

Wilson Family Case File Contents (SDM)

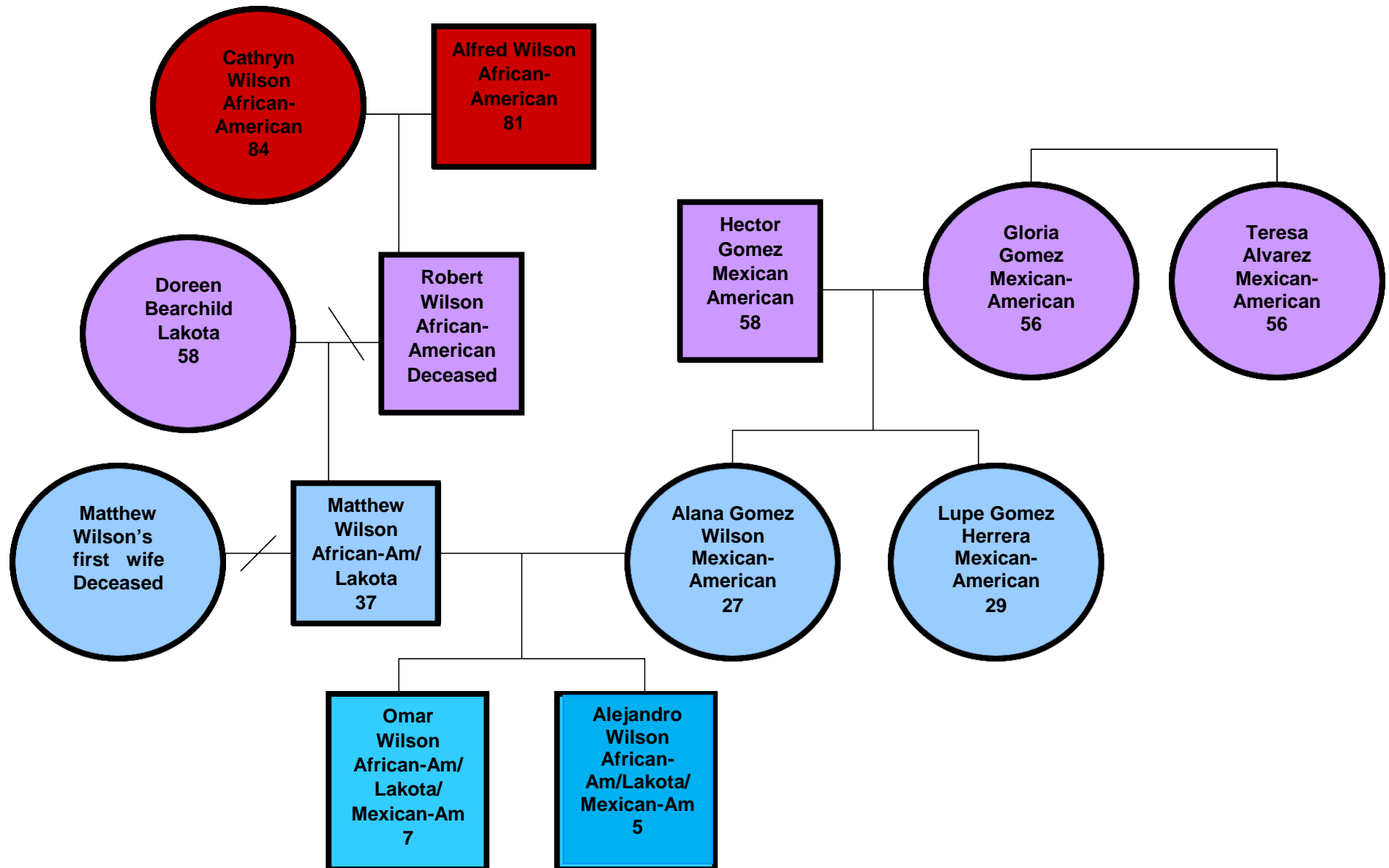
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Guide to the Forms:

- Investigation Narrative – The emergency response social worker’s report regarding the initial allegations of abuse or neglect.
- Delivered Service Log – The case notes from the emergency response social worker and the ongoing social worker documenting contacts with the family and others.
- California Safety Assessment – the assessment of immediate danger to the child and the protective capacities within the family, including safety interventions and safety decisions.

- California Family Risk Assessment – the assessment of risk or the likelihood that abuse and/or neglect will reoccur, and guides the decision to open a case.
- California Family Strengths and Needs Assessment – This assessment of the family's strengths and needs is based on the social worker's perspective, the family's perspective, the child's perspective, collateral contacts and other records, including a scoring and prioritization system for highlighting the most important strengths and needs. Prioritization of needs also helps to ensure that the case plans are focused and achievable (i.e., not addressing too many needs at one time).
- California Reunification Reassessment – This assessment looks at progress on the case plan, quality and quantity of visitation, ongoing risk, safety concerns, household strengths, protective actions and an updated safety assessment and plan.

Wilson Family Genogram



SCREENER NARRATIVE

Physical abuse to Omar Wilson (age 7) by father, Matthew Wilson. General neglect, failure to protect 7 year old Omar Wilson by mother, Alana Wilson. Five-year-old Alejandro Wilson is at risk.

REPORTER'S ACCOUNT (Who, What, When, Where, How and Why Now?)

Summarize:

Per RP, 5-year-old Alejandro came to school very upset this morning. He could not focus on tasks and when asked what was bothering him, he began to cry. He said his brother Omar was hurt and his parents made Omar stay home from school. When asked how his brother got hurt, Alejandro said his dad got mad at Omar this morning and hit Omar with a belt.

Alejandro stated that Omar now has red lines on his back and bruises on his arms. Alejandro said he was afraid of his father when his father was hitting Omar, but he is not afraid now.

Alejandro has no visible injuries and denied being hit. Alejandro said Omar stayed home today so no one will see the red lines. Alejandro said his mother was there when Omar got hit, but she didn't do anything.

Family has previous CFS history including previous referrals for neglect of Omar and previous case history, parents successfully completed family reunification in the past. Previous case history includes mistrust of the social worker and contact only through the attorney. No current open case. Per case history, the family is English speaking. The mother is of Latin descent and the father is Native American and African American.

INVESTIGATION NARRATIVE

Referral Demographic Information: Mother – Alana Gomez Wilson, Mexican American, married, unemployed, age 27. Father – Matthew Wilson, African American - Lakota, married, employed, age 37.

Current Allegations: Physical abuse to 7 year-old Omar Wilson by father, Matthew Wilson. Physical abuse to 7 year-old Omar Wilson by mother, Alana Wilson. General neglect, failure to protect 7 year-old Omar Wilson by both parents. General neglect, failure to protect 5 year-old Alejandro Wilson by both parents.

Child Welfare History: Current open case for both boys following substantiated referral for physical abuse of Omar by father, failure to protect by mother, Alejandro at risk. Two prior reports regarding Omar. The first report involved Omar's positive toxicology screen at birth. The family completed in home services. The second report involved general neglect to Omar who was left home alone. The family completed reunification services.

No history for Mr. or Ms. Wilson as children.

Criminal History:

Alana Gomez Wilson -

DATE	OFFENSE	DISPOSITION
12/15/2000	Possess controlled substance	24 mo. probation
07/01/2003	Possess controlled substance	3 yr. probation
04/22/2007	DUI	1 yr. probation

Matthew Wilson -

DATE	OFFENSE	DISPOSITION
08/29/2002	Disorderly conduct possess controlled substance	1 yr. probation
08/29/2004	Infl Corp inj spouse/cohab	1 yr. probation

Ms. Wilson was listed as the victim in Mr. Wilson's 2004 domestic violence arrest.

There is a police report pending from the incident today. Police responded to a report that the parents were out of control and beating Omar.

There are no other police reports for either parent or at the home address.

Other Problems: Omar has ADHD. There is a history of domestic violence. Both parents have a history of substance abuse. Mr. Wilson is employed as a construction worker and his work is not steady.

Assessment:

03/30/2012 Completed unannounced home visit. Seven-year-old Omar Wilson was at home with his mother and father. When asked what the parents and agency might be worried about Ms. Wilson acknowledged that she watched her husband, Matthew Wilson, hit Omar with a belt for disobeying and for picking on his brother. She said that she did not try to stop Mr. Wilson because she is afraid of him and felt that intervening would only make it worse. Also, she felt that Mr. Wilson would stop before he really hurt Omar, and she says that he did stop. Ms. Wilson said, "Omar, he gets so mad and he hits and bites and throws things and he won't stop until you grab him and hold him down. I don't know what to do with him." Mr. Wilson at first denied his role but later said that he had used a belt on Omar because "that's all he will listen to" and because that's the way he was raised. Both parents expressed remorse and frustration, saying they don't know what to do to control him.

