



The Structured Decision Making[®] System

Trainer Guide

October 2016



California Department of Social Services



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ADVANCED STRUCTURED DECISION MAKING® TRAINING: TRAINER GUIDE

PURPOSE OF THIS MODULE

To help caseworkers practice good interviewing techniques during investigations, using the framework of the Structured Decision Making® (SDM) safety assessment to gather sufficient information about safety threats, actions of protection, and family strengths to assess a household's safety and make decisions to ensure its children are safe.

INTENDED AUDIENCE

- All caseworkers who conduct initial safety assessments as part of a child protection investigation
- Caseworkers who are responsible for conducting a household safety assessment at any point in a child protection case

ESTIMATED TIME

This workshop is designed to be delivered in a half-day, three-hour format.

INTRODUCTION

This is one in a series of training modules designed to increase worker skills in integrating the SDM® assessment tools into practice. The basic SDM training focuses on policy—when to use which assessment tool, and how to accurately complete each of the assessments. Every worker should attend the full basic training so that the entire SDM model is understood as a whole. However, these advanced modules focus on work within particular units, and workers may attend just those modules that apply to their current work assignments. Workers who transfer to a new unit that uses different SDM assessments should be encouraged to attend an advanced training module designed for that unit.

The advanced SDM modules are skills-based. While the modules include some lecture time to introduce ideas for strategically integrating SDM assessments into practice, much of the learning is acquired through individual and group exercises, as well as through group discussion.

This module introduces interviewing skills, engagement skills, and strategies for documenting casework in narratives. The focus is on integrating these larger skills with the SDM hotline tools. As such, this module is not a substitute for teaching interviewing, engagement, or case documentation in a child protection context. Workers should have more extensive training in these areas before and/or after these modules.

Finally, some local county policies and/or practices may be unique to those counties and could create tension or conflict with the concepts taught here. Workers should be encouraged to follow local policy, AND trainers should follow up with local management to advise them of any potential conflict. Workers may be operating under the impression that certain policies exist that are simply unofficial rules handed down from worker to worker. Or, certain policy areas may warrant county review.

MODULE MATERIALS

Materials for each unit are maintained on the website:

URL: <http://docs.nccdglobal.org/California>

Password: training

Trainers should check the site prior to each session and download new copies of the training materials, or at least confirm that existing copies are the most current.

- **Trainer Materials**
 - » PowerPoint presentation with speaker's notes
 - » Trainer Guide (this document)

- **Workshop Materials**
 - » SDM safety assessment, definitions, and policies and procedures
 - » Participant Guide
 - » Practice activities

KEY THEMES

- The skillful and strategic use of solution-focused questions and reflective facilitation to support effective and balanced information-gathering skills, which in turn will support effective teaming and shared decision-making with families.

- Gathering behavioral details related to safety threats and risk, as well as caregiver actions/inactions and their impact on a child.

- Engaging the family in shared assessment and decision-making processes.

- Using the framework and definitions of the SDM safety assessment as a prompt for organizing information and making decisions in daily practice.

TOPIC: REVIEW OF SAFETY ASSESSMENT FUNDAMENTALS

Purpose

To strengthen participants' understanding of the SDM safety assessment

Activities

1. Trainer reviews the SDM safety assessment's purpose, structure (with a detailed explanation), policies, and procedures.

2. Trainer should emphasize that child safety needs to be assessed within the context of child vulnerabilities. Refer participants to the Child Vulnerabilities section of their Participant Guide.

TOPIC: STRATEGIES FOR CONDUCTING A SAFETY ASSESSMENT

Purpose

To introduce strategies for using the structure of the safety assessment to conduct a rigorous and balanced assessment.

