

SDM® RISK ASSESSMENT

Policy & Procedures Manual



**NC DHHS
Division of
Social Services**

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CARETAKERS AND HOUSEHOLDS

CARETAKER

In this tool, "caretaker" includes:

- Parents, guardians, and custodians; and
- Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting.¹

A person responsible for a juvenile's health and welfare means:

- » A stepparent;
- » Foster parent;
- » Potential adoptive parent when a juvenile is visiting or as a trial placement;
- » An adult member of the juvenile's household;²
- » An adult entrusted with the juvenile's care;³
- » Any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential childcare facility or residential educational facility; or
- » Any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services (DHHS).

DETERMINING PRIMARY AND SECONDARY CARETAKERS

The person you select as the primary caretaker must be one with legal responsibility for the child. If two caretakers in the home have legal responsibility, the one providing the most care is the primary caretaker. If both legal caretakers provide precisely 50% of care, select the alleged perpetrator as the primary caretaker. If both are alleged perpetrators, select the caretaker contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, choose either.

¹ Consider the following circumstances in determining if any person other than a parent, guardian, or custodian has responsibility for the health and welfare of a juvenile:

- The duration and frequency of care provided;
- The location in which that care is provided; and
- The decision-making authority granted to the adult.

² See above.

³ See above.

It is possible that there will not be a secondary caretaker.

If the child's legal parents live in separate households, *each* household will have a primary (and possibly secondary) caretaker who is residing in that household.

HOUSEHOLD

The definition of household helps to determine who should be included on a Structured Decision Making® (SDM) assessment.

Household is not a dwelling; it's a group of people or set of relationships. In the SDM system, all adult residents who have a significant degree of parental-type responsibility for the child and are entrusted with the child's care are part of the household and should be included in the SDM assessment. This may include nonfamilial persons who have an intimate relationship (partner/significant other) with a caretaker. Caseworkers should consider the duration and frequency of care and the decision-making authority granted to determine whether another adult besides the primary caretaker should be considered a household member. Households do not include those who are paid to look after a child (babysitters, etc.).

WHICH HOUSEHOLDS TO ASSESS

SDM assessments are completed only on households with an allegation of abuse or neglect. Assess the household of the caretaker who is the subject of the investigative or family assessment. Caseworkers should interview the child and, to the best extent possible, engage with every adult who plays an important role in the child's life, but adults included on the SDM assessments must meet the household definition described above.

A child may be a member of more than one household, and household configurations can change over the life of a case.

When caretakers reside in separate households, caseworkers should not complete a safety and risk assessment for households without a maltreatment allegation. However, caseworkers must complete an in-person visit to the non-allegation home, discuss the current allegations regarding child safety with any caretaker(s) there, and assess the caretaker's ability to provide a safe home for the child when they visit.

SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

North Carolina Department of Health and Human Services

r: 04-24

Case/Family Name: _____ Family/Case #: _____ Date: _____

County Name: _____ Date Report Received: _____

Caseworker Name: _____

Children: _____

Primary Caretaker: _____ Secondary Caretaker: _____

CPS HISTORY

1. Prior CPS assessments (family or investigative)
 - a. No prior CPS assessments
 - b. One or two prior CPS assessments
 - c. Three or more prior CPS assessments

2. Recency of prior CPS assessment(s)
 - a. No prior CPS assessments
 - b. Any prior CPS assessment within the last year
 - c. All prior CPS assessments were more than a year ago

3. Prior CPS in-home/out-of-home service history
 - a. No prior in-home/out-of-home service history
 - b. Any prior in-home/out-of-home service history

4. Prior or current physical injury to a child resulting from child abuse/neglect or substantiated physical abuse of a child
 - a. None/not applicable
 - b. One or more present (*select all that apply*)
 - Prior or current physical injury to a child resulting from child abuse/neglect
 - Prior or current substantiated physical abuse of a child