When asked about what is working well the family, both parents said that this does not happen all of the time. That maybe once a week Omar picks on Alejandro and won't stop when they ask him too, which then he just gets more and more out of control. Mom said that there are times when she asks Omar to stop irritating his brother and he does stop. She says that most of the days Omar comes home from school, gets a snack and watches a kid's show on TV with his brother or they play with action figures in their room. Dad said that Omar is very frustrating when he picks on Alejandro and won't stop. When he comes home from work sometimes mom is very upset with Omar and tells him to do something". He admits that after a long day at work he sometimes does not have very much patience. Dad stated that Omar can be good. He said that most nights the two boys get along and listen to him and Mom. He said that they all have dinner together and the boys then take a bath and go to bed. Dad said that Omar likes to play with the soccer ball and that on the weekends he takes the boys to the park and they play ball. He said that the boys are usually then too tired to get at each other.

The parents were supportive to the social worker speaking with Omar alone. When asked about his worries in his home Omar confirmed that he was hit by his father. The social worker observed 8 grab-mark bruises on Omar's upper arms and four strap marks on his lower back. Omar stated he was not picking on his brother, he was just playing around and his father got mad and hit him. Omar stated his parents like his brother better than they like him. Omar said he usually gets spanked when his father is mad, but this is the first time he had bruises and welts. When asked about his family when they were happy when things were going well, he said that his dad will take "just him" to play soccer at the park. That his father teaches him how to kick the ball. He said that no one is yelling at him or hitting. That everyone is happy and watching TV. He said that this is most of the time. That Dad probably gets mad a little time during the week, not all of the time.

The parents agreed to develop an immediate safety plan. Scheduled to meet later that day with the parents and the maternal aunt, Teresa Alvarez, who provides substitute care for the

children and upon whom they rely as a support system. In the meantime, both parents agreed to use no physical punishment on either child.

03/30/2012 Spoke to 5 year-old Alejandro Wilson at school. Alejandro cried and said, “Daddy hit Omar and mommy won’t let him come to school.” Alejandro denied experiencing any abuse himself. He stated that his father doesn’t hit him because he doesn’t talk back. He stated that Omar is mean to him and hits him a lot when their parents are not looking. Alejandro said that sometimes Omar is nice and they play in their room together. He said that mommy and daddy are nice to him and give him candy when he wants it.

03/30/2012 Met with the family, including Teresa Alvarez and agreed to the following immediate plan to achieve safety in the short run:

- Both parents agree not to hit Omar in the future and to learn how to use time-outs with Omar; especially when he is fighting with his brother. If the parents are having a hard time with Omar’s behavior they will call Ms. Alvarez for support and put Omar on time out in his room until he calms down and Ms. Alvarez can come over. Provided a referral to the Office of Education parenting classes which meet weekly.
- Ms. Alvarez agrees to spend each evening at the Wilson house in order to help them practice ways to handle Omar. She will also have Omar at her house on the weekends. As part of her licensure for operating a day care center, she has recently taken classes about children with difficult behavior, including those with ADHD. She has also learned about services that are available for children with developmental delays and disabilities.
- Parents say that they do have people in their life on a daily basis that support their family. They have: Ms. Wilson’s pastor, Rev. Jorge Orrante, Mr. Wilson’s AA sponsor, James Jeffers, Omar’s school psychologist, Jennifer Wang, and the mother of Mr. Wilson’s mother, Doreen Bearchild. The parents said that they would be happy to ask these people for additional support should they feel like they cannot manage Omar’s behavior and that they would want to invite them to a meeting to see how they can further support the family.

Mr. and Ms. Wilson agree to work with CWS voluntarily and to engage in case planning.

Services Offered: Met with the family to complete safety assessment and develop safety plan. Provided referral to parenting class at the Family Resource Center so the family can learn how to use time outs.

Allegation Conclusion: The allegation of physical abuse is substantiated. The allegation of general neglect is substantiated. The allegation of risk is substantiated.

Referral Disposition: Open Voluntary Family Maintenance Case.

CALIFORNIA
SDM® SAFETY ASSESSMENT

r:06/15

Referral Name: Alana Gomez Wilson

Referral #: 0000-0000-0000-0000000

County: _____

Worker: _____

Is either caregiver Native American or a person with Indian ancestry? ☒ Yes ☐ No

Date of Assessment: 03/30/2012

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. Omar Wilson, Age 7
2. Alejandro Wilson, Age 5
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; mark all that apply to any child.)

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

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 checked="" 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 checked="" type="checkbox"/> Excessive discipline or physical force.
<input type="checkbox"/> Drug-/alcohol-exposed infant. |
| <input type="checkbox"/> | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> At least one non-offending caregiver exists and is willing and able to protect the child from future harm. <input checked="" 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 checked="" 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 checked="" type="checkbox"/> At least one child is emotionally/ intellectually capable of acting to protect him/herself from a safety threat.	<input checked="" 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 checked="" 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): Caregivers agree not to use physical discipline

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® FAMILY RISK ASSESSMENT

r: 06/15

Referral Name: Alana Gomez Wilson Referral #: 0000-0000-0000-0000000 Date: 03/31/2012

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 checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 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 checked="" type="checkbox"/> a. Neglect	1	0
<input checked="" 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 checked="" type="checkbox"/> 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 checked="" type="checkbox"/> b. Caregiver blames the child	0	1

FAMILY CHARACTERISTICS	Neglect	Abuse
8. Age of youngest child in the home		
<input checked="" type="checkbox"/> a. 2 years or older	0	0
<input type="checkbox"/> b. Under 2	1	0
9. Characteristics of children in the household		
<input type="checkbox"/> a. Not applicable	0	0
<input checked="" type="checkbox"/> b. One or more present (<i>mark all applicable</i>)		
<input checked="" 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 checked="" type="checkbox"/> a. Household has physically safe housing	0	0
<input type="checkbox"/> 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 checked="" type="checkbox"/> a. None or one incident of domestic violence	0	0
<input type="checkbox"/> b. Two or more incidents of domestic violence	0	1
12. Primary caregiver disciplinary practices		
<input checked="" type="checkbox"/> a. Employs appropriate discipline	0	0
<input type="checkbox"/> b. Employs excessive/inappropriate discipline	0	1
13. Primary or secondary caregiver history of abuse or neglect as a child		
<input checked="" type="checkbox"/> a. No history of abuse or neglect for either caregiver	0	0
<input type="checkbox"/> 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 checked="" type="checkbox"/> a. No past or current mental health problem	0	0
<input type="checkbox"/> 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="checkbox"/> a. No past or current alcohol/drug use that interferes with family functioning	0	0
<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Drugs (<input type="checkbox"/> Last 12 months and/or <input checked="" type="checkbox"/> Prior to the last 12 months)		
16. Primary or secondary caregiver criminal arrest history		
<input type="checkbox"/> a. No caregiver has prior criminal arrests	0	0
<input checked="" type="checkbox"/> b. Either caregiver has one or more criminal arrests	1	0
	Neglect	Abuse
TOTAL SCORE	6	6

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 checked="" type="checkbox"/> 6-8	<input checked="" type="checkbox"/> 5-7	<input checked="" 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 checked="" type="checkbox"/> No | 1. Sexual abuse case AND the perpetrator is likely to have access to the child. |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 2. Non-accidental injury to a child under age 2. |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 3. Severe non-accidental injury. |
| <input type="checkbox"/> Yes | <input checked="" 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 checked="" 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

04/30/2012

Children & Family Services

SDSVSLOG

12:39 AM

Logged-On Staff Person:

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DELIVERED SERVICE LOG

All Contacts, Services & Visits

FROM: 03/30/2012 TO: 04/30/2012

FOR: Omar Wilson, Alejandro Wilson

Contact Date: 03/30/2012 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Investigate Referral **Staff Person:**
Participant(s): Alana Wilson, Matthew Wilson, Omar Wilson
Method: In-Person **Location:** Home **Status:** Completed

Social worker met with mother, father and Omar face to face in the home. See investigation narrative.

Contact Date: 03/30/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Investigate Referral **Staff Person:**
Participant(s): Alejandro Wilson
Method: In-Person **Location:** School **Status:** Completed

Social worker met with Alejandro Wilson face to face at school. See investigation narrative.

Contact Date: 04/04/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Service to Client **Staff Person:**
Participant(s): other
Method: Written **Location:** **Status:** Completed

Allegations substantiated. Open case. Transfer to Voluntary Family Maintenance.

