



The Structured Decision Making[®] System

Initial Family Risk Assessment of Child Abuse/Neglect Training Workbook

April 2014

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Florida Department of Children and
Families

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**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
INITIAL FAMILY (HOUSEHOLD) RISK ASSESSMENT OF CHILD ABUSE/NEGLECT**

Case Name: _____ **Intake #:** _____
Assessment Date: ____/____/____

NEGLECT	Score	ABUSE	Score
N1. Current complaint is for neglect ○ a. No0 ○ b. Yes1	_____	A1. Current complaint is for abuse ○ a. No0 ○ b. Yes1	_____
N2. Prior investigations (<i>assign highest score that applies</i>) ○ a. None0 ○ b. One or more, <u>abuse</u> only1 ○ c. One or two for <u>neglect</u>2 ○ d. Three or more for <u>neglect</u>3	_____	A2. Number of prior abuse investigations ○ a. None0 ○ b. One1 ○ c. Two or more2 (actual number: _____)	_____
N3. Household has previously received ongoing child protective services ○ a. No0 ○ b. Yes1	_____	A3. Household has previously received ongoing child protective services ○ a. No0 ○ b. Yes1	_____
N4. Number of children involved in the child abuse/neglect incident ○ a. One, two, or three0 ○ b. Four or more1	_____	A4. Prior injury to a child resulting from child abuse/neglect ○ a. No0 ○ b. Yes1	_____
N5. Age of youngest child in the home ○ a. 2 or older0 ○ b. Under 21	_____	A5. Primary caregiver's assessment of incident ○ a. Not applicable0 ○ b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Blames child for maltreatment1 <input type="checkbox"/> Justifies maltreatment2	_____
N6. Primary caregiver provides physical care consistent with child needs ○ a. Yes0 ○ b. No1	_____	A6. Domestic violence in the household in the past year ○ a. No0 ○ b. Yes2	_____
N7. Primary caregiver has historic or current mental health problem ○ a. No0 ○ b. Yes1	_____	A7. Primary caregiver characteristics ○ a. Not applicable0 ○ b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Provides insufficient emotional/psychological support1 <input type="checkbox"/> Employs excessive/inappropriate discipline1 <input type="checkbox"/> Domineering1	_____
N8. Primary caregiver has historic or current alcohol or drug problem ○ a. Not applicable0 ○ b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Alcohol (current or historic)1 <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months) <input type="checkbox"/> Drug (current or historic)1 <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months)	_____	A8. Primary caregiver has a history of abuse or neglect as a child ○ a. No0 ○ b. Yes1	_____
N9. Characteristics of children in household ○ a. Not applicable0 ○ b. One or more present (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Medically fragile or failure to thrive1 <input type="checkbox"/> Developmental, physical, or learning disability1 <input type="checkbox"/> Positive toxicology screen at birth1	_____	A9. Secondary caregiver has historic or current alcohol or drug problem ○ a. No0 ○ b. Yes, one or more apply1 <input type="checkbox"/> Alcohol <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months) <input type="checkbox"/> Drug <input type="checkbox"/> Current (within the last 12 months) <input type="checkbox"/> Historic (prior to last 12 months)	_____
N10. Housing ○ a. Not applicable0 ○ b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Current housing is physically unsafe1 <input type="checkbox"/> Homeless2	_____	A10. Characteristics of children in household ○ a. Not applicable0 ○ b. One or more apply (<i>mark applicable items and add for score</i>): <input type="checkbox"/> Delinquency1 <input type="checkbox"/> Developmental or learning disability1 <input type="checkbox"/> Mental health or behavioral problem1	_____
TOTAL NEGLECT RISK SCORE	_____	TOTAL ABUSE RISK SCORE	_____

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

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Scored Risk Level</u>
<input type="radio"/> 0-1	<input type="radio"/> 0-1	<input type="radio"/> Low
<input type="radio"/> 2-4	<input type="radio"/> 2-4	<input type="radio"/> Moderate
<input type="radio"/> 5-8	<input type="radio"/> 5-7	<input type="radio"/> High
<input type="radio"/> 9+	<input type="radio"/> 8+	<input type="radio"/> Very High

POLICY OVERRIDES. Mark yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

- ☐ Yes ☐ No 1. Sexual abuse case AND the perpetrator is likely to have access to the child.
- ☐ Yes ☐ No 2. Non-accidental injury to a child younger than age 2 years.
- ☐ Yes ☐ No 3. Severe non-accidental injury.
- ☐ Yes ☐ No 4. Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE. If a discretionary override is made mark yes, mark override risk level, and indicate reason. Risk level may be overridden one level higher.