Activities

1. Trainer engages participants in an interactive discussion about how the safety assessment can be used to find the appropriate depth for each inquiry into child safety, emphasizing that caseworkers must continually assess child safety in a household during every contact with the family.
2. Trainer introduces concepts for workers to use during the safety assessment interview, including the following:
 - The Three Questions framework: What is worrying, what is working, and what is next? (Refer participants to the Three Questions map in their Participant Guide.)
 - Exploring for behavioral detail: Caregiver action/inaction and impact on a child.
3. Trainer introduces a useful construct for prioritizing the safety assessment, using the terms HOT, WARM, and COOL. Trainer uses six mini-examples to allow participants to practice with these concepts.
4. Trainer provides guidance for using this construct as participants prepare for and prioritize domains during a safety assessment interview, using the screener narrative and case history provided. Trainer engages participants in the activity entitled “Hot, Warm, or Cool?” which is Exercise #1 in the participant handouts. Trainer should emphasize that none of the examples meet the criteria for marking YES or NO to any particular safety threat, and that the first three situations represent three different children and the second three situations represent three different caregivers. Debrief using the answer key located at the end of this trainer’s guide.
5. Trainer follows up on this activity by discussing strategies for assessing particular safety threat items, based on participants’ initial prioritization, and engaging the group in discussing follow-up questions they would ask in each scenario from the previous exercise (the “Next Steps” column of Exercise #1).
6. Trainer shares examples of how interviewing priorities can change during the investigation and the process of assessing safety, using an expanded version of the first mini-example discussed previously.
7. Trainer reviews the use of the Interviewing Ladder: open-ended questions, narrative-anchored follow-up questions, and fine-tuning/clarifying questions, which can all help to “right-size” inquiries into the various domains on the safety assessment.

TOPIC: HOT, WARM, AND COOL SKILLS PRACTICE

Purpose

To provide participants with a chance to practice using the construct of HOT, WARM, and COOL in a case example.

1. Trainer asks participants to read the case example, either individually or in pairs. The information provided is a summary of information gathered about safety threat domains during each stage of an initial investigation. Using the SDM safety assessment definitions, after reading each scene, participants should indicate which safety threats are hot, warm, and cool. At the end of the case example, participants should complete the safety threat and caregiver complicating factors sections of the safety assessment, using the definitions.
2. Trainer debriefs the exercise with the group, using the answer key provided at the end of this Trainer Guide.

TOPIC: REASSESSMENT

Purpose:

To illustrate to participants how a safety assessment evolves over time and when to complete an update/review safety assessment.

1. Trainer shows PowerPoint image of changes in safety threats and uses hyperlink functionality to review examples and procedures for ruled out, resolved, controlled, and discovered safety threats.
2. Trainer engages participants in a brief activity that includes mini-examples (Exercise #3 in participant handouts). Participants should select whether each safety threat has changed to resolved, controlled, ruled out, or discovered.
3. Trainer debriefs the exercise with the group, using the answer key provided at the end of this Trainer Guide.

TOPIC: WORKSHOP CLOSURE AND PLANNING FOR SKILL DEVELOPMENT

Purpose

To allow participants to reflect on what they have learned.

Suggested Time: Five minutes

Activity

Ask participants to identify one or two ideas they will put to use while conducting an assessment of safety using the SDM safety assessment.

Appendix A

Answer Keys

Hot, Warm, Cool Answer Key (Round One)

In each of the following situations (situations 1 through 3 represent three different children and situations 4 through 6 represent three different caregivers), assume that there were no indicators of safety threats in the referral information and the family has no history of safety threats. During early in-person contact, the indicated information emerges. Decide whether the information constitutes a hot, warm, or cool item and mark the appropriate box. (*“Next Steps” will be completed at the end of the activity; see answer key for Round Two.*)

New Information	Yes	Undecided			No	Next Steps
		Hot	Warm	Cool		
1. While you are interviewing the child at school, she mentions that her dad can get pretty mad if she doesn't bring home good grades.				X		
2. While you are interviewing the child at school, she mentions that her dad can get pretty mad if she doesn't bring home good grades. Later, you ask what it's like when he gets mad. She says he has spanked her pretty hard.			X			
3. While you are interviewing the child at school, she mentions that her dad can get pretty mad if she doesn't bring home good grades. Later, you ask what it's like when her dad gets mad. She says he has spanked her pretty hard. You notice she is sitting gingerly and grimacing occasionally.		X				
4. As you are talking to the mother, she seems very nervous and frequently mentions needing to check with her husband. She denies any problems at home. You learn they moved here from several states away. She knows no one and seems to spend all day in the house.			X			
5. As you are talking to the mother, she explains that they have a traditional view of marriage. Father works outside the home and is considered the head of the household. Mother is not happy about being reported. She appears confident and talks about activities she participates in.				X		

