**CALIFORNIA** r: 11/17

## SDM® Family Risk Assessment

**Referral Name:** Click or tap here to enter text. **Referral #:**Click or tap here to enter text.

**Date:** Click or tap to enter a date. **County Name:** Click or tap here to enter text.

**Worker Name:** Click or tap here to enter text. **Worker ID#:** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **PRIOR INVESTIGATIONS** | **Neglect** | **Abuse** |
| 1. Prior neglect investigations | | |
| a. No prior neglect investigations | 0 | 0 |
| b. One prior neglect investigation | 0 | 1 |
| c. Two prior neglect investigations | 1 | 1 |
| d. Three or more prior neglect investigations | 2 | 1 |
|  | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. Prior abuse investigations | | |
| a. No prior abuse investigations | 0 | 0 |
| b. One prior abuse investigation | 1 | 0 |
| c. Two prior abuse investigations | 1 | 1 |
| d. Three or more prior abuse investigations | 1 | 2 |
|  | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. Household has previous or current open ongoing CPS case (voluntary/court ordered) | | |
| a. No | 0 | 0 |
| b. Yes, but not open at the time of this referral | 1 | 1 |
| c. Yes, household has open CPS case at the time of this referral | 2 | 2 |
|  | Click or tap here to enter text. | Click or tap here to enter text. |
| 4. Prior physical injury to a child resulting from child abuse/neglect or prior substantiated physical abuse of a child | | |
| a. None/not applicable | 0 | 0 |
| b. One or more apply (*select all applicable*)  Prior physical injury to a child resulting from child abuse/neglect  Prior substantiated physical abuse of a child | 0 | 1 |
|  | Click or tap here to enter text. | Click or tap here to enter text. |

| **CURRENT INVESTIGATION** | **Neglect** | **Abuse** |
| --- | --- | --- |
| 5. Current report maltreatment type *(select all applicable)* | | |
| a. Neglect | 1 | 0 |
| b. Physical and/or emotional abuse | 0 | 1 |
| c. None of the above | 0 | 0 |
|  | Click or tap here to enter text. | Click or tap here to enter text. |
| 6. Number of children involved in the child abuse/neglect incident | | |
| a. One, two, or three | 0 | 0 |
| b. Four or more | 1 | 1 |
|  | Click or tap here to enter text. | Click or tap here to enter text. |
| 7. Primary caregiver assessment of the incident | | |
| a. Caregiver does not blame the child | 0 | 0 |
| b. Caregiver blames the child | 0 | 1 |
|  | Click or tap here to enter text. | Click or tap here to enter text. |

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

**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**

 0–2  0–1  Low

 3–5  2–4  Moderate

 6–8  5–7  High

 9 +  8 +  Very high

**OVERRIDES**

**Policy Overrides.** Select 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, select yes, increase risk by one level, and indicate reason.

 Yes  No 5. If yes, override risk level (select one):  Moderate  High  Very High

Discretionary override reason: Click or tap here to enter text.

Supervisor’s Review/Approval of Discretionary Override: Click or tap here to enter text. Date: Click or tap to enter a date.

**FINAL RISK LEVEL** *(select 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:

Click or tap here to enter text.

**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 non-related 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 non-related 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