☐ Yes ☐ No

If yes, override risk level (mark one): ☐ Moderate ☐ High ☐ Very High

Discretionary override reason: _____

FINAL RISK LEVEL (mark final level assigned): ☐ Low ☐ Moderate ☐ High ☐ Very High

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
INITIAL FAMILY (HOUSEHOLD) RISK ASSESSMENT OF CHILD ABUSE/NEGLECT
DEFINITIONS**

In applying the definitions, consider conditions that existed at the beginning of the assessment/investigation. Also, mark any risk items that emerged or occurred during the assessment/investigation unless otherwise stated in the definition.

FOR THE PURPOSES OF COMPLETING THE ACTUARIAL RISK ASSESSMENT, APPLY THE FOLLOWING: Statutory definitions are not changed, but a few words will be used slightly differently for the purpose of risk assessment.

Caregiver: Parents, legal guardians, legal custodian, or other adults in the household who provide care and supervision for the child. Caregiver does not refer to substitute care providers, such as licensed or non-licensed relative placements, foster parents, babysitters, adult relatives who provide temporary care for the child who do not reside in the household of the alleged maltreatment, and facility staff.

Primary: The primary caregiver is the adult living in the household, with a legal relationship to the child, who is obligated and entitled to provide for the safety and well-being of the child. Only one primary caregiver can be identified. When two such adult caregivers are present, the primary is the adult who assumes the most responsibility for child care.

If both adults provide equal care, the primary caregiver is the legally responsible adult who was a perpetrator or alleged perpetrator. For example, when a mother and a father reside in the same household and appear to equally share child care responsibilities and the mother is the perpetrator (or the alleged perpetrator), the mother is selected as primary.

If both adults provide equal care and are identified as perpetrators, the primary caregiver is the parent demonstrating the more severe behavior is selected.

Secondary: The secondary caregiver is defined as an adult living in the household who has routine responsibility for child care but less responsibility than the primary caregiver. A partner may be a secondary caregiver even though he/she has minimal responsibility for child care. If a person is temporarily absent from the household (incarcerated, working in a different location, etc.) but plans to participate in child caring or is indicated to be part of the household, include that person in the appropriate assessment. If more than one “secondary” caregiver exists, apply the reasonable standard, if necessary.

Household: A spouse, former spouse, cohabitating partners, persons related by blood or marriage, or persons who are presently residing together as a family in a common residence. Household member means any person who resides in a household, including the caregiver and other family members, additional relatives, visitors expected to stay an indefinite length of time, college students expected to return to the household as a primary residence, and all persons who have significant in-home contact with the child, including anyone with an intimate relationship with any person in the home or a household member’s boyfriend or girlfriend who frequents the home.

WHICH HOUSEHOLD IS ASSESSED? Risk assessments are completed on households. When a child's caregivers do not live together, the child may be a member of two households.

Always assess the household of the alleged perpetrator. This may be the child's primary residence if it is also the residence of the alleged perpetrator or the household of a non-custodial caregiver if it is the alleged perpetrator's residence.

NEGLECT

N1. Current complaint is for neglect

The current complaint, a.k.a. investigation, includes any type of neglect allegation.

There are two forms of child **neglect**.

1. Child neglect occurs when an alleged perpetrator **fails to make a reasonable effort to** stop someone from taking a direct action causing the child to suffer a physical injury.
2. Child neglect occurs when an alleged perpetrator **blatantly disregards his/her responsibility to provide care to the child**. Blatant disregard means that an alleged perpetrator has failed to prevent action that a reasonable person would know is dangerous in that it subjects a child to an imminent, real, and substantial threat of harm.

The following maltreatment types are most closely aligned with acts of "neglect."

- Abandonment
- Failure to protect
- Environmental hazards
- Inadequate supervision
- Medical neglect
- Substance misuse

Allegations listed below may be classified as either neglect or abuse dependent upon the circumstances and require evaluation of information. Identify the most appropriate, and score on only one index.

- Non-organic failure to thrive
- Malnutrition
- Dehydration
- Human trafficking: Labor or commercial sexual exploitation of children (CSEC)
- Family violence threatens child

- Death (although death is an outcome, not a maltreatment, the death could be classified as neglect or abuse dependent upon the circumstances—act or failure to/omission of act)

Include all referred neglect allegations as well as allegations of maltreatment discovered during the course of the investigation.