Contact Date: 04/06/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Service to Client **Staff Person:**
Participant(s): Alana Wilson, Matthew Wilson, Omar Wilson, Alejandro Wilson
Method: In-Person **Location:** Home **Status:** Completed

Met with family for initial home visit in family home. Face to face contact with Mr. and Ms. Wilson, Omar and Alejandro. Omar's bruises are faded and there are no new injuries. Alejandro has no visible injuries. During separate, private interviews, both boys report their parents have not hit them since the last social worker came to their house. The boys appeared clean and physically healthy. Their shared room was clean and they seemed to like showing off their collections of toys and video games.

Met with Mr. and Ms. Wilson. Discussed their participation in the initial parent class suggested by the initial social worker. They have attended 2 sessions. They are learning about the use of positive rewards as part of a time out system and they are working on letting the boys earn trips to the dollar store.

Explained that as part of the development of their case plan I would be doing an assessment over the next two home visits. Told them I wanted to work closely with them on the case plan so that it would be realistic for them and something they would actually do. They agreed. Let them know I would first want to gather some

Wilson Vignette Part 1B

04/30/2012

Children & Family Services

SDSVSLOG

12:39 AM

Logged-On Staff Person:

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background information about their family so that I could learn about them.

Mr. Wilson's father was African American and his mother is Lakota. Mr. Wilson is enrolled in the Rosebud Sioux tribe. His father was killed in action while in the military when Matthew was 2 years old. He was raised primarily by his mother and her family in South Dakota, although he spent parts of several summers in Baltimore with his father's family. He moved to California when he was 19 to be trained in concrete work and has since worked in this field off and on. He is currently employed. Eleven years ago, while visiting in South Dakota, his first wife received severe head injuries and died in a car crash caused in part by Mr. Wilson driving while intoxicated. He was not charged in the incident. Matthew entered alcohol treatment. He had two relapses in the first four years after treatment, but has now been sober for seven years. Matthew married his current wife eight years ago.

Ms. Wilson was born in Texas to first generation Mexican Americans. She and two sisters moved to California when she was 18 because it was easier to find work here. Ms. Wilson began experimenting with drugs at this time. She married Mr. Wilson the next year. She has been in in-patient treatment twice for drug dependency since then - once when her older son was almost one year old and once two years ago. She is sporadically in touch with some of her large, extended family, most of whom live in Texas, although her problems with drug dependency have contributed to tensions with her family. At this point she is not using drugs. A maternal aunt and one sister live in California. Her aunt lives nearby and her sister lives 200 miles away.

Omar is the son of Matthew Wilson and Alana Wilson. Omar is enrolled in the Rosebud Sioux Tribe. He is in kindergarten for the second year and has been diagnosed with Attention Deficit Hyperactivity Disorder and learning disabilities. He was born with crack-cocaine in his system due to his mother's substance abuse at the time. Mr. Wilson reports that Omar was a particularly difficult baby, rarely sleeping through the night, and nearly impossible to comfort. Omar lived with his aunt, Teresa Alvarez when he was a baby and the two still share a very good relationship.

Alejandro is the son of Matthew Wilson and Alana Wilson. Alejandro is enrolled with the Rosebud Sioux Tribe. He is in kindergarten and was recently diagnosed with mild developmental delays. A plan has not yet been developed for him. He was not born with drugs in his system - his mother was in drug treatment for most of his gestation.

The family rely on some other family members for support:

Ms. Wilson's maternal aunt Teresa Alvarez is widowed and operates a day care near the Wilson's home. She has maintained steady contact with the Wilson family and she knows the children well. She was Omar's second foster mother during his time in foster care.

Ms. Wilson's parents Hector and Gloria Gomez live in Texas. They took care of Omar and Alejandro for the summer two years ago while their mother was in drug treatment for the second time. Hector speaks English; Gloria has limited English ability.

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Other family members remain in contact with the Wilsons, but are not as easily available for support.

Ms. Wilson's sister Lupe Gomez Herrera lives with her husband and her two small daughters 200 miles from the Wilson home. She and Ms. Wilson have an off-and-on relationship depending on whether Ms. Wilson is drug-free. The Herreras are worried about the Wilsons due to Ms. Wilson's periodic battle with drugs and the fact that Mr. Wilson has a quick temper and has been known to hit his children and his wife, especially when his wife is using drugs.

Mr. Wilson's mother Doreen Bearchild lives on the Rosebud Sioux Reservation and is the mother of three adult children in addition to Mr. Wilson. She keeps in contact with Mr. Wilson by phone and sees his children every two to three years when he returns home for summer wacipi (powwows).

Mr. Wilson's paternal grandparents Alfred and Cathryn Wilson live in Baltimore, Maryland and they have provided emotional support and modest financial support to Mr. Wilson throughout his life. He is their oldest grandchild and the only child of their son, Robert. They are both in frail health. They have never seen Omar or Alejandro or met his second wife because they do not travel anymore. They send holiday presents regularly and call occasionally.

Discussed the previous dependency. Ms. Wilson was emotional about the case as she feels guilty that Omar was born with drugs in his system. She completed treatment, but then 10 months later she relapsed and left Omar home alone. He was taken into foster care at that time because Mr. Wilson did not feel able to take care of him on his own. The family did not initially provide information to contact family members because they were embarrassed. After a month, Teresa Alvarez applied to be a relative caregiver. After her application cleared, Omar was placed with her and remained there for six months. Omar did not have any contact with his mother for the first three months in placement as she was in a treatment program too far away. After the first three months, she visited him weekly in the foster home. Mr. Wilson visited Omar weekly, at first in the visitation center and later in the foster home.

Omar was reunified with his parents after seven months in placement. Alejandro was born four weeks after Omar returned home.

Contact Date: 04/07/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Service to Client **Staff Person:**
Participant(s): Alana Wilson, Matthew Wilson, Omar Wilson, Alejandro Wilson, other
Method: In-Person **Location:** CWS Office **Status:** Completed

Meeting held at CWS with Mr. and Mrs. Wilson, Teresa Alvarez and their larger safety network. Ms. Wilson's pastor, Rev. Jorge Orrante, also came to the meeting to offer support. Mr. Wilson's AA sponsor, James Jeffers attended, as did Omar's school psychologist, Jennifer Wang. Additionally, the mothers of Mr. Wilson's mother, Doreen Bearchild joined the family meeting by phone.

The group identified some important strengths in the family:

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Both parents have maintained sobriety for over 2 years.
The parents have sought medical treatment to address Omar's behavior and are providing him with the prescribed medication as directed.
The parents have a positive working relationship with the school.
The children attend school regularly.
The children are well-cared for and supervised closely.
The parents have attended parenting classes and have begun using the new skills they learned in class.
There are multiple relative and community supports available to the family.
Mr. Wilson has a job.

The group identified several stressors affecting the family:

Mr. Wilson's anger - Mr. Wilson has frequently threatened and sometimes hit his wife, Omar, and occasionally Alejandro. Ms. Wilson and the children are afraid of him whenever he is angry or even annoyed. Mr. Wilson minimizes the number of times that this happens and denies he has this effect on his family. The mother and children say that Mr. Wilson is not like this all of the time. When he has had a good day at work he comes home and helps Omar with his homework and the family sits and eats together.

Omar's behavior - Omar has frequent tantrums at home and hits his parents and brother when he is frustrated. The school has assigned an aide to be with him one hour a day and they say that he needs one-on-one attention to calm himself and concentrate. Omar has been on medication for ADHD for the past three months and his behavior at school is more controlled now, but his parents say that it has not helped enough at home. The parents argue frequently about Omar and acknowledge that they sometimes hit him out of frustration. There are times that the parents say that his behavior is better and that they are able to redirect him. They said that at times the boys get along well and play together.

Substance abuse - Both parents say that the stress in their lives makes them vulnerable to returning to alcohol or drugs and that they are proud of themselves for resisting the temptation. Matthew has been sober for seven years and Alana has not used drugs for nearly two years. Aunt Teresa confirms this.

Marital conflict - Mr. and Ms. Wilson have a history of domestic violence. They disagree frequently over issues related to parenting and finances. Mr. Wilson threatens violence, but has not hit Ms. Wilson in over a year. Ms. Wilson acknowledges that she has hit Mr. Wilson back during arguments in the past. Both parents state that they love each other and love their family. That they want to stay together.

Limited parenting skills - Both parents acknowledge that they do not have the skills to effectively discipline Omar. Both acknowledge that they sometimes hit Omar when he won't obey and that this has left mild bruising.

