

SDM RISK REASSESSMENT

Family Name: Andrews Case #: 22408726

Assessment Date: 12/19/2017 Worker Name: John Austin

Primary Caregiver Name: Melissa Andrews

Is there a secondary caregiver? ☐ Yes ☒ No Secondary Caregiver Name: _____

Score the first four items based on conditions that were present at the time of the referral that resulted in the case opening. Unless new information has been learned about those conditions, score these the same as on the initial risk assessment.

R1. Prior investigations	Score
<input checked="" type="radio"/> a. None	0
<input type="radio"/> b. One or two	1
<input type="radio"/> c. Three or more	2
	<u>0</u>

R2. Household previously received ongoing child protection services	Score
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
	<u>0</u>

R3. Primary caregiver has a history of abuse or neglect as a child	Score
<input checked="" type="radio"/> a. No	0
<input type="radio"/> b. Yes	1
	<u>0</u>

R4. Current or historical characteristics of children in the household	Score
<input checked="" type="radio"/> a. Not applicable	0
<input type="radio"/> b. One or more present (<i>select all applicable for any child</i>).....	1
<input type="checkbox"/> Developmental disability	
<input type="checkbox"/> Learning disability	
<input type="checkbox"/> Physical disability	
<input type="checkbox"/> Medically fragile or failure to thrive	
	<u>0</u>

THE FOLLOWING CASE OBSERVATIONS PERTAIN TO THE PERIOD SINCE THE LAST ASSESSMENT OR REASSESSMENT.

Score

R5. New investigation of abuse or neglect since the initial risk assessment or the last reassessment

- ☒ a. No 0
☐ b. Yes 2 0

R6. Primary or secondary caregiver alcohol and/or drug misuse since the last assessment or reassessment

Score based on the caregiver demonstrating the least progress.

P S

- ☐ ☐ a. No history of alcohol or drug misuse 0
☒ ☐ b. No current alcohol or drug misuse; no intervention needed 0
☐ ☐ c. Yes, alcohol or drug misuse; problem is being addressed 0
☐ ☐ d. Yes, alcohol or drug misuse; problem is *not* being addressed 1 0

R7. Adult relationships in the home

- ☒ a. None applicable 0
☐ b. Yes (*select all that apply*) 1 0
 ☐ Harmful or tumultuous relationships
 ☐ Intimate partner violence

R8. Primary caregiver mental health since the last assessment or reassessment

- ☒ a. No history of mental health problem 0
☐ b. No current mental health problem; no intervention needed 0
☐ c. Yes, mental health problem; problem is being addressed 0
☐ d. Yes, mental health problem; problem is *not* being addressed 1 0

R9. Primary caregiver provides physical care of the child that:

- ☒ a. Meets the child's needs 0
☐ b. Does not meet the child's needs 1 0

R10. Caregiver's progress with family case plan goals (as indicated by behavioral change)

Score based on the caregiver demonstrating the least progress.

P S

- ☒ ☐ a. Demonstrates protective behaviors consistent with all family case plan goals and is actively engaged to maintain goals 0
☐ ☐ b. Demonstrates some protective behaviors consistent with family case plan goals and is actively engaged in activities to achieve goals 0
☐ ☐ c. Minimally demonstrates protective behaviors consistent with family case plan goals and/or is inconsistently engaged in achieving the goals specified in the family case plan 0
☐ ☐ d. Does not demonstrate protective behaviors consistent with family case plan goals and/or refuses engagement 1 0
☐ No secondary caregiver

TOTAL SCORE 0

SCORED RISK LEVEL

Assign the family's risk level based on the following chart.

Score	Risk Level
0–1	<input checked="" type="radio"/> Low
2–4	<input type="radio"/> Moderate
5–7	<input type="radio"/> High
8+	<input type="radio"/> Very High

OVERRIDES

POLICY OVERRIDES

Select *yes* if a condition applies in the current review period. If *any* condition applies, override final risk level to “very high.”

- ☐ Yes
 ☒ No

1. Sexual abuse case AND the offender is likely to have access to the child.
- ☐ Yes
 ☒ No

2. Non-accidental injury to a child under age 3.
- ☐ Yes
 ☒ No

3. Severe non-accidental injury.
- ☐ Yes
 ☒ No

4. Caregiver action or inaction resulted in death of a child due to abuse or neglect.

DISCRETIONARY OVERRIDE

If a discretionary override is made, select “Yes,” select override risk level, and indicate the reason. Risk level may be overridden one level higher or lower.

- ☐ Yes
 ☒ No

5. If **yes**, override risk level (select one): ☐ Low ☐ Moderate ☐ High ☐ Very High

Discretionary override reason: _____

☐ Supervisor’s discretionary override approval Date: _____

FINAL RISK LEVEL

- ☒ Low
 ☐ Moderate
 ☐ High
 ☐ Very High

RECOMMENDED DECISION

FINAL RISK LEVEL	RECOMMENDATION
Low	Close unless unresolved safety threats remain
Moderate	Close unless unresolved safety threats remain
High	Continue services
Very High	Continue services

PLANNED ACTION

☐ Continue services

☒ Close **Note: A closing safety assessment is required.**

If recommended decision and planned action do not match, explain why:

☐ Supervisor's approval of change in planned action Date: _____