**CALIFORNIA**

**SDM® INVESTIGATION/ASSESSMENT AND EMERGENCY RESPONSE**

## Supervisory Referral Case Reading Tool

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

**Referral Date:**Click or tap here to enter text. **Review Date:** Click or tap here to enter text.

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

**First Face-to-Face Contact:** Click or tap here to enter text. **Referral Close Date:** Click or tap here to enter text.

**SAFETY**

*If a safety assessment and safety plan were completed for an additional household, please review on a separate case reading form.*

[ ]  **Unable to locate family.** *(If selected, please choose another referral to review.)*

**1. Was the tool completed according to policy?**

[ ]  Yes. Completed according to policy.

[ ]  No. *Provide details*:

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| --- |
| Click or tap here to enter text. |

**2. Does the date of the safety assessment match the date of the first face-to-face contact?**

[ ]  Yes.

[ ]  No. *Provide details:*

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| --- |
| Click or tap here to enter text. |

**3. Does the narrative support the worker’s answer to the header question about Native American ancestry?**

[ ]  Yes.

[ ]  No. *Provide details:*

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| --- |
| Click or tap here to enter text. |

**4. Does the narrative support the worker’s answers in the child vulnerabilities section?**

[ ]  Yes.

[ ]  No. *Provide details:*

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| --- |
| Click or tap here to enter text. |

**5. Does the narrative support the safety threats identified?\***

[ ]  Yes. No safety threats were identified within the narrative, and the safety decision of “Safe” was correct.

[ ]  Yes. Safety threats were identified and supported by the narrative, including specific caregiver behaviors and their impact/potential impact on the child or children.

[ ]  No. *Provide details*:

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| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| Click or tap here to enter text. |

**6. Does the narrative support identified caregiver complicating behaviors?\***

[ ]  Yes. No caregiver complicating behaviors were identified within the narrative, and none were marked on the safety assessment.

[ ]  Yes. Complicating behaviors were identified and supported by narrative.

[ ]  No. *Provide details:*

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| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| Click or tap here to enter text. |

**7. Are the identified household strengths and/or protective actions supported by the narrative?\***

[ ]  Yes. Household strengths and protective actions were supported in narrative, as was their appropriate use in safety planning.

[ ]  No. *Provide details*:

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| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| Click or tap here to enter text. |

**\***Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**8. Are the in-home protective interventions supported by the narrative?\***

[ ]  Yes. Safety threats and complicating behaviors (if applicable) were identified, and safety decision was “Safe with plan.” A safety plan was developed with at least one parent.

[ ]  No. *Provide details*:

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| --- |
| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| Click or tap here to enter text. |

**9. Was a safety plan completed appropriately?** (See item definitions and enhanced practice elements for needed elements.)

[ ]  N/A. Safety plan was not needed/developed.

[ ]  No. Safety plan was written but does not include needed elements.

[ ]  Yes. Safety plan was written and includes needed elements.

*Details:*

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| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| Click or tap here to enter text. |

**10. If the safety decision was “Unsafe,” is the placement intervention supported by the narrative?**

[ ]  N/A. Safety decision was either “Safe” or “Safe with plan.”

[ ]  Yes. Safety decision is “Unsafe,” and a placement intervention was selected.

[ ]  No. *Provide details:*

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| --- |
| Click or tap here to enter text. |

**\***Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**11. Was the final safety decision correct?**

[ ]  Yes.

[ ]  No. The final decision was incorrect. *Provide details*:

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| --- |
| Click or tap here to enter text. |

**12. Does the final recommendation match the action taken?**

[ ]  Yes.

[ ]  No. Decision was “Safe” or “Safe with plan,” but child was removed.

[ ]  No. Decision was “Unsafe,” but child remained in home.

[ ]  No. Decision was “Safe with plan,” and child remained in the home; but there was no safety plan, OR safety plan does not adequately address all safety factors.

**13. Should another safety assessment have been completed during the referral because conditions changed?**

[ ]  Yes.

[ ]  No.

**13a. If yes, was another safety assessment completed?**

[ ]  Yes. (*Please review the next completed safety assessment on a separate case reading form.)*

[ ]  No.

**14. Did the worker accurately identify other households that may have required the completion of an additional safety assessment?**

[ ]  Yes. Worker accurately identified an additional household, and the household was appropriately assessed for safety. (*Please review the additional completed safety assessment on a separate case reading form.)*

[ ]  Yes. Worker accurately identified no additional households; therefore, no additional safety assessments were needed.

[ ]  No. Another household was identified in the narrative; however, the worker did not complete an additional safety assessment.

**15. Is there evidence in the record that the worker discussed safety assessment results with the family?\***

[ ]  Yes.

[ ]  No. *Provide details*:

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| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| Click or tap here to enter text. |

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**RISK ASSESSMENT**

[ ]  **N/A.** *If referral was unfounded and county policy does not require risk assessment for unfounded referrals, mark this box and do not proceed with review. It is not necessary to select another referral for review unless risk assessments have not been reviewed for two months.*

**1. Was the tool completed according to policy?**

[ ]  Yes. Completed according to policy.

[ ]  No. *Provide details*:

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| --- |
| Click or tap here to enter text. |

**2. Were the risk assessment questions completed correctly based upon record narrative?\***

[ ]  Yes.

[ ]  No. *Provide details:*

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| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| Click or tap here to enter text. |

**3. Are overrides supported by narrative?\***

[ ]  Yes. An override was selected and is supported by narrative.

[ ]  Yes. No override was selected and none should have been, as supported by narrative.

[ ]  No. An override was selected and is NOT supported by narrative.

[ ]  No. No override was selected, and information in the narrative indicates one should have been.

*Details:*

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| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| Click or tap here to enter text. |

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.

**4. Is the final tool recommendation correct?**

[ ]  Yes. The final recommendation was correct.

[ ]  No. The final recommendation was incorrect. *Provide details*:

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| Click or tap here to enter text. |

**5. Does the final tool recommendation match the action taken?**

[ ]  Yes.

[ ]  No. Risk was low or moderate with no safety factors, but case was opened with no/inadequate explanation provided.

[ ]  No. Risk was low or moderate with safety factors, but case was not opened and no/inadequate explanation was provided.

[ ]  No. Risk was high or very high, but case was not opened and no/inadequate explanation was provided.

**6. Is there evidence in the record that the worker discussed risk assessment results with the family?\***

[ ]  Yes. Narrative includes information indicating the worker shared results with the family.

[ ]  Yes. Narrative includes information indicating the worker attempted to share results with the family.

[ ]  No*. Provide details*:

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| Click or tap here to enter text. |

[ ]  Area of strength

[ ]  Area of opportunity

[ ]  Area of demonstrated growth

*Details:*

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| Click or tap here to enter text. |

\*Refer to enhanced practice elements and pay careful attention to definitions when evaluating this item.