The group then discussed several options to help build a safety/case plan that will help keep the children safe over time:

Family will learn how to effectively work with a son that has ADHD - Ms. Wang

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offered to connect the parents with the local parents' group for ADHD children. This group conducts parent support groups, education programs and makes matches between parents for one-to-one support. She said the group has parents of various ethnicities and that she does not feel they will feel out of place. Both liked this suggestion and agreed to participate.

The family agreed to have no more domestic violence happening in the home and to work on more positive ways of interacting that do not rely on power and control. During the meeting, family members confronted Mr. Wilson about injuries he caused his wife and children. Mr. Jeffers asked Mr. Wilson some pointed questions about his anger and violence, which Mr. Wilson answered with less defensiveness and denial than usual. Mr. Wilson agreed he needed and would accept help. Mr. Jeffers said he would accompany him to any program if he wanted that support. Provided referral to Healing Circle, a support group for men with anger issues. The group is part of a local Native American religious organization. Mr. Wilson agreed to give it a try to and to not engage in domestic violence with his wife and children.

Mr. Wilson said he still fights against the urge to drink but feels he has it licked. Mr. Jeffers suggested he start coming to AA again. Mr. Wilson said he would think about it, but doesn't think he really needs it, and is pretty busy. Ms. Wilson said she felt no urge to use drugs anymore, but family members disagreed with her self-assessment. Neither parent committed to substance abuse treatment services at this time but agreed that if they felt that it was going to become a problem again that they would reach out to the group and to listen to their concerns and suggestions.

Parent's will use non-physical alternate parenting strategies - Both parents said they are trying to use other methods besides hitting, and that the parenting class is helping them, but that Omar doesn't seem to be improving. Ms. Alvarez confirmed both points -- they are trying to use other methods and Omar is not improving. The parents have a hard time implementing the tools they learn in class because Omar doesn't cooperate. They would like someone to come to their home and help them learn parenting skills while Omar is there. Agreed to make a referral for the family to the Family Preservation program. Teresa Alvarez also agreed to provide respite whenever the parents are feeling overwhelmed. She also agreed to coach them on parenting skills she uses in her day care.

The parents agreed that there can be Marital conflict and family stress that adds to the likelihood that they might become frustrated and hit Omar - Rev. Orrante said that a parishioner in his church is now running a bible study group for couples who are interested in strengthening their family life. He offered the parents the opportunity to come to a meeting to try it out. Both agreed they would come to one meeting and would decide after that. They acknowledged that they want their marriage and family life to be less stressful. Mr. Wilson wonders if the primarily Latino church will accept him. He says he speaks limited Spanish. Rev. Orrante says that two of the men in the group are Anglo and so the group often speaks in both English and Spanish. Mr. Wilson indicates he still has concerns about being comfortable in the group. He says that he and Ms. Wilson have talked before about religion and his feeling is that her views are "traditional Christian" while his are more mixed with Native American beliefs. The parents agreed to monitor their stress level on a one to 10 scale and if they feel that their level

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is rising above a 4. They agreed to reach out to Rev. Orrante and to Ms. Alvarez for support and respite. Ms. Alvarez agreed to check in with the family at least once per day and to ask them how their level was for the day and that she would offer respite whenever the level was rising particularly above a 4.

Both boys have experienced trauma and the group agreed that getting them a mental health assessment with follow-up services as needed would support the children in dealing with their trauma and could help with their behavior.

Contact Date: 04/30/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Services to Client **Staff Person:**
Participant(s): Omar Wilson, Alejandro Wilson, other
Method: In-Person **Location:** School **Status:** Completed

Face to face contact with Omar and Alejandro at school. Met with each child separately. Both said that things were better at home. That they were more like their "good house" in their drawing. They both say that there has been no hitting and no yelling by mom and dad. Alejandro says Omar is sometimes mean to him, but his parents make Omar stop. He said that they play better together. SW asked Omar how he feels about his home life. He said he feels mad and bored a lot at home and that when he is at school he is happier than when he is at home, and that is why he can act better there. He says that he is a little happier now that mom and dad are not yelling and hitting.

CALIFORNIA
SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT

r:06/15

Case Name: Alana Gomez Wilson Case #: _____ Date: 04/28/2012
County Name: _____ Worker Name: _____ Worker ID#: _____
Household Name: _____

SECTION 1: CAREGIVER STRENGTHS AND NEEDS ASSESSMENT

☒ Primary Primary Caregiver Name: Alana Gomez Wilson

☒ Secondary Secondary Caregiver Name: Matthew Wilson

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: Rosebud Sioux Tribe Federally Recognized: ☒ Yes ☐ No

Sexual Orientation: ☒ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Other ☐ Not discussed

Gender Identity/Expression: ☒ Female ☐ Male ☐ Transgender ☐ Other

Religious/Spiritual Affiliation: Alana: Traditional Christian; Matthew: Native American beliefs

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 checked="" type="checkbox"/>	<input checked="" 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?

The caregivers have a safety network willing to participate in the safety plan:

1. Alana's church community
2. Matthew's Native American community
3. Matthew agrees to attend Healing Circle support group (Native American based group)
4. Alana's aunt, Ms. Alvarez agrees to provide ongoing support and respite as needed
5. Parents agree to attend a local support group for parents of ADHD children

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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> c. Are a barrier to safety, permanency, or child/youth/young adult well-being. <input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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”)
SN3	Parenting Practices	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SN5	Household and family relationships	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SN6	Domestic Violence	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" 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?
SN1	Resource Management / Basic Needs	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SN4	Social Support System	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" 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: Omar Wilson

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?

A. 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”.

CSN1. Emotional/Behavioral Health <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 checked="" 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.
CSN2. Trauma <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 checked="" 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.
CSN3. Child Development <input type="checkbox"/> a. The child/youth/young adult’s development is advanced. <input checked="" 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. (shown in webSDM if “d” is marked) <input type="checkbox"/> A regional center referral has been completed.
CSN4. Education <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 checked="" type="checkbox"/> d. The child/youth/young adult has severe academic difficulty. Also indicate “d” if: <input checked="" 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.
CSN5. Social Relationships <input type="checkbox"/> a. The child/youth/young adult has strong social relationships. <input checked="" 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.
CSN6. Family Relationships <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 checked="" 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:

A. 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
CSN1	Emotional / Behavioral Health
CSN4	Education
CSN2	Trauma
CSN6	Family Relationships

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?
CSN7	Physical Health is adequate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CSN9	Lack of delinquent behaviors	<input type="checkbox"/> Yes <input checked="" 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

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: Alejandro Wilson

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):

B. 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”.

CSN1. Emotional/Behavioral Health <input type="checkbox"/> a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety. <input checked="" 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.
CSN2. Trauma <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 checked="" 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.
CSN3. Child Development <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 checked="" 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. (shown in webSDM if “d” is marked) <input type="checkbox"/> A regional center referral has been completed.
CSN4. Education <input type="checkbox"/> a. The child/youth/young adult has outstanding academic achievement. <input checked="" 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. Also indicate “d” if: <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.
CSN5. Social Relationships <input type="checkbox"/> a. The child/youth/young adult has strong social relationships. <input checked="" 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.
CSN6. Family Relationships <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 checked="" 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:

Alejandro's mild developmental delays require follow-up. Current information does not suggest limited development, but parents report diagnosis of delays.

B. 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
CSN2	Trauma
CSN3	Child Development
CSN6	Family Relationships

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?
CSN7	Physical Health is adequate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CSN9	Lack of delinquent behaviors	<input type="checkbox"/> Yes <input checked="" 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

Referral Number: 0000-0000-0000-0000000
Referral Date 05/22/2012

INVESTIGATION NARRATIVE

Referral Demographic Information: Mother – Alana Gomez Wilson, Mexican American, married, unemployed, age 27. Father – Matthew Wilson, African American - Lakota, married, employed, age 37.

Current Allegations: Physical abuse to 7 year-old Omar Wilson by father, Matthew Wilson. Physical abuse to 7 year-old Omar Wilson by mother, Alana Wilson. General neglect, failure to protect 7 year-old Omar Wilson by both parents. General neglect, failure to protect 5 year-old Alejandro Wilson by both parents.

Child Welfare History: Current open case for both boys following substantiated referral for physical abuse of Omar by father, failure to protect by mother, Alejandro at risk. Two prior reports regarding Omar. The first report involved Omar's positive toxicology screen at birth. The family completed in home services. The second report involved general neglect to Omar who was left home alone. The family completed reunification services.

No history for Mr. or Ms. Wilson as children.

