

Structured
Decision Making

Safety Assessment

? X
Sutter

Referral Number:

Assessment Date:

Referral Name:

Supervising Unit:

Referral Date:

Last Update:

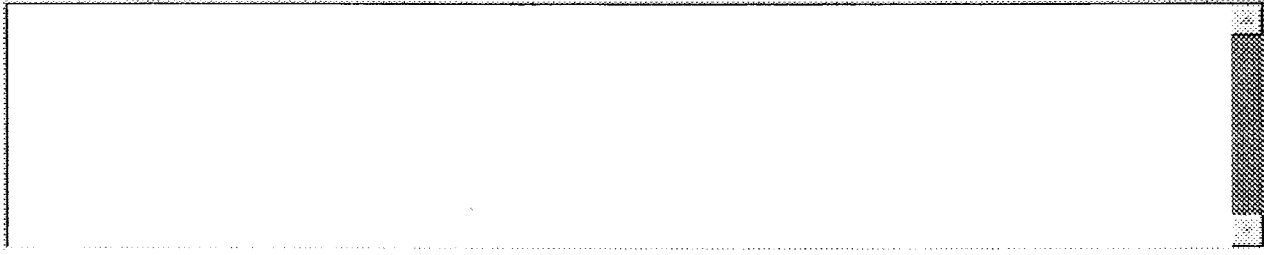
Primary Contact:

Approval Status:

SECTION 1: SAFETY FACTORS

1. Caretaker(s) caused serious physical harm to the child(ren), or made a plausible threat to cause serious physical harm in the current investigation indicated by:
- Serious injury or abuse to child(ren) other than accidental;
 - Caretaker(s) fears s/he will maltreat child(ren);
 - Threat to cause harm or retaliate against child(ren);
 - Excessive discipline or physical force;
 - Drug-exposed infant.
2. Current circumstances, combined with information that the caretaker(s) has or may have previously maltreated child(ren) in their care, suggests that the child(ren)'s safety may be of immediate concern based on the severity of the previous maltreatment or the caretaker(s)' response to the previous incident.
3. Child sexual abuse is suspected and circumstances suggest that child(ren)'s safety may be of immediate concern.
4. Caretaker fails to protect child(ren) from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
5. Caretaker(s) explanation for the injury to the child(ren) is questionable or inconsistent with type of injury, and the nature of the injury suggests that the child(ren)'s safety may be on immediate concern.
6. The family refuses access to the child(ren) or there is reason to believe that the family is about to flee.
7. Caretaker(s) does not meet the child(ren)'s immediate needs for supervision, food, clothing, and/or medical or mental health care.
8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child(ren).
9. Caretaker(s)' current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child(ren).
10. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child(ren).
11. Caretaker(s) describes child(ren) in predominantly negative terms or acts toward child(ren) in negative ways that result in the child(ren) being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.

Attachment Y



Approving Supervisor's Comments:
None

Medical Needs Severely Impair Functioning _____ -4 | |

CSN4. Child Development

Advanced Development _____ +2 | |

Age-Appropriate Development _____ 0 | |

Limited Development _____ -2 | |

Severely Limited Development _____ -4 | |

CSN5. Cultural/Community Identity

Strong Cultural/Community Identity _____ +1 | |

Adequate Cultural/Community Identity _____ 0 | |

Limited Cultural/Community Identity _____ -1 | |

Disconnected from Cultural/Community Identity ___ -3 | |

CSN6. Substance Abuse

No Substance Use _____ +1 | |

Experimentation/Use _____ 0 | |

Alcohol or Other Drug Use _____ -1 | |

Chronic Alcohol or Other Drug Use _____ -3 | |

CSN7. Education

Does Child have a Specialized Education Plan? | |

Outstanding Academic Achievement _____ +1 | |

Satisfactory Academic Achievement _____ 0 | |

Academic Difficulty _____ -1 | |

Severe Academic Difficulty _____ -3 | |

CSN8. Peer/Adult Social Relationships

Strong Social Relationships _____ +1 | |

Adequate Social Relationships _____ 0 | |

Limited Social Relationships _____ -1 | |

Poor Social Relationships _____ -2 | |

CSN9. Delinquent Behavior

(Delinquent behavior includes any action that, if committed by an adult, would constitute a crime)

