

# SDM<sup>®</sup> SAFETY ASSESSMENT COMPLETION GUIDE

## HEADER

These fields must be completed before you can save the assessment as a draft to finish later.

- **Family Name:** Enter the family's name.
- **Referral/Case ID:** Enter the ID.
- **Date of Assessment:** Enter the date when the worker met with the family.
- **County (Office):** Select the appropriate county/office from this drop-down list.
- **Worker Name:** Enter the name of the worker who conducted the assessment.
- **Assessment Type:** Mark whether this is the initial, reassessment, or case-closure assessment.
- **Household Assessed:** Enter which household is being assessed.
- **Caregiver(s) Assessed:** List all caregivers who are being assessed.
- **Note:** The child's name is also required before you can save. That is gathered below.

## NAMES OF CHILDREN ASSESSED

Enter the child's name. To delete an entry, click the **DELETE** icon (garbage can). To add additional children, click **ADD CHILD** as needed. **Note:** This must also be completed before you can save to complete later.

## SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY

Consider the characteristics and select all that could affect the child's ability to protect themselves.

**Reminder:** You can select more than one checkbox, but you can only select one radio button.

- Mark all concerns that apply.
- If none apply, select "None Apply."

## SECTION 2: CURRENT SAFETY THREATS

- Review and mark all that apply as of the time of the assessment.
- **Reminder:** Click the question mark icon next to an item to check its definition.
- 1: If you select “Yes,” mark all applicable threats.
- 14: If a current threat is not listed above, select “Yes” and provide details in the text box.
- If no threats apply, select the last item in the list. (The DCS will take you directly to the final section of the assessment.)

## SECTION 3: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

The DCS does not require this section if you did not select any safety threats above.

### Safety-Planning Capacities

- Select all applicable caregiver capacities.
- d: If selected, describe in the text box.
- e: Select if no capacities apply.
- If you select any responses a through d, provide details in the text box that demonstrate their presence.
- If you select e, you are not required to complete that text box.

### Safety Interventions

Considering the information gathered above (threats and planning capacities), review the interventions and select all that can be used in a safety plan to control for the danger.

- b: If selected, mark all caregiver-related options that will be used in the safety plan. Describe in the provided text box.
- c: If selected, mark all service-provider options that will be used in the safety plan. Describe in the provided text box.
- e: Select this option if none apply. This triggers the DCS to return a decision of “Unsafe.”

## SAFETY DECISION

- If the decision is “Safe”:

- » Document why the child is considered safe. (Click the **HELP** [question mark] icon for more information from the P&P Manual.)
- » Click **SAVE** to save the assessment.
- » Click **CLOSE** to return to the main menu.
- If the decision is “Unsafe”:
  - » Briefly describe in the text box why the child is considered unsafe. (Click the **HELP** [question mark] icon for more information from the P&P Manual.)
  - » Click **SAVE** to save the assessment.
  - » Click **CLOSE** to return to the main menu.
- If the decision is “Safe with immediate safety plan”:
  - » Briefly describe in the text box why the chosen interventions will enhance the child’s safety. (Click the **HELP** [question mark] icon for more information from the P&P Manual.)
  - » Click **SAVE** to save the assessment; and
  - » Click **SDM SAFETY PLAN** to document details of the safety plan.

## SDM SAFETY PLAN

This is required **ONLY** when the safety decision is “Safe with immediate plan.” This allows you to document details of the actions to be taken to carry out the plan.

### Header Info

- The family name, assessment date, and case ID are pre-populated based on your responses in the assessment. Enter the worker name.
- Complete the harm and/or worry statement. Refer to the P&P Manual for guidance as needed.

### Safety Threats

Each safety threat will be displayed in a “tile.” Click to expand and display the text boxes. For each identified safety threat, you will complete:

- A description of the safety threat; and
- Details on the planned intervention, the persons responsible, the timing, and criteria for considering the intervention successful.

Repeat this process for additional safety threats by clicking on each tile to expand the text boxes.

## Resource Provider

This section documents:

- The parties that have agreed to participate;
- The timing of and parties responsible for reviewing the immediate safety plan;
- Strategies for action to take if there is worry that the plan is not working; and
- Contact information for people who will assist with escalation.

## FINISHING THE SAFETY PLAN AND ASSESSMENT

1. Once the safety plan is complete, click **CLOSE** to close the form and return to the assessment.
2. Click **SAVE** to ensure you do not lose any text entries on the safety plan.
3. Scan the assessment for the **Alert** icon, which will be next to any incomplete item: 
4. Review and complete missing responses, paying special attention to text fields and sub-items.
5. Click **SAVE** again if you made any changes.
6. Click **CLOSE** to return to the main menu.

