

CALIFORNIA
SDM® FAMILY RISK ASSESSMENT

Referral Name: Gloria Hernandez

Referral #: 0123-4567-8910-1112124

Date: 11/15/2016

County Name: Any County

Worker Name: Ms. Key Assessment

Worker ID#: BPW1

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 checked="" type="checkbox"/> 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 type="radio"/> a. None/not applicable	0	0
<input checked="" type="checkbox"/> b. One or more apply (<i>mark all applicable</i>)	(0)	(1)
<input type="checkbox"/> Prior physical injury to a child resulting from child abuse/neglect		
<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 checked="" type="checkbox"/> a. Caregiver does not blame the child	(0)	(0)
<input type="radio"/> b. Caregiver blames the child	0	1

FAMILY CHARACTERISTICS	Neglect	Abuse
8. Age of youngest child in the home		
<input type="radio"/> a. 2 years or older	0	0
<input checked="" type="checkbox"/> b. Under 2	1	0
9. Characteristics of children in the household		
<input checked="" type="checkbox"/> a. Not applicable	0	0
<input type="radio"/> b. One or more present (<i>mark all applicable</i>)		
<input type="checkbox"/> Mental health or behavioral problems	1	1
<input type="checkbox"/> Developmental disability		
<input type="checkbox"/> Learning disability		
<input type="checkbox"/> Physical disability		0
<input type="checkbox"/> Medically fragile or failure to thrive		
10. Housing		
<input checked="" type="checkbox"/> a. Household has physically safe housing	0	0
<input type="radio"/> b. One or more apply (<i>mark all applicable</i>)		
<input type="checkbox"/> Physically unsafe; AND/OR	1	0
<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="radio"/> 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="radio"/> b. Employs excessive/inappropriate discipline	0	1
13. Primary or secondary caregiver history of abuse or neglect as a child		
<input type="radio"/> a. No history of abuse or neglect for either caregiver	0	0
<input checked="" 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 type="radio"/> a. No past or current mental health problem	0	0
<input checked="" 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 checked="" type="checkbox"/> Prior to the last 12 months		
15. Primary or secondary caregiver alcohol and/or drug use		
<input type="radio"/> a. No past or current alcohol/drug use that interferes with family functioning	0	0
<input checked="" type="checkbox"/> b. Past or current alcohol/drug use that interferes with family functioning (<i>mark all applicable</i>)	1	1
<input checked="" type="checkbox"/> Alcohol (<input type="checkbox"/> Last 12 months and/or <input checked="" type="checkbox"/> Prior to the last 12 months)		
<input type="checkbox"/> Drugs (<input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months)		
16. Primary or secondary caregiver criminal arrest history		
<input type="radio"/> a. No caregiver has prior criminal arrests	0	0
<input checked="" type="checkbox"/> b. Either caregiver has one or more criminal arrests	1	0
	Neglect	Abuse
TOTAL SCORE	9	7

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 checked="" type="checkbox"/> 5-7	<input type="checkbox"/> High
<input checked="" type="checkbox"/> 9 +	<input 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.

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

- Yes No 5. If yes, override risk level (mark one): Moderate High Very High
- Discretionary override reason: _____

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

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

RECOMMENDED DECISION

Final Risk Level	Recommendation
Low	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