

EXERCISE #1A

Hot, Warm, Cool

In each of the following situations, there were no indicators of safety threats in the referral information and no history of safety threats. During early in-person contact, the indicated information emerges. Check whether the information constitutes a hot, warm, or cool item. (Next steps will be completed later.)

New Information	Yes	Undecided			No	Next Steps
		Hot	Warm	Cool		
1. During the course of interviewing the child at school, she mentions that her dad can get pretty mad if she doesn't bring home good grades.						
2. During the course of 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 dad gets mad. She says he has spanked her pretty hard.						
3. During the course of 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.						
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.						
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.						
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.						

EXERCISE #2

Read the following vignette. Where prompted, indicate which safety threats are at hot, warm, and cool. Conclude by indicating which safety threats are present.

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 tox 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 for something else in addition to opiates, but results will not be back for 48 hours. Mother has a history of heroin addiction.

The baby is in the NICU. He was born a little premature. He has withdrawal symptoms. 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. He weighed 5 pounds, 14 ounces at birth, and is 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 changed her mind. The baby's father pushed her to have the baby, and he does not want to lose the baby.

Mother was discharged yesterday. She has three adult children. She also has an 8-year-old who lives out of state with 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

Record Review: Day 3

Review of prior CPS records indicates a long history of CPS referrals for neglect, dating back at least 20 years. Many of the older records were not readily available, but records in the past five years were available electronically. There were no referrals in the past two years, following the decision that the mother made to let her youngest (then age 6) go stay with his grandparents. Prior SDM risk assessments were always very high risk. Prior 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. Mother was using heroin and had left the child unattended for days at a time. Reunification efforts failed and mother eventually agreed to a termination of parental rights.

SCENE 2

Yes	Hot	Warm	Cool	No

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. Baby is not feeding well, and has lost more than usual weight. Doctor believes this will probably resolve in next several days. The tests for mother and child came back positive for both methadone and heroin. 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 chart and talk to nursing staff, and note that since being discharged, mother has not been to the hospital. 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, mother and father live together. This father is not the father of any of the older children.

SCENE 3

Yes	Hot	Warm	Cool	No

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. Parents live in the upper rear apartment. The property is not well maintained but is habitable. Mother comes down to let you in. You walk up a dark staircase with no handrail. 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 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. There are ashtrays filled with cigarette butts and a strong cigarette odor. 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 fabric tears. 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 is pretty 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 baby-related items.

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

You ask mother about her methadone, and she states that after the birth of the baby, she stopped taking methadone. She said it just wasn't as good as heroin. She admits that she has been smoking heroin since being discharged from the hospital (as well as several times in the last weeks of pregnancy).

Mother grows impatient with talking. You ask if she can tell you how to get hold of 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 whupping on 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

Phone call with doctor from your car, immediately after leaving mother's house

You describe smoky room, lack of electricity, and mother's state of mind to doctor. Doctor states that without electricity, apnea monitor can't operate and that would be too dangerous.

They would also not be able to warm baby's bottle. Child's compromised respiratory system could not manage a smoky environment, and letting child go there would risk 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 arrest of anyone by father's name last night.

COMPLETE SAFETY THREAT SECTION OF SAFETY ASSESSMENT.

CALIFORNIA
SAFETY ASSESSMENT

r: 10-07

Referral Name: _____ Referral #: _____

County: _____ Worker: _____

Date of Assessment: ____/____/____

Assessment Type: Initial Subsequent (mark one): review/update referral/case closing

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, non-verbal)
 Significant diagnosed medical or mental disorder Diminished physical capacity (e.g., non-ambulatory, limited use of limbs)
 School age, but not attending school

SECTION 1A: SAFETY THREATS

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

Yes No

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:
 Serious injury or abuse to the child other than accidental.
 Caregiver fears he/she will maltreat the child.
 Threat to cause harm or retaliate against the child.
 Excessive discipline or physical force.
 Drug-exposed infant.
2. 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.
3. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
4. Caregiver fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
5. 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.
6. The family refuses access to the child, or there is reason to believe that the family is about to flee.
7. Caregiver does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
9. Caregiver's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
10. Domestic violence exists in the home and poses an imminent danger of serious physical and/or emotional harm to the child.
11. Caregiver describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
12. Caregiver's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
13. Other (specify): _____

EXERCISE #3

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 type="checkbox"/> Controlled
Safety threat #3 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 hypersexual behavior; redness in 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, but it was non-specific. Forensic interview included some statements by child that could point to abuse, but there was no clear disclosure. Father denied abuse. Two weeks later, tests came back normal, child continues to have redness and swelling despite absence of father, and it is determined to not indicate sexual abuse. Further interviewing of child and mother lead all (except mother) to believe child is not abused.	<input type="checkbox"/> Ruled out <input type="checkbox"/> Resolved <input type="checkbox"/> Controlled
Safety threat #5 was originally marked because mother was denying knowledge of how child was injured. Child had spiral fracture of femur. By day two, mother revealed that her boyfriend caused the injury. She did not reveal 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 he 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 type="checkbox"/> Resolved <input type="checkbox"/> Controlled
Safety threat #7 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 child was placed in a foster home while search for his parent continued. It was not until the next day that 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. She helped contact her mother, who can watch the child until mother is medically cleared.	<input type="checkbox"/> Ruled out <input type="checkbox"/> Resolved <input type="checkbox"/> Controlled