You should now see the assessment in your **My Assessments** panel. The **Result** column will display the final decision from the assessment.

## PRINTING THE ASSESSMENT AND THE SAFETY PLAN

1. From the main menu, click once to select the assessment from **My Assessments**.
2. Click the **VIEW** button in the bottom right corner. The assessment opens in read-only mode.
3. The assessment footer includes one button to print the assessment and another to print the safety plan. Click the appropriate button to launch your web browser's print function.

# SDM<sup>®</sup> RESOURCE PROVIDER SAFETY ASSESSMENT COMPLETION GUIDE

## HEADER

All fields must be completed before you can save the assessment as a draft to finish later.

- **Primary Resource Provider:** Enter the name of the primary provider.
- **Secondary Resource Provider:** Enter the name of the secondary provider, if applicable. Enter “none” if there is no secondary resource provider. **Reminder:** Yellow text boxes are required.
- **Household Type:** Select the appropriate household type from the drop-down list.
- **County:** Select the appropriate county from this drop-down list.
- **Number of Prior Abuse/Neglect Reports:** Enter the number of prior reports for the provider.
- **Worker Name:** Enter the name of the worker who conducted the assessment.
- **Number of Prior Corrective Actions:** Enter the number of prior actions for the provider.
- **Worker ID:** Enter the worker’s ID.

## ASSESSED PARTIES

- For each (child, caregiver, and other household members), enter the name.
- To delete an entry, click the **DELETE** icon (garbage can).
- To add additional parties, click **ADD [CHILD/CAREGIVER/HOUSEHOLD MEMBER]** as needed.

## SECTION 1: FACTORS INFLUENCING CHILD VULNERABILITY

Consider the characteristics and select all that could affect the child’s ability to protect themselves.

**Reminder:** You can select more than one checkbox, but you can only select one radio button.

- Mark all concerns that apply.
- If none apply, select “None Apply.”

## SECTION 2: CURRENT SAFETY THREATS

- Review and mark all that apply as of the time of the assessment.
- **Reminder:** Click the question mark icon next to an item to check its definition.
- 1: If you select “Yes,” mark all applicable threats.
- 14: If a current threat is not listed above, select “Yes” and provide details in the text box.
- If no threats apply, select the last item in the list.

## SECTION 3: SAFETY-PLANNING CAPACITIES AND SAFETY INTERVENTIONS

The DCS will not require you to complete this section if you did not select any safety threats above.

### Safety-Planning Capacities

- Select all applicable caregiver capacities.
- d. Other: If selected, describe in the text box.
- e: Select if no capacities apply.
- If you select any responses a through d, provide details in the text box that demonstrate their presence.
- If you select e, you are not required to complete that text box.

### Safety Interventions

Considering the information gathered above (threats and planning capacities), review the interventions and select all that can be used in a safety plan to control for the danger.

- b. If selected, mark all caregiver-related options that will be used in the safety plan. Describe in the provided text box.
- c. If selected, mark all service-provider options that will be used in the safety plan. Describe in the provided text box.
- e. If none apply, select this option.

## SAFETY DECISION

- If the decision is “Safe”:

- » Briefly describe in the text box why the child is considered safe. (Click the **HELP** [question mark] icon for more information from the P&P Manual.)
- » Click **SAVE** to save the assessment.
- » Click **CLOSE** to return to the main menu.
- If the decision is “Unsafe”:
  - » Briefly describe in the text box why the child is considered unsafe. (Click the **HELP** [question mark] icon for more information from the P&P Manual.)
  - » Click **SAVE** to save the assessment.
  - » Click **CLOSE** to return to the main menu.
- If the decision is “Safe with immediate safety plan”:
  - » Briefly describe in the text box why the chosen interventions will enhance the child’s safety. (Click the **HELP** [question mark] icon for more information from the P&P Manual.)
  - » Click **SAVE** to save the assessment.
  - » Click **SDM SAFETY PLAN** to document details of the safety plan.

## SDM SAFETY PLAN

This is required **ONLY** when the safety decision is “Safe with immediate plan.” This allows you to document details of the actions to be taken to carry out the plan.

### Header Info

- The family name, assessment date, and case ID will be pre-populated based on your responses in the assessment. Enter the worker name.
- Complete the harm and/or worry statement. Refer to the P&P Manual for guidance as needed.

