

## PRESENT DANGER ASSESSMENT AND PLANNING



A child is in present danger when there is an immediate, significant, and clearly observable family condition, child condition, or individual behavior that obviously endangers a child right now or threatens to endanger a child at any moment, and requires immediate action to protect the child before the comprehensive Family Functioning Assessment can be completed. The DCS Specialist's obligation is not only to ensure child safety but to obtain emergency medical treatment when necessary.

### DEFINITION

In present danger, the dangerous situation is in the process of occurring, just happened, happens all the time, or requires an immediate protective action because the alleged abuse or neglect cannot be immediately ruled out and if the allegation is true, the child is in present danger.

IMMEDIATE	SIGNIFICANT	CLEARLY OBSERVABLE
The danger is active and operating. What might result from the danger for a child could be happening or occur at any moment. Serious harm will result without prompt protective action.	The family condition, child condition, or individual behavior is exaggerated, out of control, and/or extreme. The danger is recognizable because what is happening is vivid, impressive, and notable.	There are actions, behaviors, emotions or out-of-control conditions in the home that can be specifically and explicitly described, which directly harm the child or are highly likely to result in immediate harm.

### PRESENT DANGER CONDITIONS

<p>Child is unsupervised or alone now or on a daily basis, or has been left with a person who is unwilling or unable to provide adequate care, and the child is not capable of caring for himself/herself;</p> <p>Caregiver is unable to perform essential parental responsibilities right now or all of the time due to alcohol/substance use, mental health conditions, physical impairment, and/or cognitive limitations;</p> <p>Caregiver is unable or unwilling to perform essential parental responsibilities and there is no other appropriate caretaker immediately available;</p> <p>Caregiver is out of control and cannot focus or manage his/her behavior in ways to properly perform parental responsibilities;</p> <p>Caregiver's behavior is currently violent, bizarre, erratic, unpredictable, incoherent, or totally inappropriate;</p> <p>Caregiver is brandishing weapons, known to be dangerous and aggressive, or is currently behaving in attacking or aggressive ways;</p> <p>Dynamics in the household include an adult establishing power, control or coercion over a caregiver in a way that impairs necessary supervision or care of the child and has caused, or will likely cause, serious harm to the child's physical, mental or emotional health;</p> <p>Caregiver has an extremely negative perception of the child, such as seeing the child as demon possessed; and/or has extremely unrealistic expectations for the child's behavior;</p> <p>Physical conditions in the home are hazardous and immediately threaten a child's safety, such as exposed live wiring, building capable of falling in, manufacturing of drugs (i.e. drug lab), or exposure to extreme weather;</p> <p>There is evidence of abuse or neglect and the caregiver cannot or will not produce the child, refuses access to the child, is likely to flee with the child, or is actively avoiding DCS (<i>such as not allowing others to have contact with the child [isolation] or moving a child among relatives, adults or different homes</i>).</p>	<p>Caregiver is subjecting the child to brutal or bizarre punishment such as confined to a cage, tied to an object, locked in a closet, forced feeding, scalding with hot water, burning with cigarettes, etc.;</p> <p>Child requires immediate medical attention, and the absence of medical treatment could seriously affect the child's health and well-being; such as a child who is severely malnourished, dehydrated or failure to thrive (<i>the absence of routine medical care is not a present danger situation</i>);</p> <p>Child's behavior is actively endangering self or others and caregiver cannot or will not control the child's behavior or arrange or provide necessary care;</p> <p>Evidence of recent sexual abuse, the perpetrator currently has access to identified victim, and no protective action is being taken by a non-offending caregiver;</p> <p>Injuries such as facial bruises, injuries to the head, or multiple plane injuries; different types of injuries on the child, such as a serious burn and bruising; bruising or injuries to a non-ambulatory child, or immersion burns;</p> <p>Severe to extreme maltreatment that is alleged to be occurring in the present (i.e., broken bones, burns, cuts, injuries to genitals, physical torture, soft tissue injuries posing a threat to vital organs, etc);</p> <p>Serious injuries that the caregivers and others cannot or will not explain, or the explanation is inconsistent with the observed or diagnosed injuries or condition;</p> <p>Child's condition is the result of deliberate, preconceived planning or thinking that the caregiver is responsible for and that preceded the child's serious injuries or condition;</p> <p>Child is profoundly afraid or terrified of their present home situation, or a particular person living in or having access to the home because of a specific concern of personal threat (<i>this does not include generalized fear or anxiety</i>);</p>
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## PRESENT DANGER PLANNING

If any child in the home is in present danger (*one of the present danger conditions listed on the other side is clearly observable*), the DCS Specialist must implement a present danger plan that controls the present danger prior to leaving the child or family. A present danger plan provides the child(ren) with responsible adult supervision and care so that the child will be safe while the DCS Specialist completes the Family Functioning Assessment. **A present danger plan is immediate, short term, and sufficient to control the present danger.**

### IMMEDIATE

The plan is capable of controlling the present danger the same day it is created. Before the DCS Specialist leaves the child or family, the present danger plan must be in motion and confirmed.

### SHORT TERM

The plan only needs to control the particular present danger situation(s) until sufficient information can be gathered and analyzed to determine the need for a longer term safety plan. Present danger plans should be sufficient to control the present danger until the Family Functioning Assessment is complete.

### SUFFICIENT

The adults who will provide care and supervision to the child(ren) are responsible, available, trustworthy, and capable of fulfilling their responsibilities within the present danger plan. It must be confirmed that the responsible adults are willing to cooperate and emotionally and physically capable of carrying out the protective actions needed to keep the child safe.

The DCS Specialist works with the family to determine what protective action is necessary to control the immediate present danger condition and who, if needed, will serve as the responsible adults to protect the child when the danger threats are present or likely to be present.

**Determine the *least restrictive* option possible that can sufficiently manage the danger threat to the child:**

- The threatening person will leave the home.
- The protective parent and child will leave the home and go to a safe environment.
- A responsible adult is in the home at pre-determined specific times.
- A responsible adult will routinely monitor the home.
- A responsible adult will move into the home seven days per week, 24 hours per day.
- The child will be cared for outside the home periodically.
- The child will live with someone in the family network part-time.
- The child will live with someone in the family network for seven days per week, 24 hours per day.
- The child will be placed in the temporary custody of DCS by a Voluntary Placement Agreement, CSO-1043.
- The child will be placed in the temporary custody of the Department.

LEAST RESTRICTIVE



MOST RESTRICTIVE

*For the purposes of this section, "the home" refers to the location where the unsafe child is presently residing and where the danger threat(s) need to be managed; for example, the child may be presently located in the family home, a hospital, a shelter, or other location.*

## COMPLETE THE PLANNING PROCESS

Complete a written Present Danger Plan (CSO-1034A) form with the family, identified responsible adults and/ or safety service providers. Ensure the plan outlines what **action** that each adult is responsible for to sufficiently manage the danger threat as well as the oversight plan between the DCS Specialist and the family. The plan should be written in a way that the family has a full understanding of what their roles are and in the language spoken and understood by the family. **A present danger plan may not be in place for more than 14 days.** Discuss and document the family's agreement or disagreement with the plan. Document the present danger assessment and the present danger plan implemented with the family in the CSRA, Section III, A.

If a present danger plan is implemented, the DCS Specialist must inform the parents that they have the right to an attorney and a hearing before a juvenile court judge if they do not agree to an in-home or voluntary present danger plan that is sufficient to control the danger, and the Department chooses to remove the child(ren) from the home and file a dependency petition.

**Once an assessment of present danger has been completed, proceed with the Family Functioning Assessment.**