Criminal History:

Alana Gomez Wilson -

DATE	OFFENSE	DISPOSITION
12/15/2000	Possess controlled substance	24 mo. probation
07/01/2003	Possess controlled substance	3 yr. probation
04/22/2007	DUI	1 yr. probation

Matthew Wilson -

DATE	OFFENSE	DISPOSITION
08/29/2002	Disorderly conduct possess controlled substance	1 yr. probation
08/29/2004	Infl Corp inj spouse/cohab	1 yr. probation

Ms. Wilson was listed as the victim in Mr. Wilson's 2004 domestic violence arrest.

There is a police report pending from the incident today. Police responded to a report that the parents were out of control and beating Omar.

There are no other police reports for either parent or at the home address.

Other Problems: Omar has ADHD. There is a history of domestic violence. Both parents have a history of substance abuse. Mr. Wilson is employed as a construction worker and his work is not steady.

Referral Number:	0000-0000-0000-0000000
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Assessment: Met with Alejandro and Omar in the emergency room. The doctor said that Alejandro has a broken wrist and Omar has a broken arm and bruising on his cheek. Interviewed each child separately.

Talked with Alejandro using the Three Houses. Alejandro described his family when things are going “bad” as his brother hurting him and his parents are “mad.” When asked to say how he hurt his wrist he said that his wrist got broken when he fell off his bike after Omar pushed him. Alejandro said that after he fell, his mother smacked Omar in the face for pushing and then his father hit Omar, too. Alejandro stated he was scared when his parents were hitting Omar because they were so mad. When asked about his home when things were going better, he called his house at this time the house of “good.” He said that his family is happy, he gets to watch Thomas the Train on TV, that his brother plays nice games with him. He said that his mom gives him snacks; graham crackers. When asked about his house of dreams, where his home could have all that he wished, he said that his brother would not hit him anymore and that his family would stop hitting forever. And that he would go to Disneyland.

Talked then with Omar. Omar called his home when things were not going well “mean; the mean house.” He said that his parents yell and hit him in his mean house and his brother gets whatever he wants. When asked about the bike and how Alejandro got hurt he said that he pushed his brother because his brother wouldn’t share the bicycle. He didn’t mean to hurt his brother. He said that even though he did not mean to hurt Alejandro that his mother slapped him and then his father hit him on the face and shoved him down so he fell. He said that is how he got hurt. Omar broke his arm when he fell. Omar had some redness on his cheek from being hit. When asked about when things are going better at home, Omar described this as his house of “sunny days.” He said then that his mom and dad are nice to him. They take him to McDonalds and he gets a happy meal. He said that his brother and he play Tarzan with his “Tarzan guys.” He said that no one yells at him. When asked about his house of dreams and wishes, Omar said that his parents would hug him and smile at him. That everyone would be laughing. He said that his aunt Theresa would be there having dinner with them.

Met with the parents and Teresa Alvarez at the hospital. Both parents were angry, frustrated and also remorseful. Both corroborated the incident as described by the boys. Ms. Wilson said, “I am truly sorry we both hit him but we have been trying so hard with him and he still won’t cooperate. I feel like he does this kind of thing on purpose. He gets mad, he wants whatever he wants, and nothing can be in his way. And Alejandro is little and doesn’t stand up for himself.” Mr. Wilson said, “I feel like Omar has some kind of bad streak in him, way beyond this ADD stuff—he has no feelings for his brother. There’s something really wrong with how his mind works. It’s like he just doesn’t care about anyone in our family. I know I said I would not hit him and I’m sorry, really sorry. But, he’s not trying at all. His mother and me are the only ones trying. Sometimes I wonder if he would get satisfaction if he pushed my buttons so hard that I wound up in jail for hurting him. Sometimes I think he wants to get us in trouble.” Ms. Alvarez said to both parents, “I told you guys, you got to be firm but still show you love him. That part isn’t coming through—you are mostly just ‘on his case’ all the time and there’s hardly any affection. So, now he thinks you love Alejandro and not him. Maybe that’s why he is doing all this bad stuff.” Both parents say they need some kind of sign that Omar is willing to be a part of the family and they just aren’t seeing it. When asked about any good days with the children the mother nodded and said that there are a lot of days when Omar comes

Referral Number:	0000-0000-0000-00000000
Referral Date	05/22/2012

home from school and she is able to redirect him if he starts to pick at Alejandro. She said that on those days he is more reasonable, easier to talk to and he will stop and go get his homework or get a snack.

SW discussed worries about the current volatility in the home and the parents not feeling that they can control themselves to not hurt the children and so that the children are safe all of the time. The parents said that they were worried about this as well. In discussion with the family there was no way that anyone could see that Omar could be safe in the home for the immediate time. Due to the agency's and the family's safety concerns, it was determined that Omar could not be immediately safe at home. The parents and everyone understood the reason for the decision, although they are afraid of losing Omar permanently although they say a break from him might help. Discussed ICWA with both parents. They prefer placement with Ms. Alvarez to a tribal placement. Ms. Alvarez agreed to be a temporary placement for Omar. Completed emergency placement clearance and referred Ms. Alvarez for placement assessment.

Contacted the tribe in South Dakota to notify of the removal.

Services Offered: Met with the family to complete assessment, develop safety plan and develop case plan. Provided referrals to parenting class, Family Preservation, Healing Circle. Confirmed meeting with family and children's mental health specialist.

Allegation Conclusion: The allegations of physical abuse are substantiated. The allegations of general neglect are substantiated.

Referral Disposition: File Petitions. Transfer to Court Services Unit.

Wilson Vignette Part 2B

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DELIVERED SERVICE LOG

All Contacts, Services & Visits

FROM: 05/22/2012 TO: 05/30/2012

FOR: Omar Wilson, Alejandro Wilson

Contact Date: 05/22/2012 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Investigate Referral **Staff Person:**
Participant(s): Alana Wilson, Matthew Wilson, Omar Wilson, Alejandro Wilson, other
Method: In-Person **Location:** Other **Status:** Completed

Social worker met with mother, father, Omar and Alejandro face to face at the hospital. Teresa Alvarez was also there. Omar placed in foster care. See investigation narrative.

Contact Date: 05/22/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Service to Client **Staff Person:**
Participant(s): Alana Wilson, Matthew Wilson, Alejandro Wilson
Method: In-Person **Location:** Home **Status:** Completed

Met with the parents to discuss the safety plan and changes to the case plan as a result of the new allegations.

Reviewed the family strengths. In light of the new allegations, neither parent was feeling like they had any strengths, but Mr. Wilson said that last week out of the blue his grandparents sent him a check for \$250 with a note saying they loved him; it had given him hope for the future. He said he called them and they had a wonderful talk. He did not share any of his family troubles. He said his mother had sent him a prayer card and he felt the same way—thankful that he has family who care. Reminded the parents that their ongoing sobriety is a strength. They confirmed they have not used any alcohol or other drugs. They also noted they have not had any incidents of domestic violence. Although angry over her comments at the hospital, they recognize their relationship with Ms. Alvarez as a strength. Ms. Wilson has been attending church with her sister and feels welcomed and comforted in the church community.

Asked the parents how the work is going on the parenting strategies they are learning in the Family Preservation program. They report they have only had one meeting with the Family Pres worker. They have also been working with Ms. Alvarez on some of her parenting tips. They were using time-outs. The parents said that they liked what the Family Pres worker was suggesting to them but that it conflicted with Ms. Alvarez' ideas and they weren't sure what to be doing with Omar. The four of them (the Wilsons, Ms. Alvarez and the Family Pres worker) have not yet met together. They still want the family preservation worker to come to their house and wonder if the child welfare worker can arrange that. Mr. Wilson prefers the in home service to a class. He would like Omar and Ms. Alvarez to come over to his house and meet together with the Family Pres worker.

Regarding the treatment for Omar's ADHD, the parents attended one meeting of the ADHD parent support group and felt welcomed—but the meeting was a pot-luck for parents and children instead of an educational or group discussion session, and

Wilson Vignette Part 2B

05/30/2012	Children & Family Services	SDSVSLOG
12:39 AM	Logged-On Staff Person:	Page: 2 of 3

while this was nice, they didn't get any pointers on how to handle Omar.

They took Omar and Alejandro for assessments with the children's mental health specialist. There is a meeting scheduled for the parents, mental health specialist and social worker to establish the follow-up plan for Omar and Alejandro.

The parents did not attend Rev. Orrante's Bible study for couples. Mr. Wilson said he just isn't comfortable with Christianity at this point in his life.

A recent additional stressor is that Mr. Wilson has been told by his boss that the company recently lost a bid on a contract and he isn't sure whether he will be able to keep Matthew on full-time starting next month.

Mr. Wilson, accompanied by Mr. Jeffers, attended one session of Healing Circle and felt comfortable and glad that he had gone. Mr. Wilson likes the program and thinks it can help him.

