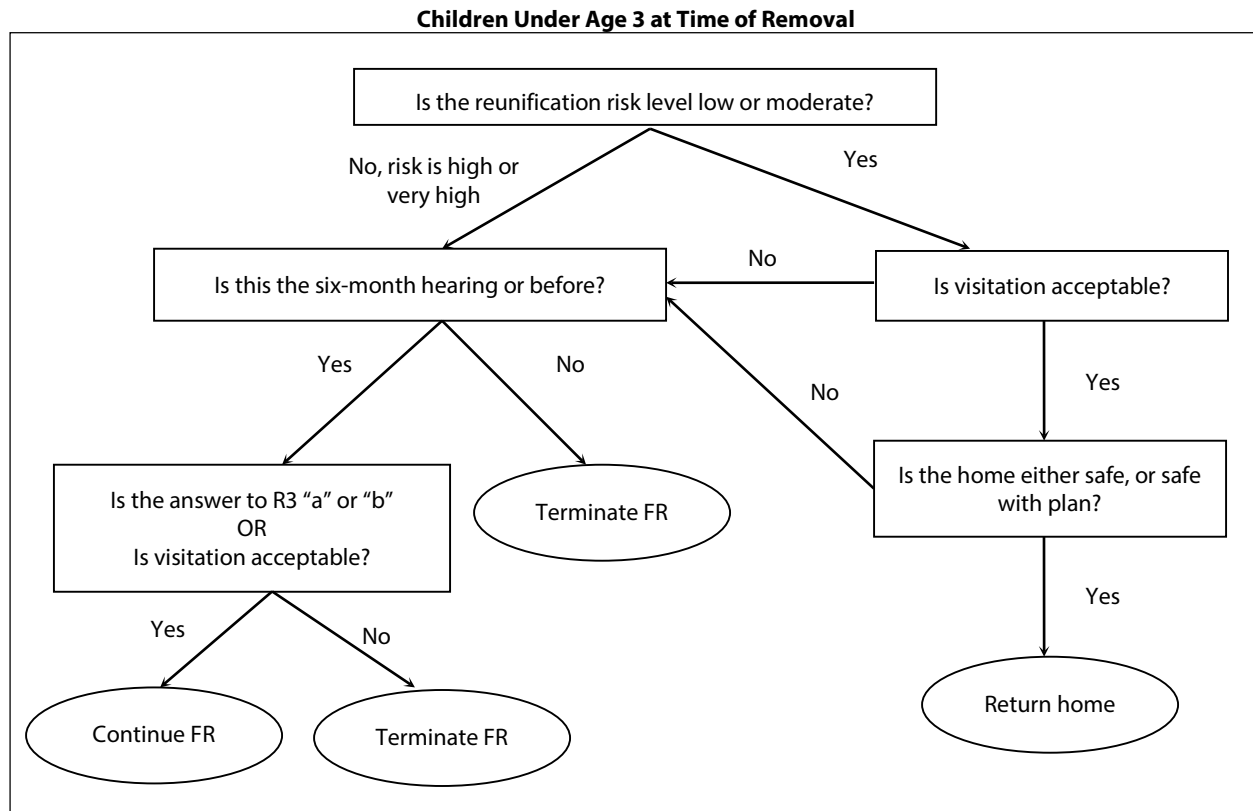
Safety Decision

Identify the safety decision by marking 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. Mark 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.

**OVERRIDES** (select one)

☐ No override applicable (policy or discretionary).

Policy Override

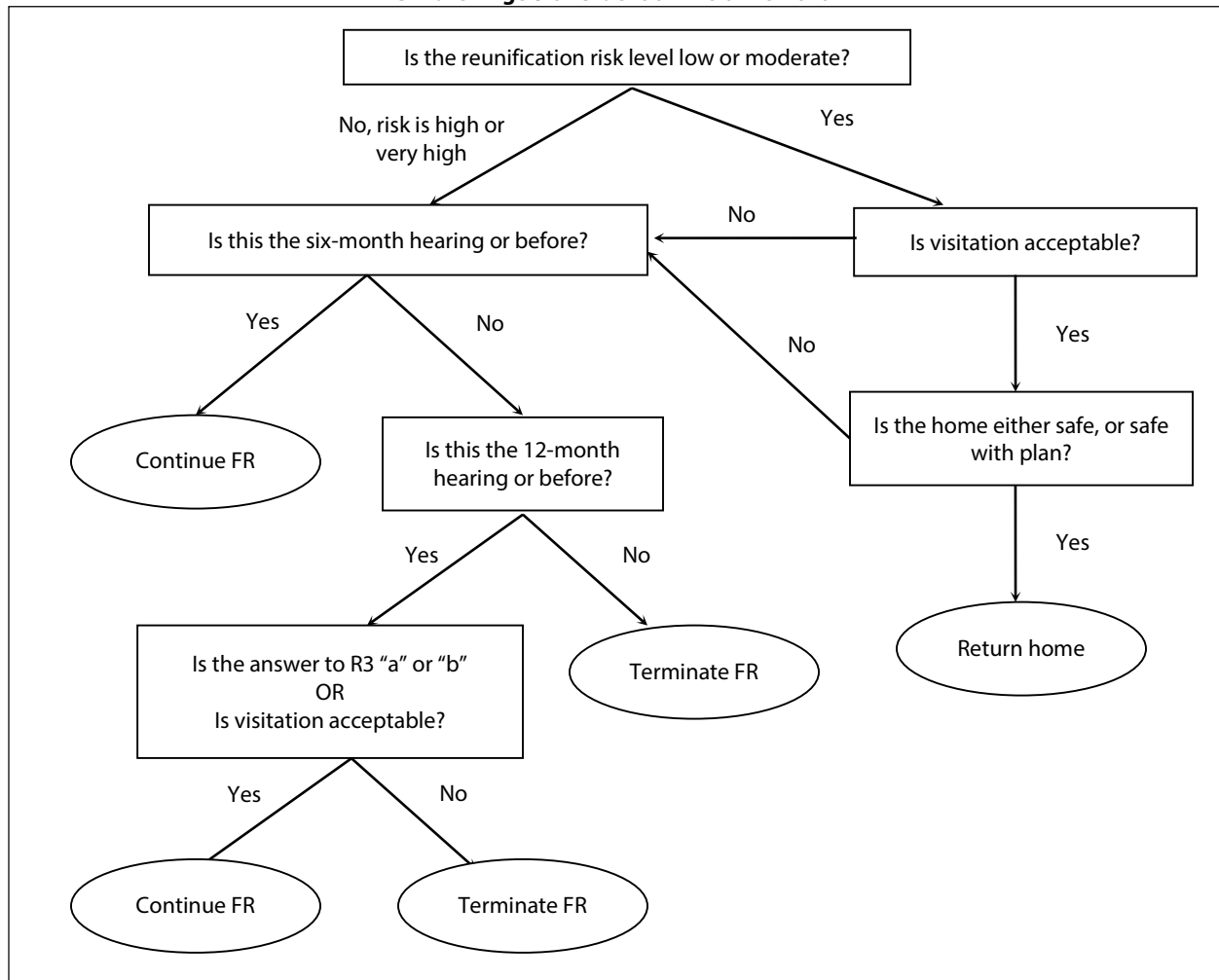
- ☐ Child has been in placement for 15 of the last 22 months (change recommendation to "Terminate FR").
- ☐ The tree leads to "Terminate FR" and it is the six-month hearing or before, BUT there is a probability of reunification within six months (change recommendation to "Continue FR").
- ☐ The tree 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: _____