N2. Prior investigations

- Count prior investigations involving any adult members of the current household who were alleged perpetrators.
- Do not count the following types of prior investigations:
 - » Allegations that were perpetrated by an adult who does not currently live in the household;
 - » Investigations in which children in the home were identified as perpetrators of abuse/neglect;
 - » Referrals that were screened out; and
 - » Special conditions referrals, as these do not meet the threshold for abuse or neglect and are not investigations.

When information is received that a family previously resided out of state or county, history from other county or state jurisdictions must be checked.

- None. No investigations prior to the current investigation.
- One or more, abuse only. One or more investigations, verified or not, for any type of abuse prior to the current investigation AND no prior neglect investigations. Abuse includes physical, emotional, or sexual abuse/exploitation.
- One or two for neglect. One or two investigations, verified or not, for any type of neglect prior to the current investigation, with or without abuse investigations.
- Three or more for neglect. Three or more investigations, verified or not, for any type of neglect prior to the current investigation, with or without abuse investigations.

The following maltreatment types are most closely aligned with acts of “neglect.”

- Abandonment
- Failure to protect
- Environmental hazards
- Inadequate supervision
- Medical neglect
- Substance misuse

Allegations listed below may be classified as either neglect or abuse dependent upon the circumstances and require evaluation of information. Identify the most appropriate and score on only one index.

- Non-organic failure to thrive
- Malnutrition
- Dehydration
- Human trafficking—labor or commercial sexual exploitation of children (CSEC)
- Family violence threatens child
- Death (although death is an outcome, not a maltreatment, the death could be classified as neglect or abuse dependent upon the circumstances—act or failure to/omission of act)

Include all referred allegations as well as allegations made or discovered during the course of the investigation. As no national standards or consistencies related to allegation “types” among states exist, allegations from other states may not be absolute matches. Apply practical and reasonable standards to determine most appropriate or closest match to the maltreatment system in Florida.

N3. Household has previously received child protective services

The household has previously received child protective services or is currently receiving services as a result of a prior investigation. Service history includes both voluntary (non-judicial) and court-ordered case management services, prevention-based family preservation, or family support services.

N4. Number of children involved in the child abuse/neglect incident

Number of children under 18 years of age alleged to have been abused or neglected in the current investigation. This includes any children not identified at the time of report for whom allegations of abuse or neglect were observed during the course of the investigation.

N5. Age of youngest child in the home

Age of the youngest child currently residing in the household where maltreatment allegedly occurred. If a child is removed as a result of the current investigation or is otherwise temporarily placed/residing outside of the household, count the child as residing in the household.

N6. Primary caregiver provides physical care consistent with child needs

Physical care of the child includes feeding, clothing, shelter, hygiene, and medical care of the child. Consider the child’s age/developmental status when scoring this item.

Score this item “No” when the following is true:

- The current report of neglect relates to physical care AND is verified during the investigation (do not include failure to protect, inadequate supervision, or other neglect allegations unrelated to physical care); OR
- Regardless of whether there is a current verification for a neglect maltreatment type, the child has been harmed or his/her well-being has been significantly threatened because of serious unmet physical needs. Needs may be considered unmet regardless of whether the cause is neglectful or due to situations outside of the parent's control.

Examples might include:

- » Any condition that is equivalent to verified neglect of physical care, but the allegation was not verified in the current investigation.
- » Child has a significant medical/dental/vision condition that requires care, and care is not being provided.
- » Child does not *have* clothing that is appropriate for weather conditions and this creates a significant threat to child safety.
- » Living environment lacks adequate plumbing or cooling posing a health hazard or life threatening condition, has potentially dangerous conditions (e.g., unlocked poisons, dangerous objects in reach of small child), is unsanitary, or is infested.
- » Child frequently goes hungry, has lost weight, or has failed to gain weight associated with caregiver negligence or abuse.

N7. Primary caregiver has a historic or current mental health problem

Credible and/or verifiable statements by the primary caregiver or others indicate that the primary caregiver has been diagnosed with a mental health condition, other than substance-related disorders, by a mental health clinician.

