

**CALIFORNIA**  
**SDM® REUNIFICATION REASSESSMENT**

r: 11/17

Case Name: \_\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Household Assessed: \_\_\_\_\_

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

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

**A. REUNIFICATION RISK REASSESSMENT**

**R1. Risk level on most recent referral (not reunification risk level or risk reassessment) Score**

☐ a. Low ..... 0

☐ b. Moderate ..... 3

☐ c. High ..... 4

☐ d. Very high ..... 5

**R2. Has there been a new substantiation since the initial risk assessment or last reunification reassessment?**

☐ a. No ..... 0

☐ b. Yes ..... 2

**R3. Caregiver's progress with case plan objectives (as indicated by behavioral change)**  
**(Compliance with/attendance of services is not sufficient to indicate behavioral change.)**

**P S**

☐ ☐ a. Demonstrates new skills and behaviors consistent with all family case plan objectives and is actively engaged to maintain objectives ..... -2

☐ ☐ b. Demonstrates some new skills and behaviors consistent with family case plan objectives and is actively engaged in activities to achieve objectives ..... -1

☐ ☐ c. Minimally demonstrates new skills and behaviors consistent with case plan objectives and/or has been inconsistently engaged in obtaining the objectives specified in the case plan ..... 0

☐ ☐ d. Does not demonstrate new skills and behaviors consistent with case plan objectives and/or refuses engagement ..... 4

☐ No secondary caregiver

**TOTAL SCORE** \_\_\_\_\_

**REUNIFICATION RISK LEVEL**

Assign the risk level based on the following chart.

Score	Risk Level
-2 to 1	<input type="radio"/> Low
2-3	<input type="radio"/> Moderate
4-5	<input type="radio"/> High
6+	<input type="radio"/> 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 (select one):**

☐ Low
 ☐ Moderate
 ☐ High
 ☐ Very High

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

**B. VISITATION PLAN EVALUATION**

Evaluate compliance with the planned visitation frequency and the quality of visits, based on the worker's direct observation whenever possible and supplemented by observation of the child, reports by foster parents, etc.

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

Shaded cells indicate acceptable visitation.

**Overrides**

☐ Policy: Visitation is supervised for safety.

☐ Discretionary (reason): \_\_\_\_\_

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

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

## C. REUNIFICATION SAFETY ASSESSMENT

### Safety Threats

**1. Are any safety threats identified on the safety assessment that resulted in the child's removal still present?**

- ☐ a. No; list the initial safety threats and describe below how the initial safety threat(s) was ameliorated or mitigated after the child's removal.
- ☐ b. Yes; list and describe safety threat(s) as it currently exists below.

Describe: \_\_\_\_\_  
\_\_\_\_\_

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

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

Describe: \_\_\_\_\_  
\_\_\_\_\_

**2. Have any new safety threats been identified since the child's removal or are there any other circumstances or conditions present in the reunification household that, if the child were returned home, would present an immediate danger of serious harm?**