Discussed safety plan. For the time being, Omar will go into emergency placement with Teresa Alvarez. Ms. Alvarez agreed to supervise visits and daily telephone calls, but I asked that the first visit take place at the CWS Office. The parents agreed they will not use physical punishment with Alejandro.

Spoke with the parents about the concurrent plan. Both are adamant that this is not necessary but both agree that if they were not able to make their home safe for Omar, They want him to stay with Ms. Alvarez. Discussed other options and they provided contact information for Lupe Herrera and Doreen Bearchild. They have some ongoing problems with Ms. Herrera and are concerned that Ms. Bearchild might not be able to handle Omar, but they want Omar to stay within their family.

Contact Date: 05/24/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Service to Client **Staff Person:**
Participant(s): other
Method: Telephone **Location:** **Status:** Completed

TC to tribal worker in South Dakota. The tribal judge asked the tribal child welfare office to talk with Matthew's mother, Doreen Bearchild. Ms. Bearchild said she prefers Omar to be at Teresa's. The tribal judge agreed to support this temporary placement but to intervene if Omar is not returned home within 12 months.

Contact Date: 05/24/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Service to Client **Staff Person:**
Participant(s): other
Method: Written **Location:** **Status:** Completed

Allegations substantiated. Petitions filed. Transfer to Court Services Unit.

Contact Date: 05/24/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Services to Client **Staff Person:**
Participant(s): Service Provider other
Method: Telephone **Location:** **Status:** Completed

Wilson Vignette Part 2B

05/30/2012	Children & Family Services	SDSVSLOG
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TC to Mr. Jeffers regarding the Healing Circle experience he had with Mr. Wilson. Mr. Jeffers thinks Mr. Wilson needs more support than just the Healing Circle.

He said his understanding of Healing Circle from going to one meeting is that it is very powerful because it addresses underlying issues of meaning and self-worth and doesn't spend a lot of time talking about specific behaviors such as violence or drinking.

Contact Date: 05/24/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Services to Client **Staff Person:**
Participant(s): Service provider other
Method: Telephone **Location:** **Status:** Completed

TC to Healing Circle group leader, Arlen Begay. Mr. Begay believes the program can help Mr. Wilson with anger management issues but he said that Mr. Wilson likely also needs a more intense and focused program. He said, "The guys who come here have a number of things they need to work on—alcoholism, drug use, anger, child abuse, depression. We've found that we are more effective if they are in two programs at the same time—ours and then another one that's really focused more on their main issue (so, AA or Anger Management). Our program deals with their underlying identity as a Native American man - the belief system, the spirituality, the culture. The guys do better when they are also in a more traditional problem-focused program. And, just to let you know, we aren't going to be writing up those detailed monthly reports CWS and the courts like. That violates our confidentiality contracts with these guys and our oral traditions—for ourselves it is not important or even right to put this stuff in writing. This is totally a voluntary service with no government funds and so we can keep it more Indian. Anyway, my recommendation is that Mr. Wilson get into an anger management program or an AA program that deals with that directly. I told him that. He wasn't happy, but he knows my opinion."

Contact Date: 05/25/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Services to Client **Staff Person:**
Participant(s): Omar Wilson, Theresa Alvarez
Method: In-Person **Location:** Placement **Status:** Completed

Home visit to see Omar and Ms. Alvarez in her home. Discussed concurrent plan with Ms. Alvarez. She has concerns about permanency. She believes the parents will succeed. She doesn't want to discourage them. She said she would never adopt Omar because his parents will always be his parents.

Met privately with Omar. He feels comfortable with his aunt. He is very angry with his parents. He doesn't understand why he had to move and his brother didn't.

CALIFORNIA
SDM® SAFETY ASSESSMENT

r:06/15

Referral Name: Alana Gomez Wilson

Referral #: 0000-0000-0000-0000000

County: _____

Worker: _____

Is either caregiver Native American or a person with Indian ancestry? ☒ Yes ☐ No

Date of Assessment: 05/22/2012

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. Omar Wilson, Age 7
2. Alejandro Wilson, Age 5
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; mark all that apply to any child.)

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

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 checked="" 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: <ul style="list-style-type: none"><input checked="" 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 checked="" type="checkbox"/> Excessive discipline or physical force.<input type="checkbox"/> Drug-/alcohol-exposed infant. |
| <input type="checkbox"/> | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | 4. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> At least one child is emotionally/ intellectually capable of acting to protect him/herself from a safety threat.	<input checked="" 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 checked="" 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® FAMILY RISK ASSESSMENT

r: 06/15

Referral Name: Alana Gomez Wilson Referral #: 0000-0000-0000-0000000 Date: 05/25/2012

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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> a. Neglect	1	0
<input checked="" 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 checked="" 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 checked="" type="radio"/> b. Caregiver blames the child	0	1

FAMILY CHARACTERISTICS	Neglect	Abuse
8. Age of youngest child in the home		
<input checked="" type="checkbox"/> a. 2 years or older	0	0
<input type="checkbox"/> b. Under 2	1	0
9. Characteristics of children in the household		
<input type="checkbox"/> a. Not applicable	0	0
<input checked="" type="checkbox"/> b. One or more present (<i>mark all applicable</i>)		
<input checked="" 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 checked="" type="checkbox"/> a. Household has physically safe housing	0	0
<input type="checkbox"/> 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 checked="" type="checkbox"/> a. None or one incident of domestic violence	0	0
<input type="checkbox"/> b. Two or more incidents of domestic violence	0	1
12. Primary caregiver disciplinary practices		
<input type="checkbox"/> a. Employs appropriate discipline	0	0
<input checked="" type="checkbox"/> b. Employs excessive/inappropriate discipline	0	1
13. Primary or secondary caregiver history of abuse or neglect as a child		
<input checked="" type="checkbox"/> a. No history of abuse or neglect for either caregiver	0	0
<input type="checkbox"/> 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 checked="" type="checkbox"/> a. No past or current mental health problem	0	0
<input type="checkbox"/> 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="checkbox"/> a. No past or current alcohol/drug use that interferes with family functioning	0	0
<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Drugs (<input type="checkbox"/> Last 12 months and/or <input checked="" type="checkbox"/> Prior to the last 12 months)		
16. Primary or secondary caregiver criminal arrest history		
<input type="checkbox"/> a. No caregiver has prior criminal arrests	0	0
<input checked="" type="checkbox"/> b. Either caregiver has one or more criminal arrests	1	0
	Neglect	Abuse
TOTAL SCORE	9	8

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 checked="" type="checkbox"/> 9+	<input checked="" type="checkbox"/> 8+	<input checked="" 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 checked="" type="checkbox"/> No | 1. Sexual abuse case AND the perpetrator is likely to have access to the child. |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 2. Non-accidental injury to a child under age 2. |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 3. Severe non-accidental injury. |
| <input type="checkbox"/> Yes | <input checked="" 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 checked="" 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.

6. Either caregiver demonstrates difficulty accepting one or more children's gender identity or sexual orientation.
- ☒ a. No
- ☐ b. Yes
7. Alleged perpetrator is an unmarried partner of the primary caregiver.
- ☒ a. No
- ☐ b. Yes
8. 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
9. Either caregiver is isolated in the community.
- ☒ a. No
- ☐ b. Yes
10. Caregiver has provided safe and stable housing for at least the past 12 months.
- ☐ a. No
- ☒ b. Yes

Wilson Vignette Part 3

10/31/2012

Children & Family Services

SDSVSLOG

12:39 AM

Logged-On Staff Person:

Page: 1 of 3

DELIVERED SERVICE LOG

All Contacts, Services & Visits

FROM: 10/01/2012 TO: 10/31/2012

FOR: Omar Wilson, Alejandro Wilson

Contact Date: 10/15/2012 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Service to Client **Staff Person:**
Participant(s): Alana Wilson, Matthew Wilson, Alejandro Wilson
Method: In-Person **Location:** Home **Status:** Completed

Met with the family to review progress on their case plan. Both parents feel they are doing well. They are gaining parenting skills and their visits with Omar are going smoothly.

Ms. Wilson has been in counseling with Rev. Orrante. This month she asked Mr. Wilson to attend several sessions with her. During the sessions, Rev. Orrante helped Ms. Wilson to confront Mr. Wilson about the emotional effects of his violence on her. He was able to listen to her and empathize with her feelings.

Mr. and Ms. Wilson have made a list of things they will both do if there is a dangerous situation threatening the children. Ms. Wilson reports the list includes things like asking the children to leave the room if she feels Mr. Wilson is becoming angry, identifying a safety word she can use with the children to get them to leave the situation if she feels it is not safe to openly ask them to leave the room, identifying a safe place the children can go when they leave the house and teaching the children how to use 911.