New Information	Yes	Undecided			No	Next Steps
		Hot	Warm	Cool		
6. As you are talking to the mother, she seems very nervous and frequently mentions needing to check with her husband. She denies any problems at home. You learn they moved here from several states away. She knows no one and seems to spend all day in the house. You notice small bruises on both of her upper arms. She admits that her husband took her by the arms and shook her, and that her 8-year-old was present at the time. She says this happened just once, and he had been under a great deal of stress.		X				

Hot, Warm, Cool Answer Key (Round Two)

You have already decided whether the information constitutes a hot, warm, or cool item. For Round Two, fill in some possible follow-up questions and/or investigation strategies in the Next Steps area.

New Information	Yes	Undecided			No	Next Steps
		Hot	Warm	Cool		
1. While you are interviewing the child at school, she mentions that her dad can get pretty mad if she doesn't bring home good grades.				X		What happens when dad gets mad? How do you feel when dad gets mad? What else makes dad mad?
2. While you are interviewing the child at school, she mentions that her dad can get pretty mad if she doesn't bring home good grades. Later, you ask what it's like when he gets mad. She says he has spanked her pretty hard.			X			What does dad spank with? Does dad spank a lot? When was the last time dad spanked? Has dad ever spanked so hard that it was hard to sit down afterwards?
3. While you are interviewing the child at school, she mentions that her dad can get pretty mad if she doesn't bring home good grades. Later, you ask what it's like when her dad gets mad. She says he has spanked her pretty hard. You notice she is sitting gingerly and grimacing occasionally.		X				Does it hurt you right now to sit? What happened? (Observe for marks/bruises as appropriate.)
4. As you are talking to the mother, she seems very nervous and frequently mentions needing to check with her husband. She denies any problems at home. You learn they moved here from several states away. She knows no one and seems to spend all day in the house.			X			You seem a little on edge—are you worried about something? How have things been for you since moving here? What was the reason for your move? (Check for prior CPS history from the other state.)
5. As you are talking to the mother, she explains that they have a traditional view of marriage. Father works outside the home and is considered the head of the household. Mother is not happy about being reported. She appears confident and talks about activities she participates in.				X		What types of activities are you involved in? How do you define a traditional marriage? How does that view translate to your approach to parenting?

<p>6. As you are talking to the mother, she seems very nervous and frequently mentions needing to check with her husband. She denies any problems at home. You learn they moved here from several states away. She knows no one and seems to spend all day in the house. You notice small bruises on both of her upper arms. She admits that her husband took her by the arms and shook her, and that her 8-year-old was present at the time. She says this happened just once, and he had been under a great deal of stress.</p>			<p>X</p>		<p>(Ask the mother to talk about what happened. Get a criminal history check from previous state. Ask mother to discuss the stress her husband is under and how she might handle things if he were to grab her again. How were the children impacted?)</p>
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**EXERCISE #2 (CASE EXAMPLE)
ANSWER KEY**

Read the following case example. The information provided constitutes a summary of information gathered about safety threats during each stage of the investigation and is not representative of best-practice engagement strategies. Where prompted, indicate which safety threat items you are considering marking YES and whether they are currently at hot, warm, or cool.

REFERRAL INFORMATION: DAY 1

Hospital reports birth of a child five days ago with prenatal drug exposure. The mother tested positive for opiates and admits to using drugs during pregnancy. She relapsed a few times and smoked crack cocaine. The baby’s toxicology screen results are pending. The mother’s tests have been sent to an outside lab for confirmation. She was on methadone during pregnancy. She may have tested positive for something else in addition to opiates, but the results will not be back for 48 hours. Mother has a history of heroin addiction.

The baby, who was born a little premature, is in the neonatal intensive care unit due to withdrawal symptoms; he will remain there until the symptoms resolve. He is jittery and irritable. He is also having feeding problems and will not be discharged for at least five days. He is being given small doses of methadone. At birth he weighed 5 pounds, 14 ounces, and was 18.5 inches long. His APGAR scores were 7 and 9.

The mother had sporadic prenatal care, which she started in the second trimester. About four months ago she indicated interest in putting this baby up for adoption, but has changed her mind. The baby’s father pushed her to have the baby, and he does not want to lose custody of him.