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.

| Child # | Recommendation | | |
|---------|----------------|--|--|
| | Return Home | Continue Family Reunification Services | Terminate Family Reunification Services; Implement Permanent Alternative |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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.

SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT INTERVIEW NOTES
Person Interviewed: _____

Date: ____/____/____

Caregiver's Name: _____

Caregiver's perspective of culture, cultural identity, and how his/her cultural connections and resources can enhance safety now and over time:

| |
|--|
| |
|--|

Caregiver Domains and Behaviors

| | |
|--|------------------------------|
| Resource Management/Basic Needs | Physical Health |
| Parenting Practices | Social Support System |

Caregiver Domains and Behaviors (continued)

| | |
|---|---|
| Household and Family Relationships | Intimate Relationships/Domestic Violence |
| Substance Use | Mental Health |
| Prior Adverse Experiences/Trauma | Cognitive/Developmental Abilities |
| Other/Notes | |

SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT INTERVIEW NOTES

Person Interviewed: _____

Date: ____/____/____

Child's Name: _____

Child/youth/young adult's perspective of culture, cultural identity, and how his/her cultural connections and resources can enhance safety now and over time:

| |
|--|
| |
|--|

Child/Youth/Young Adult Domains and Behaviors

| | |
|------------------------------------|------------------|
| Emotional/Behavioral Health | Trauma |
| Child Development | Education |

Child/Youth/Young Adult Domains and Behaviors (continued)

| | |
|--|--|
| Social Relationships | Family Relationships |
| Physical Health/Disability | Alcohol/Drugs |
| Delinquency | Relationship With Substitute Care Provider (if in care) |
| Independent Living (if age 15.5 years or older) | Other Area of Strength or Need |
| Notes | |

MONTHLY CASE PLAN ACTION STEPS

Name: _____

Month: _____

| | |
|---|---|
| Goal Statement | |
| Case Plan Objective | Action Steps/Strategies for This Month |
| | |
| | |
| | |
| Plans/Goals for This Month's Visitation Activities | |
| | |

MONTHLY CASE PLAN PROGRESS NOTES

Name: _____

Date: ____/____/____

| | |
|---|-----------------------------|
| Goal Statement | |
| Case Plan Objective | Notes About Progress |
| 1. | |
| 2. | |
| 3. | |
| Notes About Changes in Safety in the Household | |
| Notes About Visitation, Including Visitation Frequency, Quality, and Caregiver Behaviors Related to Child Safety | |

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)

| Safety Threat # | Describe the specific situation or actions that cause the child to be unsafe (danger statement). | Name(s) of Child(ren) in Danger |
|-----------------|--|---------------------------------|
| | | |
| | | |
| | | |
| | | |

WHAT IS THE PLAN TO KEEP THE CHILD SAFE?

| Safety Threat # | What are the actions that will be taken to address the danger? | Who will take these steps? | What will be done if these actions are not working? |
|------------------------|---|-----------------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |

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.

| | |
|--|---|
| Parents/Legal Guardians | Worker/Supervisor |
| Children | Other Participants |

WHO TO CALL IF THE PLAN IS NOT WORKING

| | |
|---|--|
| Assigned Child Welfare Worker Name: _____ | Telephone Number _____ - _____ - _____ |
| Child Welfare Supervisor Name: _____ | Telephone Number _____ - _____ - _____ |
| After-Hours Child Welfare Services Worker <i>(Before and after business hours; weekends and holidays)</i> Instructions: _____ | Telephone Number _____ - _____ - _____ |