If primary caregiver has never been diagnosed but appears to have (or have had) a mental health problem as evidenced by significant unmanaged mental health concerns that significantly interfere with his/her or the family's functioning, consider requesting a mental health assessment. Count if the primary caregiver has/had multiple good-faith referrals for mental health/psychological evaluations, treatment, or hospitalizations, but is unwilling to participate in a current recommended assessment given credible concerns (must document justification in case records).

Do not count based on referrals motivated solely by efforts to undermine the credibility of the primary caregiver or by other ulterior motives or malicious intent.

N8. Primary caregiver has historic or current alcohol or drug problem

The primary caregiver has an historic or current alcohol and/or drug abuse problem that interferes with his/her or the family's functioning. Any of the following may be true of the primary caregiver.

- Has been diagnosed with a substance-related disorder by a mental health or substance abuse clinician.
- If primary caregiver has never been diagnosed but appears to have (or have had) an alcohol or drug problem as evidenced by alcohol or drug use that significantly interferes with his/her or the family's functioning, consider requesting a substance abuse assessment. Count if the primary caregiver is unwilling to participate in a recommended assessment given credible concerns for child safety (must provide justification in case record) or if for other reasons an assessment cannot be completed, **IF** the primary caregiver:
 - » Uses substances in ways that have significantly negatively affected his/her:
 - Employment;
 - Criminal involvement;
 - Marital or family relationships; or
 - Ability to provide protection, supervision, and care for the child.
 - » Has been arrested, regardless of conviction, for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances. Do not count delivery, manufacture, or sale of substances.
 - » Has been arrested, regardless of conviction, in the past two years for driving under the influence or refusing breathalyzer testing.
 - » Has had multiple positive urine/blood samples.
 - » Has/had health/medical problems resulting from substance abuse/use.
 - » Has given birth within the last five years to a child diagnosed with fetal alcohol syndrome or exposure (FAS or FAE) or a child with a positive toxicology screen at birth for drugs.
 - » Legal, non-abused prescription drug use and/or alcohol use should not be scored. This does not include drug addiction, detoxification, and maintenance-prescribed medications such as methadone.

N9. Characteristics of children in household

- a. Not applicable. No child in the household exhibits characteristics listed below.
- b. One or more present.
 - Medically fragile or failure to thrive. Any child in the household, regardless of current age, *has a diagnosis* of medically fragile or failure to thrive, as evidenced by caregiver's statement of such a diagnosis, medical records, and/or physician's statement.
 - Developmental, physical, or learning disability. Any child in the household has a developmental, physical, or learning disability *that has been diagnosed by a professional* (e.g., physician, school social investigator, psychologist, etc.) as evidenced by caregiver's statement of such a diagnosis, medical/school records, and/or professional's statement. Do not include ADD/ADHD; mark this under item A10.
 - Positive toxicology screen at birth. Any child in the household, regardless of current age, had a positive toxicology report for alcohol or another drug not prescribed for the child at birth and the primary or secondary caregiver is the birthing parent.

N10. Housing

- a. Not applicable. The family has housing that is structurally physically safe.
- b. One or more apply.
 - Current housing is physically unsafe. The family has housing, but the housing situation is physically unsafe to the extent that it does not meet the health or safety needs of the child (for example, exposed wiring with young children, inoperable plumbing creating a health and safety hazard, roach/rat infestations, human waste throughout the home, excessive animal waste on floors throughout the home creating a health hazard for child, or excessive and unsanitary rotting food creating a significant health hazard for child).
 - Homeless. The family was homeless or was about to be evicted at the time of the alleged incident. If the family is in a shelter or resides with others in housing that is structurally physically safe, do not score.

ABUSE

A1. Current complaint is for abuse

The current complaint, a.k.a. investigation, includes any type of abuse allegation.

“Abuse” means any willful act or threatened act that results in any physical, mental, or sexual abuse; injury; or harm that impairs or is likely to significantly impact the child’s physical, mental, or emotional health. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

The following maltreatment types are most closely aligned with acts of “abuse.”

- Physical abuse
- Mental injury
- Sexual abuse (includes sexual molestation, sexual battery, sexual exploitation)
- Asphyxiation
- Bizarre punishment
- Bone fractures
- Burns
- Internal injuries
- Physical injury by willful act (human bites, brain or spinal cord damage, bruise, cut, dislocation, intra-cranial hemorrhage, Munchausen’s Syndrome by proxy, oral injury, puncture, gunshot wound, Shaken Baby Syndrome, welt)

The allegation listed below may be classified as either neglect or abuse dependent upon the circumstances and require evaluation of information. Identify the most appropriate and score on only one index.