### Safety Threats

Each safety threat will be displayed in a “tile.” Click to expand and display the text boxes. For each identified safety threat, you will complete:

- A description of the safety threat; and
- Details on the planned intervention, the persons responsible, the timing, and criteria for considering the intervention successful.
- Repeat this process for additional safety threats by clicking on each tile to expand its text boxes.

### Resource Provider

This section documents:

- The parties that have agreed to participate;
- The timing of and parties responsible for reviewing the immediate safety plan;
- Strategies for action to take if there is worry that the plan is not working; and
- Contact information for people who will assist with escalation.

## FINISHING THE SAFETY PLAN AND ASSESSMENT

1. Once the safety plan is complete, click **CLOSE** to close the form and return to the assessment.
2. Click **SAVE** to ensure you do not lose any text entries on the safety plan.
3. Scan the assessment for the **Alert** icon, which will be next to any incomplete item: 
4. Review and complete missing responses, paying special attention to text fields and sub-items.
5. Click **SAVE** again if you had to make any changes.
6. Click **CLOSE** to return to the main menu.

You should now see the assessment in your **My Assessments** panel. The **Result** column will display the final decision from the assessment.

## PRINTING THE ASSESSMENT AND THE SAFETY PLAN

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# SDM<sup>®</sup> RISK ASSESSMENT COMPLETION GUIDE

## HEADER

All fields must be completed before you can save the assessment as a draft and finish it later.

- **Family Name:** Enter the family's name.
- **CHRIS Referral #:** Enter the referral ID from CHRIS.
- **Worker Name:** Enter the name of the worker who conducted the assessment.
- **Assessment Date:** Enter the date when the assessment was conducted.
- **Primary Caregiver:** Enter the name of the primary caregiver.
- **Secondary Caregiver:** Enter the name of the secondary caregiver.
- **“N/A”:** Check this if there is not a secondary caregiver.

## SECTION 1: RISK ITEMS

### Current Investigation

Select the appropriate responses for items 1 – 3.

### Prior Investigation

Document details of past investigations for items 4 – 6.

- 4: Select “Yes” if there have been investigations for either neglect or abuse. Document the number of investigations for neglect and for abuse.

### Family Characteristics

- 7c: If selected, document the type of disability.
- 9: Select all that apply.
- 11: Select all that apply.
- 12b: Note whether the issue is current or historical.
- 13b: Select the applicable type of substance abuse and note whether the issue is current or historical.
- 14: This question will be disabled if you selected “No Secondary Care Provider” in the assessment header.
- 16: Select all that apply.

The DCS will then calculate the risk score.

## SECTION 2: SCORING

### Scored Risk Level

This section will display the individual neglect and abuse scores, the scored risk level, and a breakdown of scores and their related risk levels.

### Overrides

Consider whether any overrides are applicable.

- “No Overrides Apply”: Select if no overrides apply. The final risk level remains the same as the scored risk level.
- “Policy Overrides”: If you select this, note which policies are present. Selecting any policy override automatically raises the risk level to Very High. **Note:** If the risk level is already Very High, but any policy overrides apply, please still select Policy Override and document the reason.
- “Discretionary Override”: If another override reason is present, select this and document the override reason in the provided text box. Selecting this automatically raises the risk level to Very High. A supervisor will need to review and record their name and the date in the two text boxes.

### Final Risk Level

The DCS will calculate this based on overrides.

### Recommended Decision

Record the safety decision from the most recent safety assessment.

### Action

The DCS will calculate a recommended action based on the combination of the risk level and the most recent safety decision.

- You must still select your ultimate decision (to close or refer to services).
- **Refer to Services:** If selected, note whether this is a new case or a continuation of an open case.

### Action Taken

The DCS will display the decision selected above. If the recommendation does not match your decision, document the explanation in the text box.

## FINISHING THE ASSESSMENT

1. The footer will display **Complete** once all fields have been completed.
2. If the footer does not say **Complete**, scan the assessment for the **Alert** icon, which will be next to any incomplete item: 
3. Review and complete missing responses, paying special attention to text fields and sub-items.
4. Click **SAVE**.
5. Click **CLOSE** to return to the main menu.

You should now see the assessment in your **My Assessments** panel. The **Result** column will display the final decision from the assessment.

## PRINTING THE ASSESSMENT

1. From the main menu, click once to select the assessment from **My Assessments**.
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