	NEGLECT	ABUSE
	-1	-1
	0	0
	1	1
	0	0
	1	0
	0	0
	0	0
	1	1
	0	0
	0	1
	-	-
	-	-

CURRENT ASSESSMENT

5. Current assessment is for (*select all that apply*):
- a. Neglect
 - b. Abuse
 - c. Dependency
6. Number of children residing in the home at time of current assessment
- a. Two or fewer
 - b. Three or more

NEGLECT	ABUSE
1	0
0	1
0	0
0	0
1	1

FAMILY CHARACTERISTICS

7. Age of any child in the home at the time of the report (*select all that apply*)
- a. Any child is under age 2
 - b. Any child is ages 2–4
 - c. Any child is ages 5–9
 - d. Any child is age 10 or older
8. Characteristics of child(ren) in the household
- a. None apply
 - b. One or more present (*select all that apply*)
 - Mental health and/or behavioral health needs
 - History of delinquency and undisciplined juvenile
 - Learning disability
 - Developmental disability
 - Physical disability
 - Language delay
 - Medically fragile or diagnosed with failure to thrive
 - Medically fragile
 - Failure to thrive
9. Housing/basic needs
- a. Family does not lack housing, clothing, or food, and housing is safe
 - b. Family lacks housing or housing is unsafe
 - c. Family lacks clothing and/or food

NEGLECT	ABUSE
1	0
0	0
0	0
0	1
0	0
0	0
1	1 total if either is selected
0	0
0	0
0	0
0	0
0	0
0	0
-	-
-	-
0	0
1	0
0	0

	NEGLECT	ABUSE
10. Caretaker domestic violence		
<input type="checkbox"/> a. No caretaker is a victim/perpetrator of domestic violence	0	0
<input type="checkbox"/> b. Any caretaker is/was a victim/perpetrator of domestic violence within the last 12 months	0	1
<input type="checkbox"/> Any caretaker is/was a victim of domestic violence	0	0
<input type="checkbox"/> Any caretaker is/was a perpetrator of domestic violence	1	0
<input type="checkbox"/> c. Any caretaker was a victim/perpetrator of domestic violence prior to the last 12 months	0	0
<input type="checkbox"/> Any caretaker was a victim of domestic violence	0	0
<input type="checkbox"/> Any caretaker was a perpetrator of domestic violence	0	0
11. Caretaker(s) history of abuse/neglect		
<input type="radio"/> a. No history of abuse or neglect for any caretaker	0	0
<input type="radio"/> b. Any caretaker(s) has/have a history of abuse or neglect as a child	1	1
12. Caretaker drug/alcohol use		
<input type="radio"/> a. No past or current alcohol/drug use that impacts family functioning	0	0
<input type="radio"/> b. Past or current alcohol/drug use that impacts family functioning (<i>select all that apply</i>)	0	0
<input type="checkbox"/> Within the last 12 months	1	0
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug	0	0
<input type="checkbox"/> Prior to the last 12 months	0	0
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug	0	0
TOTAL SCORE		

If any items were scored 0 due to inability to assess, document the item and reason for inability to assess.

SCORED RISK LEVEL

Assign the family's scored risk level based on the highest level on either the neglect or abuse index, using the following chart.

Neglect Score	Abuse Score	Scored Risk Level
<input type="radio"/> -1-1	<input type="radio"/> -1-0	<input type="radio"/> Low
<input type="radio"/> 2-4	<input type="radio"/> 1-3	<input type="radio"/> Moderate
<input type="radio"/> 5-11	<input type="radio"/> 4-9	<input type="radio"/> High

OVERRIDES

POLICY OVERRIDES

Select yes if any of the following conditions apply in this case. If **any** condition applies, override the final risk level to **high**.

- Yes No 1. Sexual abuse case where the alleged perpetrator is likely to have access to the child victim.
- Yes No 2. Case with non-accidental physical injury to a child age 3 or under or a vulnerable child.
- Yes No 3. Serious non-accidental physical injury warranting hospital or medical treatment.
- Yes No 4. Death (previous or current) of a child as a result of abuse or neglect.
- Previous death
- Current death

DISCRETIONARY OVERRIDE

Increase or decrease one level with supervisor approval. Provide reason below.