Preventive Activities _____ +1 | |

No Delinquent Behavior _____ 0 | |

Occasional Delinquent Behavior _____ -1 | |

Significant Delinquent Behavior _____ -2 | |

COMMENTS

Staff Person Comments:

Items are assigned to the Needs list or the Strengths list depending on your responses above.

Identify up to three (3) priority needs and three (3) priority strengths for this family

For priority needs, select the three LOWEST scoring items.

For priority strengths, select the three HIGHEST scoring items.

If there are less than 3 items on a list, select them all.

Use your own judgement and knowledge of the family to resolve any ties.

Priority Areas of Need:

Priority Areas of Strength:

Describe any additional areas of needs or strengths identified by the family:

CHILDREN - Rate each child according to the current level of functioning.

CSN1. Emotional/Behavioral

Strong Emotional Adjustment _____ +3	<input type="radio"/>	<input type="radio"/>
Adequate Emotional Adjustment _____ 0	<input type="radio"/>	<input type="radio"/>
Limited Emotional Adjustment _____ -3	<input type="radio"/>	<input type="radio"/>
Severely Limited Emotional Adjustment _____ -5	<input type="radio"/>	<input type="radio"/>

CSN2. Family Relationships

Nurturing/Supportive Relationships _____ +3	<input type="radio"/>	<input type="radio"/>
Adequate Relationships _____ 0	<input type="radio"/>	<input type="radio"/>
Strained Relationships _____ -3	<input type="radio"/>	<input type="radio"/>
Harmful Relationships _____ -5	<input type="radio"/>	<input type="radio"/>

CSN3. Medical/Physical

Preventive Health Care is Practiced _____ +2	<input type="radio"/>	<input type="radio"/>
Medical Needs Met _____ 0	<input type="radio"/>	<input type="radio"/>
Medical Needs Impair Functioning _____ -2	<input type="radio"/>	<input type="radio"/>

SN5. Parenting Skills

- Strong skills +2
- Adequately parents and protects child(ren) 0
- Inadequately parents and protects child(ren) -2
- Destructive/abusive parenting -4

SN6. Mental Health/Coping Skills

- Strong coping skills +2
- Adequate coping skills 0
- Mild to moderate symptoms -2
- Chronic/severe symptoms -4

SN7. Household History of Criminal Behavior or Child Abuse and Neglect (CA/N)

- Promotes positive values +1
- No criminal behavior or child maltreatment history, or successful problem resolution 0
- Active involvement -1
- Chronic/severe involvement -3

If zero (0) or negative score, check all that apply:

Criminal	CA/N	
<input type="checkbox"/>	<input type="checkbox"/>	Primary Caretaker
<input type="checkbox"/>	<input type="checkbox"/>	Secondary Caretaker
<input type="checkbox"/>	<input type="checkbox"/>	Other Adult
<input type="checkbox"/>	<input type="checkbox"/>	Juvenile

SN8. Resource Management/Basic Needs

- Resources sufficient to meet basic needs and are adequately managed +1
- Resources are limited but are adequately managed 0
- Resources are insufficient or not well-managed -1
- No resources or resources severely limited and/or mismanaged -3

SN9. Cultural/Community

- Strong cultural/community resources +1
- Some cultural/community resources 0
- Limited cultural/community resources -1
- Disconnected from cultural/community resources -3

SN10. Physical Health

- Preventative health care is practiced +1
- Health issues do not affect family functioning 0
- Health concerns/handicaps affect family functioning -1
- Serious health concerns/handicaps result in inability to care for child(ren) -2

