

## EXERCISE #1

### Hot, Warm, Cool

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 later.)

| 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.   |     |           |      |      |    |            |
| 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.  |     |           |      |      |    |            |
| 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.  |     |           |      |      |    |            |
| 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 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 |
|-----|-----|------|------|----|
|     |     |      |      |    |

**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 |
|-----|-----|------|------|----|
|     |     |      |      |    |

**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 in 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 |
|-----|-----|------|------|----|
|     |     |      |      |    |

### **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.

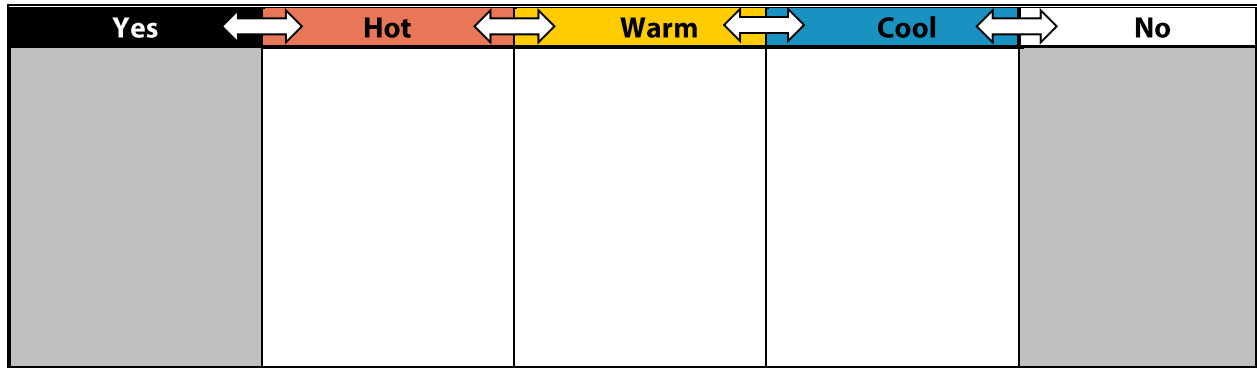
Mother appears drowsy at 2:00 p.m. She is wearing shorts and a T-shirt that look like they've been worn for several days. Her hair is uncombed. As you begin speaking with her, she does not always track your conversation.

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**



**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.)

- |   |  |
|---|--|
| <input type="checkbox"/> Age 0–5 years                                    | <input type="checkbox"/> Diminished mental capacity (e.g., developmental delay, nonverbal)         |
| <input type="checkbox"/> Significant diagnosed medical or mental disorder | <input type="checkbox"/> Diminished physical capacity (e.g., non-ambulatory, limited use of limbs) |
| <input type="checkbox"/> 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 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:<br><input type="checkbox"/> Serious injury or abuse to the child other than accidental.<br><input type="checkbox"/> Caregiver fears he/she will maltreat the child.<br><input type="checkbox"/> Threat to cause harm or retaliate against the child.<br><input type="checkbox"/> Domestic violence likely to injure child.<br><input type="checkbox"/> Excessive discipline or physical force.<br><input 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.  |

- 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.
- 8. The family refuses access to the child, or there is reason to believe that the family is about to flee.
- 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): \_\_\_\_\_

### EXERCISE #3

For each circumstance, indicate whether the relevant safety threat has been ruled out, resolved, or controlled. Each circumstance represents a different family.

| 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. The 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="radio"/> Ruled out<br><input type="radio"/> Resolved<br><input type="radio"/> 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 type="radio"/> Ruled out<br><input type="radio"/> Resolved<br><input type="radio"/> 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="radio"/> Ruled out<br><input type="radio"/> Resolved<br><input type="radio"/> 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 an 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="radio"/> Ruled out<br><input type="radio"/> Resolved<br><input type="radio"/> Controlled |