- Yes No 5. If yes, override risk level (*select one*): Low Moderate High

Discretionary override reason: _____

Supervisor's Review/Approval of Discretionary Override: _____ **Date:** _____

FINAL RISK LEVEL

(*select final level assigned*): Low Moderate High

Supervisor's Review/Approval of Final Risk Level: _____ **Date:** _____

SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT DEFINITIONS

North Carolina Department of Health and Human Services

CPS HISTORY

1. PRIOR CPS ASSESSMENTS (FAMILY OR INVESTIGATIVE)

Use Central Registry to count all previous child protective services (CPS) assessments (family and investigative) for all children in the home for any type of abuse or neglect. Include prior assessments that resulted in temporary or permanent child placement, even if that child is no longer in the home. If information is available, include any prior maltreatment assessments conducted in other states.

a. No prior CPS assessments

There are no known CPS assessments prior to the current report.

b. One or two prior CPS assessments

There are one or two CPS assessments prior to the current report.

c. Three or more prior CPS assessments

There are three or more CPS assessments prior to the current report.

2. RECENCY OF PRIOR CPS ASSESSMENT(S)

Use Central Registry to count all previous CPS assessments (family and investigative) for all children in the home for any type of abuse or neglect. Include prior assessments that resulted in temporary or permanent child placement, even if that child is no longer in the home. If information is available, include any prior maltreatment assessments conducted in other states.

a. No prior assessments

There are no known CPS assessments prior to the current report.

b. Any prior assessment within the last year

There is a prior CPS assessment with an intake date within one year of the current report intake date.

c. All prior assessments were more than a year ago

All prior CPS assessments have an intake date more than one year from the current report intake date.

3. PRIOR CPS IN-HOME/OUT-OF-HOME SERVICE HISTORY

Search the statewide reporting system to identify whether a family has prior CPS service history (both in the current county and other counties). If the family has lived in other states, contact those states where there is believed to be prior CPS service history on this family.

a. No prior in-home/out-of-home service history

The family has not received CPS in-home or out-of-home services as a result of a prior report of abuse and/or neglect with a finding of "substantiated" or "services needed."

b. Any prior in-home/out-of-home service history

The family has received CPS in-home or out-of-home services as a result of a prior report of abuse or neglect with a finding of "substantiated" or "services needed," the family or is receiving CPS in-home or out-of-home services at the time of the current assessment.

4. PRIOR OR CURRENT PHYSICAL INJURY TO A CHILD RESULTING FROM CHILD ABUSE/NEGLECT OR SUBSTANTIATED PHYSICAL ABUSE OF A CHILD

Identify whether a child has sustained a physical injury resulting from abuse and/or neglect by a current or former adult member of the household. Also identify whether any adult living in the household previously injured a child in an incident of abuse or neglect.

Injuries sustained as a result of abuse or neglect may range from bruises, cuts, and welts, to sentinel injuries that may occur to pre-cruising children, to injuries that require medical treatment or hospitalization, such as a bone fracture or burn.

a. None/not applicable

No child has sustained a physical injury resulting from abuse and/or neglect during or prior to this assessment, OR no current adult household member has caused such an injury AND there is no prior or

current substantiated physical abuse to a child involving a current household member as a perpetrator, regardless of whether the child is a prior or current household member.

b. One or more apply (select all that apply)

Prior or current physical injury to a child resulting from child abuse/neglect

A child sustained a physical injury resulting from abuse and/or neglect prior to this assessment that was not previously known to the agency, based on credible information from the child, caretakers, or others.

Prior or current substantiated physical abuse of a child

There was prior or current substantiated physical abuse of a child involving a current household member as a perpetrator, regardless of whether the child is a prior or current household member.

CURRENT ASSESSMENT

5. CURRENT ASSESSMENT IS FOR (SELECT ALL THAT APPLY):

a. Neglect

The current report includes any allegations of neglect (this includes allegations of abandonment).

b. Abuse

The current report includes any allegations of abuse.

c. Dependency

The current report does not include any allegations of neglect or abuse.