The mother was discharged yesterday. She has three adult children. She also has an 8-year-old who lives out-of-state with his grandparents and a teenager who was adopted by other relatives. The 8-year-old’s arrangement is informal.

Scene 1

Yes	Hot	Warm	Cool	No
	#1: Serious physical harm <u>Caregiver Complicating Behavior:</u> Substance abuse	#9: Prior history	All others	

Evidence for Hot Items:

Substance abuse as caregiver complicating behavior: The mother has admitted to drug use during pregnancy. If true, this is inappropriate prenatal care for the child, and we have concerns about her care for the child going forward.

#1: An infant being prenatally drug-exposed would meet the criteria for marking this item.

Evidence for Warm Items:

#9: We do not yet know why her 8-year-old and teenager are living with other relatives. Since some of the other information in the referral, if true, would be a serious and current child maltreatment concern, we would want to further investigate the reasons these children live elsewhere.

RECORD REVIEW: DAY 3

Your review of the mother’s prior CPS history indicates a long history of CPS referrals for neglect, dating back at least 20 years. Many of the older records are not readily available, but records from the past five years are available electronically. There have been no referrals in the past two years, subsequent to the mother’s decision to let her youngest child (then age 6) go to stay with his grandparents. Prior SDM risk assessments were always very high risk. Prior SDM safety assessments related to the 6-year-old always indicated substance abuse and domestic violence as safety threats. The teenager who was adopted by relatives had been removed five years ago following a neglect referral. The mother was using heroin and had left the child unattended for days at a time. Reunification efforts failed, and the mother eventually agreed to a termination of parental rights.

Scene 2

Yes	Hot	Warm	Cool	No
	#9: Prior history #1: Serious physical harm <u>Caregiver Complicating Behavior:</u> Substance abuse	<u>Caregiver Complicating Behavior:</u> Domestic violence	All others	

Evidence for Change:

#9: Now that we have more information about prior history, we have evidence for the part of the definition about previous child maltreatment and the caregiver’s response.

New caregiver complicating behavior: Domestic violence is added as a WARM item because it was a safety threat in a previous investigation.

HOSPITAL VISIT: DAY 3

On arrival you learn the baby is doing better, but is still in the NICU and still on low-dose methadone. The baby is not feeding well, and has lost more than the usual amount of weight. The doctor believes this will probably resolve within the next several days. The tests for mother and child came back positive for both methadone and heroin. The baby may be ready for discharge in three to five days. He will have to be on an apnea monitor at night, due to some respiratory difficulty that will eventually clear up.

You review the baby's chart and talk to nursing staff. You note that since being discharged, the mother has not been to the hospital. The father has visited twice, but has not participated in any care or teaching. He brought a plastic toy truck. There have been no other visitors. According to the chart, the mother and father live together. This father is not the father of any of the older children.

Scene 3

Yes	Hot	Warm	Cool	No
	#3: Ability to meet medical needs/supervision #1: Serious physical harm #9: Prior history <u>Caregiver Complicating Behavior:</u> Substance abuse	<u>Caregiver Complicating Behavior:</u> Domestic violence	All others	

Evidence for Changes:

#3: Mom hasn't been to the hospital yet and has made no apparent effort to learn about her child's post-discharge care needs.

Although there is a large amount of evidence pointing to the presence of safety threat #1, as well as substance abuse as a caregiver complicating factor, we do not mark an item yes or no until we have had our first face-to-face interaction with the caregiver.

HOME VISIT: DAY 3

You arrive at the parents' home. As you approach the home, you note that it is a unit in an old house that has been converted to four apartments. The parents live in the upper rear apartment. The property is not well maintained, but is habitable. The mother comes down to let you in. You walk up a dark staircase with no handrail. The mother says the light bulb is out, but when you enter the house you note that no electronic displays on the TV or cable box are lit. You notice the mother has a black eye and a slightly swollen lip.

