

# SDM® FAMILY RISK ASSESSMENT

California Department of Social Services

r. 11/23

Referral Name: \_\_\_\_\_ Referral Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ County: \_\_\_\_\_

Worker Name: \_\_\_\_\_ Worker ID Number: \_\_\_\_\_

## PRIOR INVESTIGATIONS

### 1. PRIOR NEGLECT INVESTIGATIONS

Answers	Neglect	Abuse
<input type="radio"/> a. No prior neglect investigations	0	0
<input type="radio"/> b. One prior neglect investigation	0	1
<input type="radio"/> c. Two prior neglect investigations	1	1
<input type="radio"/> d. Three or more prior neglect investigations	2	1

### 2. PRIOR ABUSE INVESTIGATIONS

Answers	Neglect	Abuse
<input type="radio"/> a. No prior abuse investigations	0	0
<input type="radio"/> 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)

Answers	Neglect	Abuse
<input type="radio"/> a. No	0	0
<input type="radio"/> 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**

Answers	Neglect	Abuse
<input type="radio"/> a. None/not applicable	0	0
<input type="radio"/> b. One or more apply ( <i>select all that apply</i> )		
<input type="checkbox"/> Prior physical injury to a child resulting from child abuse/neglect	0	1
<input type="checkbox"/> Prior substantiated physical abuse of a child		

**CURRENT INVESTIGATION**

**5. CURRENT REPORT MALTREATMENT TYPE**

Select all that apply.

Answers	Neglect	Abuse
<input type="checkbox"/> a. Neglect	1	0
<input 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**

Answers	Neglect	Abuse
<input type="radio"/> a. One, two, or three	0	0
<input type="radio"/> b. Four or more	1	1

**7. PRIMARY CAREGIVER ASSESSMENT OF THE INCIDENT**

Answers	Neglect	Abuse
<input type="radio"/> a. Caregiver does not blame the child	0	0
<input type="radio"/> b. Caregiver blames the child	0	1

## FAMILY CHARACTERISTICS

### 8. AGE OF YOUNGEST CHILD IN THE HOME

Answers	Neglect	Abuse
<input type="radio"/> a. 2 years or older	0	0
<input type="radio"/> b. Under 2	1	0

### 9. CHARACTERISTICS OF CHILDREN IN THE HOUSEHOLD

Answers	Neglect	Abuse
<input type="radio"/> a. Not applicable	0	0
<input type="radio"/> b. One or more present ( <i>select all that apply</i> )	Not Scored	Not Scored
<input type="checkbox"/> Mental health or behavioral problems	1*	1*
<input type="checkbox"/> Developmental disability	0 or 1*	0 or 1*
<input type="checkbox"/> Learning disability	0 or 1*	0 or 1*
<input type="checkbox"/> Physical disability	0 or 1*	0
<input type="checkbox"/> Medically fragile or failure to thrive	0 or 1*	0

\*The first item selected will add one point for this column; any additional selections will not result in further points added.

### 10. HOUSING

Answers	Neglect	Abuse
<input type="radio"/> a. Household has physically safe housing	0	0
<input type="radio"/> b. One or more apply ( <i>select all that apply</i> )		
<input type="checkbox"/> Physically unsafe; OR	1	0
<input type="checkbox"/> Family homeless		

### 11. INCIDENTS OF DOMESTIC VIOLENCE IN THE HOUSEHOLD IN THE PAST YEAR

Answers	Neglect	Abuse
<input type="radio"/> 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

Answers	Neglect	Abuse
<input type="radio"/> 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

Answers	Neglect	Abuse
<input type="radio"/> a. No history of abuse or neglect for either caregiver	0	0
<input type="radio"/> b. One or both caregivers have a history of abuse or neglect as a child	1	1

## 14. PRIMARY OR SECONDARY CAREGIVER MENTAL HEALTH

Answers	Neglect	Abuse
<input type="radio"/> a. No past or current mental health problem	0	0
<input type="radio"/> b. Past or current mental health problem ( <i>select all that apply</i> )	1	1
<input type="checkbox"/> During the past 12 months	Not Scored	Not Scored
<input type="checkbox"/> Prior to the last 12 months	Not Scored	Not Scored

## 15. PRIMARY OR SECONDARY CAREGIVER ALCOHOL AND/OR DRUG USE

Answers	Neglect	Abuse
<input type="radio"/> a. No past or current alcohol/drug use that interferes with family functioning	0	0
<input type="radio"/> b. Past or current alcohol/drug use that interferes with family functioning ( <i>select all that apply</i> )	1	1
<input type="checkbox"/> Alcohol (if yes, indicate) <input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months	Not Scored	Not Scored
<input type="checkbox"/> Drugs (if yes, indicate) <input type="checkbox"/> Last 12 months and/or <input type="checkbox"/> Prior to the last 12 months	Not Scored	Not Scored

## 16. PRIMARY OR SECONDARY CAREGIVER CRIMINAL ARREST HISTORY

Answers	Neglect	Abuse
<input type="radio"/> a. No caregiver has prior criminal arrests	0	0
<input type="radio"/> b. Either caregiver has one or more criminal arrests	1	0

### TOTAL

	Neglect	Abuse
<b>Total Score</b>		

## 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="radio"/> 0–2	<input type="radio"/> 0–1	<input type="radio"/> Low
<input type="radio"/> 3–5	<input type="radio"/> 2–4	<input type="radio"/> Moderate
<input type="radio"/> 6–8	<input type="radio"/> 5–7	<input type="radio"/> High
<input type="radio"/> 9 +	<input type="radio"/> 8 +	<input type="radio"/> Very high

## OVERRIDES

### POLICY OVERRIDES

Select yes or no for each question. 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**.

#### 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)**

- Yes
- No

**Is a policy override needed?**

- Yes. If yes, increase risk to Very High.
- No

**DISCRETIONARY OVERRIDE**

Is a discretionary override needed?

- Yes. If yes, increase risk by one level:  Moderate  High  Very High
- No

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

Supervisor Review/Approval: \_\_\_\_\_

**FINAL RISK LEVEL**

Select final level assigned.

- Low
- Moderate
- High
- Very High

**RECOMMENDED DECISION**

<b>FINAL RISK LEVEL</b>	<b>SAFE</b>	<b>SAFE WITH PLAN</b>	<b>UNSAFE</b>
<b>Low/Moderate</b>	Close	Open	Open
<b>High/Very High</b>	Refer to services or open	Open	Open

## PLANNED ACTION

Indicate what action you plan to take after completing the risk assessment.

- Close without any intervention
- Refer to services as primary intervention
  - Universal prevention services
  - Specialist prevention services or community agency: \_\_\_\_\_
    - Substance use
    - In-home parenting
    - Mental health
    - Domestic violence
    - Other: \_\_\_\_\_
  - Differential response program
- Open for child welfare services case
  - Family Maintenance (voluntary in-home)
  - Family Maintenance (court-ordered in-home)
  - Out of home (select only for households with unmitigated safety threats)
  - Other: \_\_\_\_\_

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 NON-RELATED ADULT IN THE HOUSEHOLD PROVIDES UNSUPERVISED CHILD CARE TO A CHILD UNDER THE AGE OF 3

- a. Not applicable
- b. No
- c. Yes. If yes, answer the following:

#### 3a. IS THE OTHER NON-RELATED ADULT IN THE HOUSEHOLD EMPLOYED?

- No
- Yes

### 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