Include any allegations under assessment even if not identified in the original report. If the current report includes allegations of both abuse and neglect, select **BOTH** neglect **AND** abuse.

6. NUMBER OF CHILDREN RESIDING IN THE HOME AT TIME OF CURRENT ASSESSMENT

Indicate the number of individuals under 18 years of age residing in the home at the time of the current report. If multiple families reside in the home, count all children. Children in a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway

status, is placed in foster care, or is with a safety resource as a result of current CPS involvement, count the child as residing in the home. In other words, if there was never closure of current CPS services—whether in home or out of home—being provided and a new report is made, count the child as in the home.

a. Two or fewer

Two or fewer children reside in the home at the time of the current assessment.

b. Three or more

Three or more children reside in the home at the time of the current assessment.

FAMILY CHARACTERISTICS

7. AGE OF ANY CHILD IN THE HOME AT THE TIME OF THE REPORT

Select the appropriate options given the ages of all children in the household where the maltreatment reportedly occurred. Age is as of the intake date. If multiple families reside in the home, count all children. Children in a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is placed in foster care, or is with a safety resource as a result of current CPS involvement, count the child as residing in the home. In other words, if there was never closure of current CPS services—whether in home or out of home—being provided and a new report is made, count the child as in the home.

a. Any child is under age 2.

Any child is under age 2 at the time of the current report.

b. Any child is ages 2–4.

Any child is age 2 or older **AND** under the age of 5 at the time of the current report.

c. Any child is ages 5–9.

Any child is age 5 or older **AND** under the age of 10 at the time of the current report.

d. Any child is age 10 or older.

Any child is age 10 or older at the time of the current report.

8. CHARACTERISTICS OF CHILD(REN) IN THE HOUSEHOLD

a. None apply

No child in the household exhibits characteristics described below.

b. One or more present (select all that apply)

Any child in the household exhibits any of the characteristics described below.

Mental health and/or behavioral health needs

Any child in the household has a mental health or behavioral health need(s) not related to a physical or developmental disability. This could be indicated by a psychiatric diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral needs, or currently taking prescribed psychiatric medications.

Note: The child does not need to have had a formal diagnosis to select this item if there are concerning/disruptive behaviors that would require further clinical assessment by a licensed mental health provider. Also complete the trauma tool.

History of delinquency and undisciplined juvenile

Child has been referred to juvenile court for delinquent behavior, being undisciplined, being unlawfully absent from school, or entering into diversion plans. Also select for delinquent and undisciplined behavior not brought to court attention but that creates stress within the household, such as juveniles beyond the disciplinary control of their parent, guardian, or custodian.

Learning disability

Child has an individualized education plan (IEP) to address a learning disability. Do not include an IEP designed solely to address mental health or behavioral health needs. Also include a child with a learning disability diagnosed by a physician or mental health provider who is eligible for an IEP but does not yet have one.

Developmental disability

A chronic condition due to cognitive and/or physical impairments that has been diagnosed by a physician or mental health provider. Examples include autism and cerebral palsy.

Physical disability

A chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness.

Language delay

A condition diagnosed by a physician or licensed professional that impairs a child's ability to use spoken language or be understood by important people in their life.

Medically fragile or diagnosed with failure to thrive

Medically fragile

Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation, and which requires daily, ongoing medical treatments and monitoring by appropriately trained caregivers. These conditions frequently require the routine use of a medical device or of assistive technology to compensate for the loss of a body function needed to participate in the activities of daily living. Examples include a child who requires a trach-vent for breathing or a g-tube for eating.

Failure to thrive

A diagnosis by a physician that the child has failure to thrive.

9. HOUSING/BASIC NEEDS

a. Family does not lack housing, clothing, or food, and housing is safe

The family has housing, clothing, and food to meet the child's needs or, by using available resources, the family is able to resolve their housing, clothing, and food needs.

b. Family lacks housing or housing is unsafe

The family has serious housing problems that are not easily resolved or which the family is unable to resolve. This may include condemned or uninhabitable housing or chronic homelessness.

c. Family lacks clothing and/or food

The family has serious clothing or food problems that are not easily resolved or that the family is unable to resolve.