- Non-organic failure to thrive
- Malnutrition
- Dehydration
- Human trafficking—labor or commercial sexual exploitation of children (CSEC)
- Family violence threatens child

- Death (although death is an outcome, not a maltreatment, the death could be classified as neglect or abuse dependent upon the circumstances—act or failure to/omission of act)

Include all referred allegations of abuse as well as allegations made or discovered during the course of the investigation.

A2. Number of prior abuse investigations

Count prior investigations involving any adult members of the current household who were alleged perpetrators of abuse (physical, emotional, or sexual abuse/sexual exploitation). The current complaint, a.k.a. investigation, includes any type of abuse allegation.

The following maltreatment types are most closely aligned with acts of “abuse.”

- Physical abuse
- Mental injury
- Sexual abuse (includes sexual molestation, sexual battery, sexual exploitation)
- Asphyxiation
- Bizarre punishment
- Bone fractures
- Burns
- Internal injuries
- Physical injury by willful act (human bites, brain or spinal cord damage, bruise, cut, dislocation, intra-cranial hemorrhage, Munchausen’s Syndrome by proxy, oral injury, puncture, gunshot wound, Shaken Baby Syndrome, welt)

The allegations listed below may be classified as either neglect or abuse dependent upon the circumstances and require evaluation of information. Identify the most appropriate and score on only one index.

- Non-organic failure to thrive
- Malnutrition
- Dehydration
- Human trafficking—labor or commercial sexual exploitation of children (CSEC)
- Family violence threatens child

- Death (although death is an outcome, not a maltreatment, the death could be classified as neglect or abuse dependent upon the circumstances—act or failure to/omission of act)

Include all referred allegations as well as allegations made or discovered during the course of the investigation. As no national standards or consistencies related to allegation “types” among states exist, allegations from other states may not be absolute matches. Apply practical and reasonable standards to determine most appropriate or closest match to the maltreatment system in Florida.

Do **not** count the following:

- Prior abuse investigations in which allegations were perpetrated by an adult who does not currently live in the household;
- Prior abuse investigations in which children in the home were identified as perpetrators of abuse/neglect;
- Referrals that were screened out; and
- Special conditions referrals, as these do not meet the threshold for abuse or neglect and are not investigations.

When information is received that a family previously resided out of state or county, history from other county or state jurisdictions must be checked.

- None. No abuse investigations prior to the current investigation/assessment.
- One. One investigation, verified or not, for any type of abuse prior to the current investigation.
- Two or more. Two or more investigations, verified or not, for any type of abuse prior to the current investigation.

A3. Household has previously received child protective services

The household has previously received child protective services or is currently receiving services as a result of a prior investigation. Service history includes both voluntary (non-judicial) and court-ordered case management services, prevention-based family preservation, or family support services.

A4. Prior injury to a child resulting from child abuse/neglect

- An adult in the household was previously verified for child abuse/neglect that resulted in an injury to a child, whether or not that child is a member of the current household.
- Though not previously reported or verified, there is now credible information that an adult in the household caused a significant injury to a child consistent with abuse or neglect, whether or not that child is a member of the current household.

A5. Primary caregiver's assessment of incident

- a. Not applicable. The caregiver neither blames the child nor justifies the current maltreatment or alleged maltreatment.
- b. One or more apply.
 - Blames child for maltreatment. An incident of abuse or neglect has occurred (whether verified or not), and the primary caregiver blames the child for the abuse or neglect. Blaming refers to any of the following.
 - » Caregiver's statement/belief expresses that his/her action or inaction was the result of something that the child did or did not do.
 - » Caregiver claims that the child seduced him/her.
 - » Caregiver says the child deserved to be hit because he/she misbehaved.
 - Justifies maltreatment. An incident of abuse or neglect has occurred (whether verified or not), and the primary caregiver justifies the abuse or neglect. Justifying refers to the caregiver's statement/belief that his/her action or inaction was appropriate and constitutes good parenting.

A6. Domestic violence in the household in the past year

Domestic violence, by definition, involves acts of power, control, and/or coercion between intimate partners and is often a highly volatile and dangerous family condition. Domestic violence is not the same as general violence.