The apartment has one bedroom. There is a table in the kitchen, as well as an electric stove, a microwave, and a refrigerator. You see a few roaches crawling on the wall. There are ashtrays filled with cigarette butts and the apartment has a strong odor of cigarettes. There is no crib or bassinet, and no other baby-related items in the apartment. In the living room is one couch, which is pretty tattered. It is an overstuffed couch, and in places the stuffing is coming out of holes in the fabric. There are three big cushions that are distorted from use, leaving large gaps between cushions. There are two plastic chairs and a television on a bookcase that looks wobbly. Father works odd jobs and has a toolbox in the living room, with many of the tools spread around the living room. There is no crib, bassinet, or any other baby-related items in the apartment.

Mother appears drowsy at 2:00 p.m. She is wearing shorts and a T-shirt that look like they've been worn for several days. Her hair is uncombed. As you begin speaking with her, she does not always track your conversation.

You ask her about the baby, and she says the baby is doing great and she can't wait for him to come home. You ask the mother when she expects that to happen, and she says maybe tomorrow. You ask what she needs to do to prepare for the baby, and she says she is ready anytime. You mention that she looks tired. She says she is fine. You ask her to tell you a little about how she has prepared for the baby. The mother starts to tell you about her adult children and how helpful they are going to be. She then seems to doze off for 10 or 15 seconds before continuing.

You ask the mother about her methadone, and she states that after the birth of the baby, she stopped taking methadone and is using prescribed pain relievers instead. She declines to take a drug test today, stating that the medication prescribed for her delivery will result in a false positive.

The mother grows impatient with talking. You ask if she can tell you how to get hold of the father so you can talk to him. She tells you she threw that bum out last night and he isn't the father anyway. You ask what happened and she tells you he stole money from her, and when she confronted him, he got mad and started hitting her. The neighbors called the police and he was arrested. She says she's not letting him back in.

Scene 4

Yes	Hot	Warm	Cool	No
#1: Serious physical harm	#4: Hazardous living conditions			
#3: Ability to meet medical needs/supervision	<u>Caregiver Complicating Behavior</u> : Domestic violence			
#9: Prior history				
<u>Caregiver Complicating Behavior</u> : Substance abuse				

Evidence for Changes:

We have met the mother and have no new information to contradict the evidence we've gathered about her substance abuse, prior history, or lack of ability to meet the child's needs.

In addition, we have concerns about bringing the child into a home with roaches, cigarette smoke, and an apparent lack of electricity. We have a report from the mother regarding physical violence with the father last night, but we don't know if the father will return or not.

PHONE CALL WITH DOCTOR FROM YOUR CAR, IMMEDIATELY AFTER LEAVING MOTHER'S HOUSE

You describe the smoke-filled room, lack of electricity, and mother's state of mind to the doctor. The doctor states that without electricity, the apnea monitor can't operate and that would be too dangerous. They would also not be able to warm the baby's bottle. This child's compromised respiratory system could not manage a smoky environment, and letting the child go there would put him at risk for respiratory distress and failure.

PHONE CALL WITH LAW ENFORCEMENT FROM YOUR CAR, IMMEDIATELY AFTER CALLING DOCTOR

Police have no record of a domestic dispute at this address and no record of arresting anyone by father's name last night.

COMPLETE THE SAFETY THREAT AND CAREGIVER COMPLICATING BEHAVIORS SECTIONS OF THE SAFETY ASSESSMENT.

CALIFORNIA
SDM® SAFETY ASSESSMENT

r: 10/15

Referral Name: _____ Referral #: _____

County: _____ Worker: _____

Is either caregiver Native American or a person with Indian ancestry? Yes No Parent Not Available Parent Unsure

Date of Assessment: ____/____/____ Assessment Type: Initial Review/update Referral closing/case closing

Names of Children Assessed: (If more than six children are assessed, add additional names and numbers on reverse side.)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Are there additional names on reverse? 1. Yes 2. No

Household Name: _____ Were there allegations in this household? 1. Yes 2. No

Factors Influencing Child Vulnerability (Conditions resulting in child's inability to protect self; mark all that apply to any child.)

- Age 0–5 years Diminished mental capacity (e.g., developmental delay, nonverbal)
 Significant diagnosed medical or mental disorder Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
 Not readily accessible to community oversight

SECTION 1: SAFETY THREATS

Assess household for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present. Mark all that apply.