- ☐ a. No
- ☐ b. Yes

Describe: \_\_\_\_\_  
\_\_\_\_\_

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

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

Describe: \_\_\_\_\_  
\_\_\_\_\_

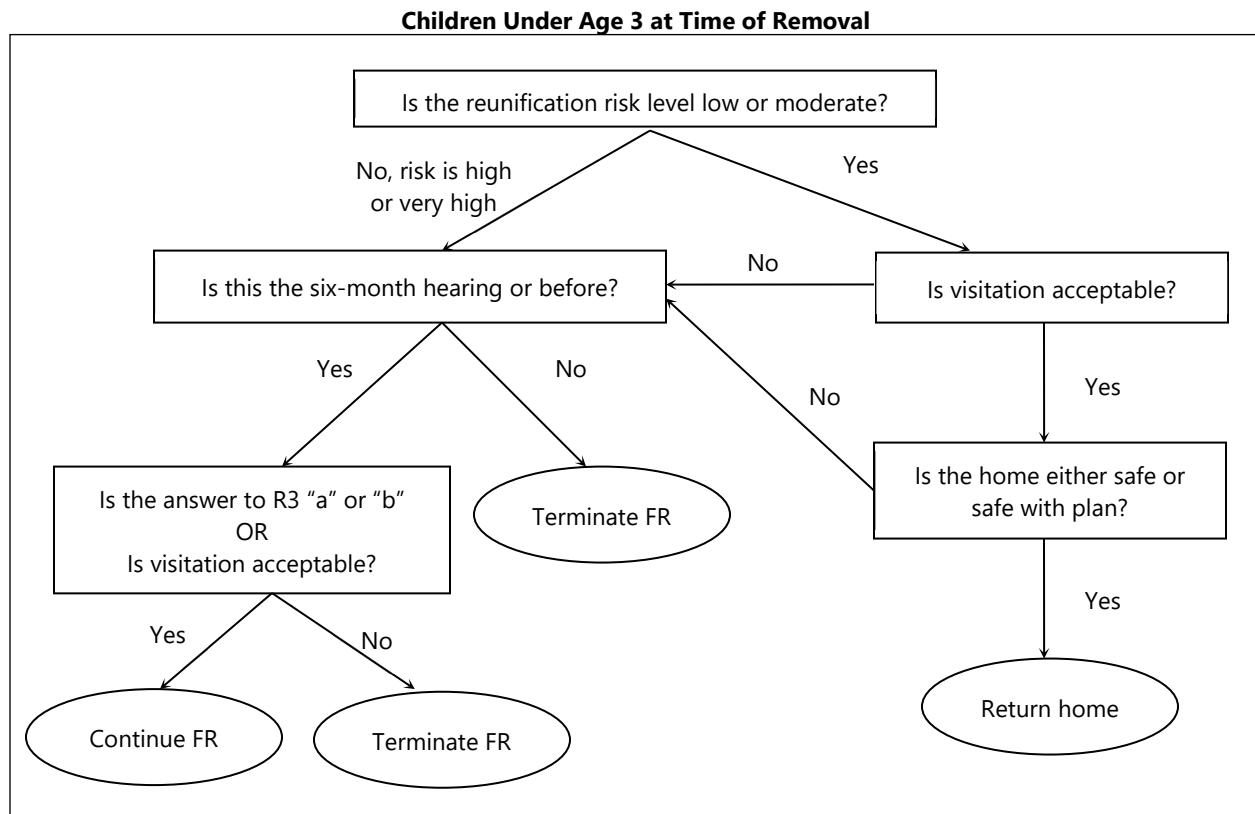
### Safety Decision

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

- ☐ 1. Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- ☐ 2. Safe with plan. One or more safety threats are present, and protective safety interventions have been planned or taken. Based on safety interventions, the child would be safe with a safety plan in place upon his/her return home. SAFETY PLAN REQUIRED.
- ☐ 3. Unsafe. One or more safety threats are present, and continued placement is the only protective intervention possible for one or more children. Without continued placement, one or more children will likely be in danger of immediate or serious harm.

#### D. PLACEMENT/PERMANENCY PLAN GUIDELINES

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



#### **OVERRIDES** (select one)

☐ No override applicable (policy or discretionary).

