

**PRESENTING PROBLEM/ INTERVENTION:**

SOR called to report that Samantha was admitted to hospital yesterday and delivered her fourth child, a baby girl by the name of [REDACTED]. [REDACTED] states that [REDACTED]'s birth weight was 3837 grams, and the Apgars were 9 & 9.

SOR states that Samantha did receive good pre-natal care prior to the birth of this child, and notes that there are no known health concerns with respect to [REDACTED] at this time. SOR states that there was no reported drug or alcohol use during this pregnancy.

SOR states that Samantha disclosed that she was previously involved with the Agency back in the summer of 2004, due to concerns with respect to her four year old daughter, Pheonix. SOR states that Pheonix is currently residing in the home with Samantha and her common-law partner, Wes McKay (date of birth unknown). SOR notes that Wes is the father to this new child, and is expected to be a support to Samantha.

After reviewing the recorded documentation on CFSIS, this worker consulted with supervisor, Faria, with respect to the Agency's role with respect to this matter. Faria agreed that this matter should be referred to intake for ongoing follow up and assessment of the home environment at this time.

On Dec. 1/04 this worker left a voice message for the SOR, asking that she reconnect with the Agency to report Samantha's expected date of discharge.

On Dec. 1/04 this worker contacted EIA to inquire about the demographic information of Samantha's common-law partner, Wes McKay. Worker was advised by EIA that Samantha only has one child listed on her budget, and that there is not expected to be a common-law partner residing in the home. Therefore the date of birth for Wes McKay could not be obtained.

On Dec. 1/04 at 12:00pm this worker reconnected with the SOR, [REDACTED] at Women's Hospital at phone number [REDACTED]. Worker asked [REDACTED] when the expected discharge date would be for Samantha and [REDACTED] advised that Samantha might be leaving today after 5:00pm, or sometime tomorrow, depending on the hospital's need for the bed.

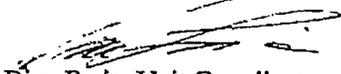
The safety assessment is completed and on file. Based on the information provided by the SOR the Safety Assessment, at the time of writing, is considered as within a 48-hour response.

**RECOMMENDATIONS**

It is recommended this file be opened for assessment and intervention.

*Shelly Wiebe*

Shelly Wiebe, Social Worker  
CRU

  
Diva Faria, Unit Coordinator