SN11. Communication Skills

- Strong skills +1
- Functional skills 0
- Limited skills -1
- Severely limited skills -2

Priority Needs and Strengths

Family Strengths & Needs Assessment

Sutter

Case Number: _____ Assessment Date:
 Case Name: _____ Supervising Unit:
 Start Date: _____ Last Update: _____
 Primary Contact: _____ Approval Status: _____

Participating Cases:

CARETAKER - Consider all caretakers and select the greatest need (lowest score) Score

SN1. Substance Abuse/Use

(Substances: alcohol, illegal drugs, inhalants, prescription/over-the-counter drugs)

- Teaches and demonstrates healthy understanding of alcohol and drugs +3
- Alcohol or prescribed drug use 0
- Alcohol or drug abuse -3
- Chronic alcohol/drug abuse -5

If negative score, check all that apply:

<input type="checkbox"/> Heroin	<input type="checkbox"/> PCP
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Tranquilizers
<input type="checkbox"/> Barbituates	<input type="checkbox"/> Other Tranquilizers
<input type="checkbox"/> Other sedatives or hypnotics	<input type="checkbox"/> Non-prescription Methadone
<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Other Opiates and Synthetics
<input type="checkbox"/> Other Amphetamines	<input type="checkbox"/> Inhalants
<input type="checkbox"/> Other Stimulants	<input type="checkbox"/> Over-the-Counter
<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Marijuana/Hash	<input style="width: 100%;" type="text"/>

SN2. Household Relationships

- Supportive +3
- Minor/occasional discord 0
- Frequent discord -3
- Chronic discord -5

SN3. Domestic Violence

- Individuals promote non-violence in the home +3
- No threatening or assaultive behaviors among household members 0
- Physical violence/controlling behavior -3
- Repeated and/or severe physical violence -5

SN4. Social Support System

- Strong support system +2
- Adequate support system 0
- Limited support system -2
- No support system -4

DISCRETIONARY OVERRIDE

If a discretionary override is made, check below and indicate reason. The resulting risk level will be increased one level.

Indicate override reason below:

Override Risk Level:

FINAL RISK LEVEL

The final risk level is generated below based on your previous override selections.

Final Risk Level:

CASE OPEN DECISION

The final risk level guides the decision to close a referral or promote a referral to a case.

Substantiation: Substantiated Inconclusive/Unsubstantiated

Recommendation:

Case Decision: Promote to Case Close Referral

Provide a reason below if you will **NOT** be following the recommended decision:

COMMENTS

Staff Person Comments:

Approving Supervisor's Comments:
None

A7. Primary Caretaker Characteristics (check applicable items and add for score)

- Not applicable 0
- Provides insufficient emotional/psychological support 1
- Employs excessive/inappropriate discipline 1
- Domineering parent 1

A8. Primary Caretaker has a History of Abuse of Neglect as a Child

- No 0
- Yes 1

A9. Secondary Caretaker has Historic or Current Alcohol or Drug Problem

- No 0
- Yes, alcohol and/or drug (check all applicable) 1
- Alcohol
- Drug

A10. Characteristics of Children in Household (check appropriate items and add for score)

- Not applicable 0
- Delinquency history 1
- Developmental disability 1
- Mental health/behavioral problem 1

TOTAL ABUSE RISK SCORE

SCORING AND OVERRIDES**SCORED RISK LEVEL**

The family's scored risk level is assigned based on the highest score on either the neglect or abuse instrument.

Neglect Risk Level:**Abuse Risk Level:****Scored Risk Level:****POLICY OVERRIDES**

Check any condition shown below applicable in this case.

If any condition is applicable, override final risk level to very high.

- No Overrides.
- Sexual abuse case AND the perpetrator is likely to have access to the child victim.
- Non-accidental injury to a child under age two.
- Severe non-accidental injury.
- Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current).