Note: These are likely situations where service provision will be needed or helpful.

10. CARETAKER DOMESTIC VIOLENCE

a. No caretaker is a victim/perpetrator of domestic violence

b. Any caretaker is/was a victim/perpetrator of domestic violence within the last 12 months

Any caretaker is/was in a relationship characterized by domestic violence within the last 12 months, defined as the establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse, including but not limited to physical, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending caretaker/adult victim. Domestic violence may be evidenced by repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

Indicate whether any caretaker was identified as the victim or perpetrator of domestic violence.

c. Any caretaker was a victim/perpetrator of domestic violence prior to the last 12 months

Any caretaker was in a relationship characterized by domestic violence prior to the last 12 months, defined as the establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse, including but not limited to physical, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending caretaker/adult victim. Domestic violence may be evidenced by repeated history of leaving and returning to abusive partner(s), repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

Indicate whether any caretaker was identified as the victim or perpetrator of domestic violence.

11. CARETAKER(S) HISTORY OF ABUSE/NEGLECT

a. No history of abuse or neglect for any caretaker

Credible statements by the caretaker(s) or others indicate that neither caretaker was abused or neglected as a child.

b. Any caretaker(s) has/have a history of abuse or neglect as a child

Credible statements were provided by the caretaker(s) or others regarding whether any caretaker(s) was abused or neglected as a child.

12. CARETAKER DRUG/ALCOHOL USE

Either caretaker has/had alcohol/drug use that impacts family functioning. This is evidenced by use causing conflict in home, extreme shifts in behavior, financial difficulties, frequent illness, job absenteeism, job changes or unemployment, driving under the influence (DUI), traffic violations, criminal arrests related to drug/alcohol use, disappearance of household items (especially those easily sold), or life organized around substance use.

a. No past or current alcohol/drug use that impacts family functioning

No caretaker has or has ever had a drug or alcohol problem, or caretaker substance use problems minimally impact family functioning.

b. Past or current alcohol/drug use that impacts family functioning

Any caretaker has a past or current alcohol/drug use problem that interferes with the family's functioning. Such interference is evidenced by the following.

- Substance use that affects or affected employment; criminal involvement; marital or family relationships; and/or caretaker's ability to provide protection, supervision, and care for the child
- An arrest in the past two years for DUI or refusing breathalyzer testing
- Self-report of a problem
- Treatment received currently or in the past for substance use
- Health/medical problems resulting from substance use
- The child's diagnosis with fetal alcohol syndrome (FAS) or the child's positive toxicology screen at birth, AND the caretaker was the birthing parent. Positive toxicology screen for the child is only for non-prescribed medications or the misuse of prescribed medications.

Do not score legal, as-prescribed use of prescription medication; do score misuse of legal, prescription medication.

Indicate whether the caretaker's drug and/or alcohol problem is/was present DURING the last 12 months and/or was present PRIOR to the last 12 months. Indicate whether the problem pertained to the use of alcohol and/or drugs.

OVERRIDES

POLICY OVERRIDES

1. Sexual abuse case where the alleged perpetrator is likely to have access to the child victim.

One or more of the children in this household is or has been a victim of sexual abuse. The alleged perpetrator is likely to have unrestricted access to the victim, and the alleged perpetrator has not completed treatment.

2. Case with non-accidental physical injury to a child age 3 or under or a vulnerable child.

Any child age 3 or under or a vulnerable child in the household has a physical injury resulting from the caretaker's action or inaction, and the caretaker has not yet completed treatment. A vulnerable child is defined as being developmentally or physically disabled, having diminished physical or mental capacity, or having complex medical needs, or based on child characteristics.

3. Serious non-accidental physical injury warranting hospital or medical treatment.

Any child in the household has a serious physical injury resulting from the caretaker's action or inaction. The caretaker caused serious injury, which includes but is not limited to brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprain, internal injury, poisoning, medical child abuse as diagnosed by a medical provider, burn, scald, or severe cut; AND the child requires medical treatment even if the caretaker did not seek treatment.