In the previous one-year period, the following has occurred between a caregiver and a present or past intimate partner who is in the household or outside of the household:

- Two or more physical assaults resulting in no or minor physical injury;
- One or more serious incidents resulting in serious physical harm and/or involving use of a weapon; or
- Multiple incidents of intimidation, threats, or harassment.
 - » Incidents may be identified by self-report, credible report by a family or other household member, credible collateral contacts, and/or police reports.

A7. Primary caregiver characteristics

- a. Not applicable. The primary caregiver does not exhibit characteristics listed below.
- b. One or more apply.
- *Provides insufficient emotional/psychological support.* The primary caregiver provides insufficient emotional/psychological support to the child, such as persistently berating/belittling/demeaning the child or depriving the child of affection or emotional support.
 - *Employs excessive/inappropriate discipline.* The primary caregiver's disciplinary practices caused harm or, given the nature and extent of employed discipline, would reasonably be expected to threaten harm to a child because the practices were *excessively harsh* physically, *excessively harsh* emotionally, and/or *inappropriate to the child's age or development*. Examples may include the following.
 - » Locking the child in closet or basement.
 - » Holding the child's hand over fire.
 - » Hitting the child with dangerous instruments.
 - » Depriving a young child of physical and/or social activity for extended periods.
 - Domineering. The primary caregiver over-controls the child and/or expects immediate compliance. This may be characterized by a caregiver seeing his/her own way as the only way.

A8. Primary caregiver has a history of abuse or neglect as a child

Based on credible statements by the primary caregiver or others, or any maltreatment history with verified findings known to the agency, the primary caregiver was maltreated as a child (maltreatment includes neglect or physical, sexual, or other abuse or neglect and should be based on the agency's allegation and maltreatment standards).

A9. Secondary caregiver has historic or current alcohol or drug problem

The secondary caregiver has an historic or current alcohol and/or drug abuse problem that interferes with his/her or the family's functioning. Any of the following may be true of the secondary caregiver.

- The secondary caregiver has been diagnosed with a substance-related disorder by a mental health or substance abuse clinician.

- If secondary caregiver has never been diagnosed but appears to have (or have had) an alcohol or drug problem as evidenced by alcohol or drug use that significantly interferes with his/her or the family's functioning, consider requesting a substance abuse assessment. Count if the secondary caregiver is unwilling to participate in a recommended assessment given credible concerns for child safety (must provide justification in case record) or if for other reasons an assessment cannot be completed, **IF** the secondary caregiver:
 - » Uses substances in ways that have significantly negatively affected his/her:
 - Employment;
 - Criminal involvement;
 - Marital or family relationships; or
 - Ability to provide protection, supervision, and care for the child.
 - » Has been arrested, regardless of conviction, for use or possession of controlled substances, crimes committed under the influence of substances, or crimes committed to obtain substances. Do not count delivery, manufacture, or sale of substances.
 - » Has been arrested, regardless of conviction, in the past **two years** for driving under the influence or refusing breathalyzer testing.
 - » Has had **multiple** positive urine/blood samples.
 - » Has/had health/medical problems resulting from substance abuse/use.
 - » Has given birth within the last five years to a child diagnosed with fetal alcohol syndrome or exposure (FAS or FAE) or a child with a positive toxicology screen at birth.
 - » Legal, non-abused prescription drug use and/or alcohol use should not be scored. This does not include drug addiction, detoxification, and maintenance-prescribed medications such as methadone.

A10. Characteristics of children in household

- a. Not applicable. No child in the household exhibits characteristics listed below.
- b. One or more apply.
 - Delinquency. Any child in the household has been referred to juvenile court for delinquent or status offense behavior.
 - » Status offenses not brought to court attention but that create stress within the household should also be scored, such as children who run away or are habitually truant.

- Developmental or learning disability. Any child in the household has a developmental or learning disability *that has been diagnosed by a professional* (e.g., physician, school social investigator, psychologist, etc.) as evidenced by caregiver's statement of such a diagnosis, medical/school records, and/or professional's statement. Do not include ADD/ADHD.
- Mental health or behavioral problem. Any child in the household has mental health or behavioral problems **not** related to a physical or developmental disability (includes attention deficit disorders). This could be indicated by:
 - » A mental health condition, other than substance-related disorders, diagnosed by a mental health clinician;
 - » Receiving mental health treatment;
 - » Attendance in a special classroom because of behavioral problems; or
 - » Currently taking psychoactive medication.
 - » Diagnosed with ADD/ADHD.