Mr. Wilson has become deeply involved with his Healing Circle group. He feels very supported by the group and many members there look up to him. He is now active in a group of Healing Circle members who are using and maintaining a sweat lodge on the grounds. Mr. Wilson is also attending anger management classes at Focus on Fathers. His group leader, Arnold Jones, says that he is participating actively and is learning to be less defensive. Mr. Wilson and Mr. Jeffers see each other every two weeks and Mr. Wilson views this as a critical support for him. Mr. Wilson believes in himself and the progress he has made. He recognizes his triggers and uses strategies from the Healing Circle to handle them when they come up. Although he feels stress about his financial situation, he reported he is more calm now than he has been in years.

Both parents say they have had arguments about money lately because Mr. Wilson's work is not as steady as it was. However, there has been no violence and Ms. Wilson says she does not feel intimidated as she once did.

The Wilsons have daily visits with Omar this month, increased from three times a week last month. He comes to their home every day after school for homework time and dinner. He comes over on Saturday afternoon for two hours and they have Sunday dinner at Ms. Alvarez' house. During the visits, both of them parent the children and handle Omar's outbursts (which are less frequent and less severe) without hitting him.

Wilson Vignette Part 3

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Spoke with Alejandro alone. He likes having his brother come over every day. They are getting along well and like playing together. Alejandro says his parents use time outs and they have a star chart for earning rewards.

Contact Date: 10/16/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Service to Client **Staff Person:**
Participant(s): Teresa Alvarez, Omar Wilson
Method: In-Person **Location:** Placement **Status:** Completed

Face to face contact with Omar in his foster home. He is doing well with his aunt and has made progress at school. He likes the daily visits with his parents and wants to know when he can move back home. He thinks they understand him better and like him better now. He said they are more fair. He said they do not hit him, but they use time outs and rewards. They always tell him the good things he is doing and he likes that.

Spoke with Ms. Alvarez. She is very happy with the progress the parents and Omar have made. She thinks the biggest help came from the school consultant for ADHD who worked with the family, sometimes with just the adults and sometimes including Omar. The family learned several new strategies and began implementing them during visitation.

Ms. Alvarez also thinks the change in Omar's medication helped a lot. Omar's behavior has improved significantly. He is less provocative and responds better to his parents' interventions with him.

Contact Date: 10/20/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Service to Client **Staff Person:**
Participant(s): Arlen Begay
Method: Telephone **Location:** **Status:** Completed

TC to Mr. Begay at the Healing Circle. He reported Mr. Wilson has become a leader in the group. He has responded well to the program focus on identifying more with Native American culture and has brought the strategies from his anger management class to the Healing Circles group to help them make sense for him from a cultural perspective. Mr. Begay sees Mr. Wilson as a long term participant in the group as a leader and mentor.

Contact Date: 10/20/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Services to Client **Staff Person:**
Participant(s): Jennifer Wang
Method: In-Person **Location:** School **Status:** Completed

Met with Jennifer Wang at Omar and Alejandro's school. She reports both boys are doing well. Both are now in first grade. The family has had several meetings with the ADHD consultant behaviorist. The behaviorist reported that the meetings went well and the parents were very open to learning more about the specific needs related to ADHD. The consultant taught the interventions and observed the parents employ the interventions successfully with Omar. The consultant participated in Family team Meetings with Omar's family, Family Pres worker and therapist and appreciated the opportunity to work collaboratively with the group to ensure Omar's treatment was consistent.

Wilson Vignette Part 3

Contact Date: 10/20/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Services to Client **Staff Person:**
Participant(s): Jorge Orrante
Method: Telephone **Location:** **Status:** Completed

Spoke with Rev. Orrante on the phone. He has been meeting regularly with Ms. Wilson. Mr. Wilson joined them in the last two sessions and they talked about the effect his temper has had on the family. Rev. Orrante sees a lot of progress in Mr. Wilson. Mr. Wilson did not get defensive or minimize when they talked about his anger. He was able to listen and then showed empathy to his wife and expressed remorse.

Contact Date: 10/21/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Services to Client **Staff Person:**
Participant(s): Service Provider other
Method: Telephone **Location:** **Status:** Completed

TC to Arnold Jones at Focus on Fathers. He confirmed Mr. Wilson's continued participation and progress in the Anger Management class. Mr. Wilson is an active participant who asks questions about the materials and reports back to the class about his success or problems implementing the techniques. He has talked a lot to the group about his efforts to integrate the anger management techniques with his cultural identity work at Healing Circles. Mr. Jones thinks that shows that Mr. Wilson is really internalizing the techniques and not just sitting through the classes.

Contact Date: 10/21/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Service to Client **Staff Person:**
Participant(s): Other
Method: Telephone **Location:** **Status:** Completed

Criminal check completed. No new arrests or convictions for either parent.

Contact Date: 10/21/12 **On Behalf Of:** Omar Wilson, Alejandro Wilson
Contact Purpose: Deliver Services to Client **Staff Person:**
Participant(s): Service Provider other
Method: Telephone **Location:** **Status:** Completed

TC to Children's Mental Health Specialist Adrianna Suarez. She reports the Family Team identified the following goals for Omar: building coping skills for managing feelings of frustration and anger, identifying alternate ways to express feelings, building communication skills between Omar and his caregiver and parents. She reports Omar has made good progress toward these goals and the family participation in his treatment has been positive.

CALIFORNIA
SDM® FAMILY STRENGTHS AND NEEDS ASSESSMENT

r:06/15

Case Name: Alana Gomez Wilson Case #: _____ Date: 10/31/2012
County Name: _____ Worker Name: _____ Worker ID#: _____
Household Name: _____

SECTION 1: CAREGIVER STRENGTHS AND NEEDS ASSESSMENT

☒ Primary Primary Caregiver Name: Alana Gomez Wilson

☒ Secondary Secondary Caregiver Name: Matthew Wilson

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: Rosebud Sioux Tribe Federally Recognized: ☒ Yes ☐ No

Sexual Orientation: ☒ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Other ☐ Not discussed

Gender Identity/Expression: ☒ Female ☐ Male ☐ Transgender ☐ Other

Religious/Spiritual Affiliation: Alana: Traditional Christian; Matthew: Native American beliefs

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

D. Household Context

The caregiver's perspective of culture and cultural identity:

P	S	
<input checked="" type="checkbox"/>	<input checked="" 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?

The caregivers have a safety network willing to participate in the case plan to enhance safety:

- Alana's church community
- Matthew's Native American community
- Matthew agrees to attend Healing Circle support group (Native American based group)
- Alana's aunt, Ms. Alvarez agrees to provide ongoing support and respite as needed
- Parents agree to attend a local support group for parents of ADHD children

E. 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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:

F. 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?
SN1	Resource Management / Basic Needs	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SN3	Parenting Practices	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SN4	Social Support System	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SN5	Household Relationships	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> Both	<input checked="" 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: Omar Wilson

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):

C. 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?

C. 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”.

CSN1. Emotional/Behavioral Health <input type="checkbox"/> a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety. <input checked="" 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.
CSN2. Trauma <input type="checkbox"/> a. The child/youth/young adult's response to prior trauma contributes to his/her safety. <input checked="" 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.
CSN3. Child Development <input type="checkbox"/> a. The child/youth/young adult's development is advanced. <input checked="" 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. (shown in webSDM if “d” is marked) <input type="checkbox"/> A regional center referral has been completed.
CSN4. Education <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 checked="" type="checkbox"/> d. The child/youth/young adult has severe academic difficulty. Also indicate “d” if: <input checked="" 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.
CSN5. Social Relationships <input type="checkbox"/> a. The child/youth/young adult has strong social relationships. <input checked="" 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.
CSN6. Family Relationships <input checked="" 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
CSN4	Education

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?
CSN6	Family Relationships	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CSN7	Physical Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CSN9	Delinquent Behavior	<input type="checkbox"/> Yes <input checked="" 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

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: Alejandro Wilson

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):

D. 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?

D. 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”.

CSN1. Emotional/Behavioral Health <input type="checkbox"/> a. The child/youth/young adult's emotional/behavioral health contributes to his/her safety. <input checked="" 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.
CSN2. Trauma <input type="checkbox"/> a. The child/youth/young adult's response to prior trauma contributes to his/her safety. <input checked="" 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.
CSN3. Child Development <input type="checkbox"/> a. The child/youth/young adult's development is advanced. <input checked="" 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. (shown in webSDM if “d” is marked) <input type="checkbox"/> A regional center referral has been completed.
CSN4. Education <input type="checkbox"/> a. The child/youth/young adult has outstanding academic achievement. <input checked="" 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. Also indicate “d” if: <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.
CSN5. Social Relationships <input type="checkbox"/> a. The child/youth/young adult has strong social relationships. <input checked="" 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.
CSN6. Family Relationships <input checked="" 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:

D. 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

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?
CSN6	Family Relationships	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CSN7	Physical Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CSN9	Lack of delinquent behaviors	<input type="checkbox"/> Yes <input checked="" 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® REUNIFICATION REASSESSMENT

r:06/15

Case Name: Alana Gomez Wilson Date Completed: 10/31/2012

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
		<u>5</u>
R2.	Has there been a new substantiation since the initial risk assessment or last reunification reassessment?	
	a. No	0
	b. Yes	2
		<u>0</u>
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 checked="" type="checkbox"/>	<input checked="" 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"/>	No secondary caregiver	<u>-2</u>
Total Score		<u>3</u>

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 checked="" 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	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: Initial Safety Threats: Physical abuse / Excessive discipline, Failure to protect child from abuse

Mr. and Mrs. Wilson have acquired and successfully and consistently demonstrated effective discipline techniques to manage Omar's behavior resulting from ADHD and emotional problems. Mr. Wilson's participation in services has helped him learn effective anger management skills and coping strategies to deal with family stress appropriately. Mrs. Wilson has developed increased confidence and more effective communication with her husband through counseling at church.

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: _____

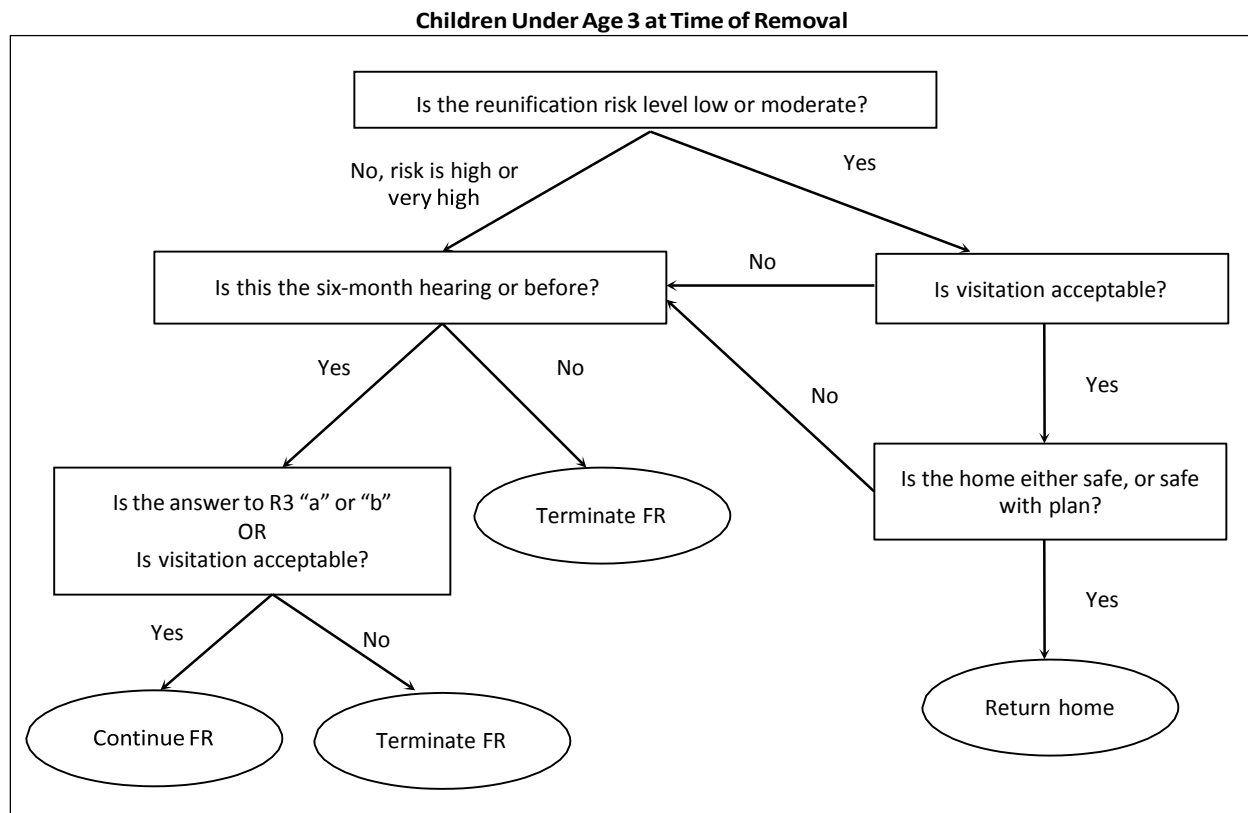
Safety Decision

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").

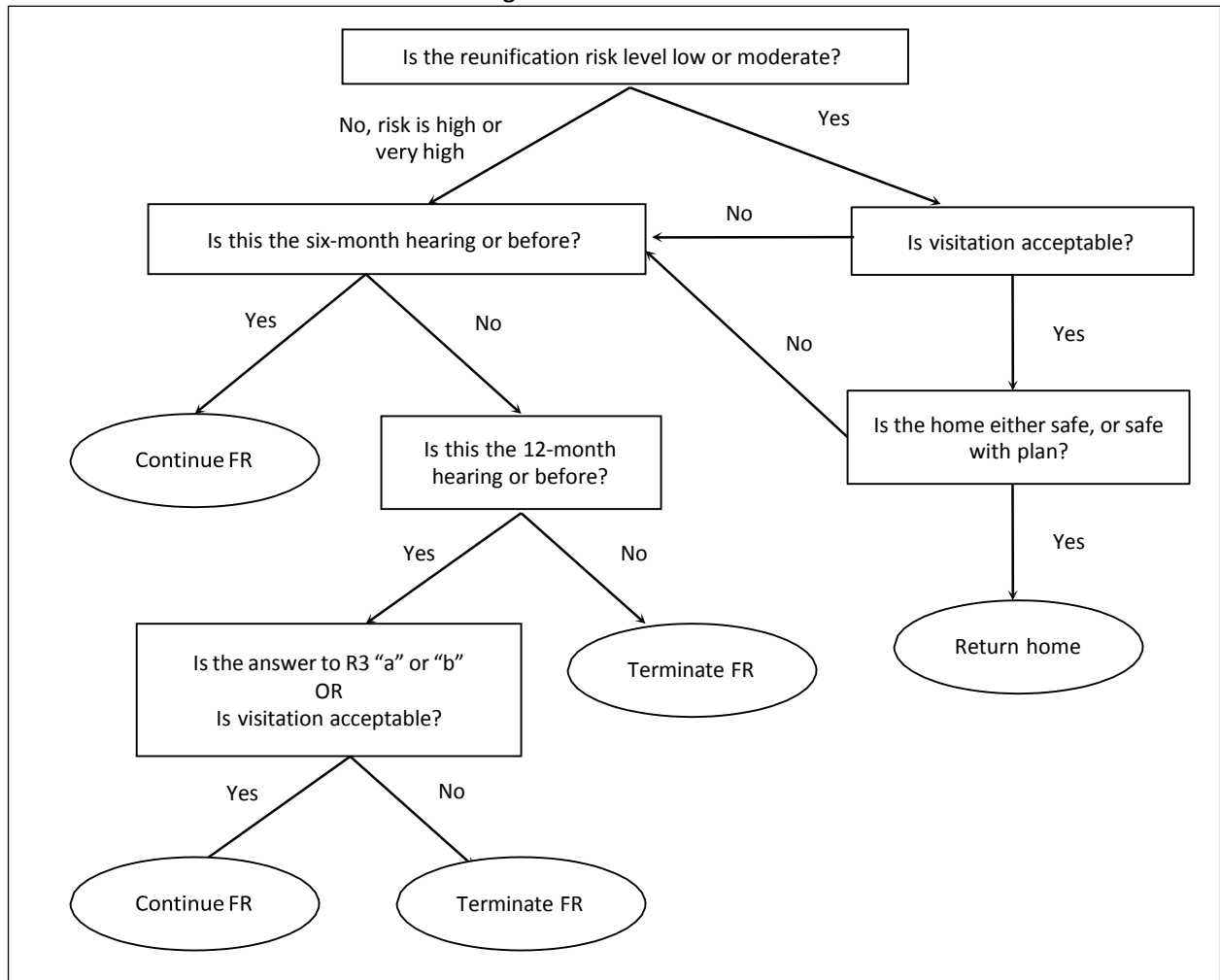
Specify: _____

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. Omar Wilson	✓		
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.