N9. Characteristics of Children in Household (Check applicable items and add for score)

- Not applicable0
- Medically fragile/failure to thrive)1
- Developmental or physical disability1
- Positive toxicology screen at birth1

N10. Housing (Check applicable items and add for score)

- Not applicable0
- Current housing is physically unsafe1
- Homeless at time of investigation2

TOTAL NEGLECT RISK SCORE

ABUSE

Score

A1. Current Complaint is for Abuse

- No0
- Yes1

A2. Number of Prior Abuse Investigations (assign highest score that applies)Enter number of prior abuse investigations here:

- None0
- One1
- Two or more2

A3. Household has Previously Received CPS (voluntary/court-order)

- No0
- Yes1

A4. Prior Injury to a Child Resulting from CA/N

- No0
- Yes1

A5. Primary Caretaker's assessment of Incident (check applicable items and add for score)

- Not applicable0
- Blames child1
- Justifies maltreatment of child)2

A6. Domestic Violence in the Household in the Past Year

- No0
- Yes2

Risk Assessment

Sutter

Referral Number: Assessment Date:

Referral Name:

Supervising Unit:

Referral Date:

Last Update:

Primary Contact:

Approval Status:

NEGLECT

Score

N1. Current Complaint is for Neglect

 No0 Yes1

N2. Prior Investigations (assign highest score that applies)

 None0 One or more abuse only1 One or two for neglect2 Three or more for neglect3

N3. Household has Previously Received CPS (voluntary/court-order)

 No0 Yes1

N4. Number of Children Involved in the CA/N Incident

 One, two or three0 Four or more1

N5. Age of Youngest Child in the Home

 Two or older0 Under two1

N6. Primary Caretaker provides Physical Care Inconsistent with Child Needs

 No0 Yes1


N7. Primary Caretaker has a Past or Current Mental Health Problem

 No0 Yes1N8. Primary Caretaker has Historic or Current Alcohol or Drug Problem
(Check applicable items and add for score) Not applicable0 Alcohol (current or historic)1 Drug (current or historic)1

1. No safety factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
2. One or more safety factors are present, and protecting safety interventions have been planned or taken. Based on protecting interventions, child(ren) will remain in the home at this time.
3. One or more safety factors are present, and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.


SECTION 4: COMMENTS**Staff Person Comments:****Approving Supervisor's Comments:**

None

12. Caretaker(s) emotional stability, developmental status, or cognitive deficiency seriously impairs their ability to supervise, protect, or care for the child.
13. Other (specify):
 
- No Safety Factors exist.

SECTION 2: SAFETY INTERVENTIONS

If no safety factors are present, check 'No Safety factors exist' and 'No Safety Interventions required'. If one or more safety factors are present, consider whether safety interventions 1-8 will allow child(ren) to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child(ren) to remain in the home, indicate by checking item nine or ten, and follow the procedures for initiating a voluntary agreement or taking child(ren) into protective custody

1. Intervention or direct services by worker.
2. Use of family, neighbors, or other individuals as safety resources.
3. Use of community agencies or services as safety resources.
4. Have caretaker appropriately protect victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child(ren).
7. Legal action planned or initiated -- child(ren) remains in the home.
8. Other (specify):
 
9. Have the caretaker(s) voluntarily place the child(ren) outside the home.
10. Child(ren) placed in protective custody because interventions 1-9 do not adequately assure child(ren)'s safety.
- No Safety Interventions required.

SECTION 3: SAFETY DECISION

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

Case Opening Guidelines and Contact Standards

The case opening guidelines adopted by SDM™ counties are summarized in Table 3. They provide workers with a case opening recommendation based on the family's final risk level and the investigation finding of substantiated or inconclusive (cases that result in findings of "unfounded" are not eligible for case opening). The guidelines recommend opening a case for all high and very high risk families, regardless of the investigation finding.

Final Risk Level	Substantiated Investigation	Inconclusive Investigation
Low	Open or Close	Close
Moderate	Open	Open or Close
High	Open	Open
Very High	Open	Open