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation, as indicated by:
<input type="checkbox"/> Serious injury or abuse to the child other than accidental.
<input type="checkbox"/> Caregiver fears he/she will maltreat the child.
<input type="checkbox"/> Threat to cause harm or retaliate against the child.
<input type="checkbox"/> Domestic violence likely to injure child.
<input type="checkbox"/> Excessive discipline or physical force.
<input checked="" type="checkbox"/> Drug-/alcohol-exposed infant. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Child sexual abuse is suspected, AND circumstances suggest that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in severe psychological/emotional harm AND these actions result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Caregiver's explanation for the injury to the child is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child's safety may be of immediate concern. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The family refuses access to the child, or there is reason to believe that the family is about to flee. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Current circumstances, combined with information that the caregiver has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caregiver's response to the previous incident. |

10. Other (specify): _____

Safety Decision: If no safety threats are present, complete the safety decision below.

Safe. No safety threats were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm. Complete the investigation and the risk assessment as required.

SECTION 1A: CAREGIVER COMPLICATING BEHAVIORS

If any safety threats above are marked yes, indicate whether any of the following behaviors are present. These are conditions that make it more difficult or complicated to create safety for a child but do not by themselves create a safety threat. These behaviors must be considered when assessing for and planning to mitigate safety threats with a safety plan. Mark all that apply to the household.

- Substance abuse** Domestic violence Mental health Developmental/cognitive impairment
 Physical condition Other (specify): _____

Reassessment of Safety Threats Answer Key

For each circumstance, indicate whether safety threat is ruled out, resolved, or controlled.

Circumstance	Answer
Safety threat #1 was originally marked based on excessive discipline or physical force. Alleged perpetrator, father, is still in the home. He maintains that corporal punishment is good and that is all he did. Child had multiple bruises on buttock, lower back, upper thighs, and one arm. Safety plan was that father would not be alone with child and mother would handle discipline. Father reluctantly agreed. Two weeks later, risk assessment is moderate. Father has spanked child once, but did not cause any injury.	<input type="checkbox"/> Ruled out <input type="checkbox"/> Resolved <input checked="" type="checkbox"/> Controlled
Safety threat #2 was originally marked based on mother's concern for sexual abuse by father during visits (they are divorced). Child is 3 years old. Suspicion was based on mother's report of child exhibiting hypersexual behavior; redness in child's genital area; and child stating daddy touches her there (pointing to vaginal area). Initial assessment at child advocacy center was inconclusive; there was redness and swelling present, but it was nonspecific. A forensic interview included some statements by child that could point to abuse, but there was no clear disclosure. The father denied abuse. Two weeks later, tests came back normal. The child continues to have redness and swelling despite absence of the father, and these symptoms have been determined to not be indications of sexual abuse. Further interviewing of child and mother lead all parties except mother to believe the child is not being sexually abused.	<input checked="" type="checkbox"/> Ruled out <input type="checkbox"/> Resolved <input type="checkbox"/> Controlled
Safety threat #6 was originally marked because mother was denying knowledge of how child was injured. Child had spiral fracture of femur. On day two, mother revealed that her boyfriend had caused the injury. She did not reveal this initially because she was afraid her boyfriend would hurt her other children if he got mad, and she needed time to think things through. She has now made a statement to police and the boyfriend has been arrested. He is not a legal parent to any of her children. She is convincingly committed to protecting her children.	<input type="checkbox"/> Ruled out <input checked="" type="checkbox"/> Resolved <input type="checkbox"/> Controlled
Safety threat #3 was originally marked because 3-year-old child was found wandering alone on the street and could not lead passersby or, later, police to his home. CPS was called and the child was placed in a foster home while a search for his parent continued. It was not until the next day that the mother was found. She had been walking with the child in a park when she had a seizure. She had never had seizures before. Child wandered off before a passerby found mother and called ambulance. Mother was medically unable to communicate for several hours, and when she could, she had a hard time getting people to listen to her pleas to find her son. Eventually the worker connected with the mother and helped her contact the child's grandmother, who can watch the child until mother is medically cleared.	<input type="checkbox"/> Ruled out <input checked="" type="checkbox"/> Resolved <input type="checkbox"/> Controlled <i>Explanation: The safety threat was that the mother was incapable of providing appropriate supervision (#3). Her intent was not the issue. She has now resolved that threat by working with her mother and medical personnel (to manage her seizures in the future).</i>