

**CALIFORNIA**  
**SDM® FAMILY RISK REASSESSMENT FOR IN-HOME CASES**

r: 06/15

Referral Name: Gloria Hernandez

Referral #: 0123-4567-8910-1112124

Date: 11/15/2016

County Name: Any County

Worker Name: Mr. Culture

Worker ID#: BPW1

*The first four items are scored based on conditions that were present at the time of the referral that resulted in the case opening. Unless new information has been learned about those conditions, these should be scored the same as on the initial risk assessment.*

- | R1. Number of prior neglect or abuse CPS investigations | Score    |
|---|----------|
| a. None .....   | 0        |
| b. One or two .....                                     | 1        |
| c. Three or more .....                                  | 2        |
|   | <b>2</b> |
- 
- |  |          |
|--|----------|
| <b>R2. Household has previously had an open CPS case (voluntary/court ordered)</b> |          |
| a. No .....  | 0        |
| b. Yes .....   | 1        |
|  | <b>1</b> |
- 
- |   |          |
|---|----------|
| <b>R3. Primary caregiver has a history of abuse and/or neglect as a child</b> |          |
| a. No .....   | 0        |
| b. Yes .....  | 1        |
|   | <b>0</b> |
- 
- |   |          |
|---|----------|
| <b>R4. Characteristics of children in the household</b>                   |          |
| a. Not applicable .....   | 0        |
| b. One or more present ( <i>mark all applicable for any child</i> ) ..... | 1        |
| <input type="checkbox"/> Developmental disability                         |          |
| <input type="checkbox"/> Learning disability                              |          |
| <input type="checkbox"/> Physical disability                              |          |
| <input type="checkbox"/> Medically fragile or failure to thrive           |          |
|   | <b>0</b> |

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

- |   |          |
|---|----------|
| <b>R5. New investigation of abuse or neglect since the initial risk assessment or the last reassessment</b> |          |
| a. No .....   | 0        |
| b. Yes .....  | 2        |
|   | <b>0</b> |
- 
- |   |          |
|---|----------|
| <b>R6. Primary/secondary caregiver alcohol and/or drug use since the last assessment/reassessment (<i>mark one</i>)</b> |          |
| P S   |          |
| <input type="checkbox"/> a. No history of alcohol or drug abuse .....   | 0        |
| <input checked="" type="checkbox"/> b. No current alcohol or drug abuse; no intervention needed .....                   | 0        |
| <input type="checkbox"/> c. Yes, alcohol or drug abuse; problem is being addressed .....                                | 0        |
| <input type="checkbox"/> d. Yes, alcohol or drug abuse; problem is <u>not</u> being addressed .....                     | 1        |
|   | <b>0</b> |
- 
- |   |          |
|---|----------|
| <b>R7. Adult relationships in the home</b>                |          |
| a. None applicable .....                                  | 0        |
| b. Yes ( <i>mark all that apply</i> ) .....               | 1        |
| <input type="checkbox"/> Harmful/tumultuous relationships |          |
| <input type="checkbox"/> Domestic violence                |          |
|   | <b>0</b> |
- 
- |   |          |
|---|----------|
| <b>R8. Primary caregiver mental health since the last assessment/reassessment (<i>mark one</i>)</b> |          |
| a. <input type="checkbox"/> No history of mental health problem .....                               | 0        |
| b. <input type="checkbox"/> No current mental health problem; no intervention needed .....          | 0        |
| c. <input type="checkbox"/> Yes, mental health problem; problem is being addressed .....            | 0        |
| d. <input type="checkbox"/> Yes, mental health problem; problem is <u>not</u> being addressed ..... | 1        |
|   | <b>0</b> |
- 
- |   |          |
|---|----------|
| <b>R9. Primary caregiver provides physical care of the child that is:</b> |          |
| a. Consistent with child needs .....                                      | 0        |
| b. Not consistent with child needs .....                                  | 1        |
|   | <b>0</b> |

**R10. Caregiver's progress with case plan objectives (as indicated by behavioral change)****Score***(score based on the caregiver demonstrating the least progress)*

P S

- ☒ ☒ a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives ..... 0
- ☐ ☐ b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives..... 0
- ☐ ☐ c. Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan ..... 0
- ☐ ☐ d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement ..... 1 0
- ☐ No secondary caregiver

**TOTAL SCORE 3****SCORED RISK LEVEL.** Assign the family's risk level based on the following chart.

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

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

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

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

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

Discretionary override reason: \_\_\_\_\_

Supervisor's Review/Approval of Discretionary Override: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

\*Unless there are unresolved safety threats.

**PLANNED ACTION**

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

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

The father is just returning to the home so on-going assessment is needed to ensure the safety of the children.