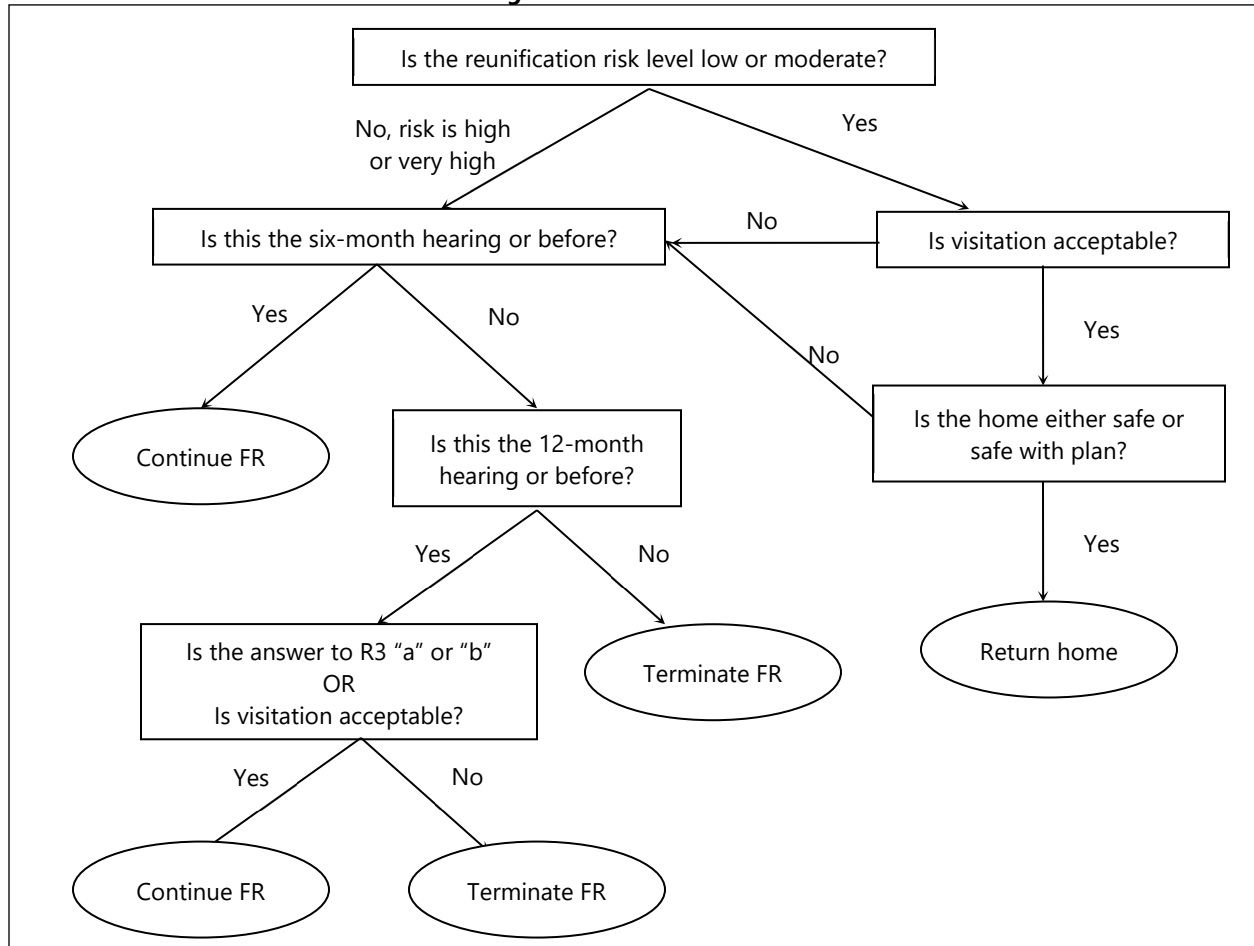
#### **Policy Override**

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

#### **Discretionary Override**

- ☐ Change recommendation to:
- ☐ Return Home      ☐ Continue FR      ☐ Terminate FR
- Specify: \_\_\_\_\_

### Children Age 3 or Older at Time of Removal



#### **OVERRIDES** (select one)

☐ No override applicable (policy or discretionary).

#### **Policy Override**

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

#### **Discretionary Override**

- ☐ Change recommendation to:
  - ☐ Return Home
  - ☐ Continue FR
  - ☐ Terminate FR
- Specify: \_\_\_\_\_

**E. RECOMMENDATION SUMMARY**

If recommendation is the same for all children, enter "all" under "Child #" and complete row 1 only.

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

**F. SIBLING GROUP**

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

- ☐ No
- ☐ Yes. The recommendation for all children will be "terminate family reunification services."

If the decision is to return any children home, complete a safety assessment to document the plan for any children for whom safety threats were identified.