4. Death (previous or current) of a child as a result of abuse or neglect.

Any child in the household has died as a result of suspected abuse or neglect. This child fatality may have occurred prior to the current case. The caretaker has not yet completed treatment related to concerns in the fatality. Indicate whether the death is previous or current.

SDM FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT POLICY AND PROCEDURES

North Carolina Department of Health and Human Services

The SDM family risk assessment of abuse/neglect determines the level of risk of future system involvement and informs the level of service to be provided to each family. It identifies families by low, moderate, or high likelihood of future system involvement. By completing the risk assessment, the caseworker obtains an objective appraisal of the likelihood that a family will be involved in the child welfare system in the next 18 months. The difference between the risk levels is substantial. High-risk families have significantly higher rates than low-risk families of subsequent reports and substantiations and are more often involved in serious abuse or neglect incidents.

The risk scales are based on research on cases with “substantiated” or “services needed” abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent system involvement. The scales do not predict recurrence but rather indicate that a family is more or less likely to have another incident without agency intervention. One important result of the research is that a single instrument should not be used to assess the risk of both abuse and neglect. Different family dynamics are present in abuse and neglect situations. Hence, separate scales are used to assess the future probability of abuse or neglect allegations.

Complete all items on both the abuse and neglect scales regardless of the type of allegation(s) reported or assessed. *The assigned caseworker must make every effort throughout the assessment to obtain the information needed to answer each assessment question. However, if information cannot be obtained to answer a specific item, score the item as “0.”*

WHICH CASES

All CPS maltreatment reports assigned for an assessment that involve a family caretaker. This does not apply to reports involving childcare facilities or residential facilities such as group homes or North Carolina Division of Social Services (DSS) facilities. This does not apply and this SDM assessment should not be used for non-licensed living arrangements, the non-custodial caretaker’s home, or licensed family foster homes.

WHO COMPLETES

The caseworker assigned to complete the assessment.

WHEN

Complete and document the risk assessment prior to the case decision, as it is one of the elements considered in making the case decision. Also complete a risk assessment when a new CPS report occurs in an open CPS in-home or out-of-home services case. For children coming into the agency's legal custody through delinquency court action, the risk assessment serves as the baseline assessment documentation.

DECISION

The risk assessment identifies the family's risk of future system involvement and guides the case decision, including whether to close a report or open a case for CPS in-home or out-of-home services.

APPROPRIATE COMPLETION

Only **one** household can be assessed on the risk assessment form. If the allegations involve maltreatment in two households and both have responsibilities for childcare, complete two separate risk assessment tools. In situations where the caretakers are not living together, a family risk assessment of abuse/neglect will only be completed on the home of the alleged perpetrator.

In situations where an adult relative is entrusted with the care of the child and is the alleged perpetrator, the risk assessment is conducted on the household where the child resides. In some cases (e.g., joint custody), identifying the household may be difficult. Select the household that provides the majority of the childcare. If the households provide care equally, choose the household where the child abuse or neglect incident took place.

Some items are objective (such as prior CPS in-home/out-of-home service history or the age of the caretaker). Others require the caseworker to use discretionary judgment based on their assessment of the family.

After scoring all items on each scale, the assigned caseworker totals the score for each scale and determines the risk level by selecting the appropriate boxes in the risk level section. The highest score from either scale determines the risk level.

OVERRIDES

POLICY OVERRIDES

After completing the risk scales, the assigned caseworker indicates whether any policy override reasons exist. Policy overrides reflect incident seriousness and child vulnerability concerns determined by the agency to warrant the highest level of service, regardless of the scored risk level, and increase the risk level to high. All overrides must be approved in writing by the supervisor.

DISCRETIONARY OVERRIDES

The assigned caseworker also indicates any discretionary override reasons. A discretionary override is used to increase or decrease the risk level by one increment in any case where the assigned caseworker assesses that the scored risk level is too low or too high. Documentation should be included that supports this decision. Discretionary overrides should be used only in exceptional cases and must be approved in writing by the supervisor.