### Impending Danger Threats Guide

Impending danger is a foreseeable state of danger in which a family behavior, attitude, motive, emotion, or situation can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. Impending danger threats are often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger threats are often subtle and can be more challenging to detect without sufficient contact and information collection with the family and others. Identifying impending danger threats require thorough information collection regarding family and parent/caregiver functioning to sufficiently assess and understand how family conditions occur.

### CPS Assessment Factor #2: Maltreatment – Extent, Circumstances, and History

<table>
<thead>
<tr>
<th>Impending Danger Threats</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Living arrangements seriously endanger the child’s physical health:</strong> Conditions in the home that are immediately life-threatening or seriously endanger child’s physical health. Physical health includes serious injuries that could occur because of the condition of the living arrangement.</td>
<td></td>
</tr>
<tr>
<td>Housing is unsanitary, filthy, infested, a health hazard.</td>
<td>The home has easily accessible open windows or balconies in upper stories.</td>
</tr>
<tr>
<td>The house’s physical structure is decaying, falling down.</td>
<td>Family home is being used for production or distribution of illegal drug substances; products and materials used in production or distribution of illegal drugs are being stored and are accessible within home.</td>
</tr>
<tr>
<td>Wiring and plumbing in the house are substandard, exposed.</td>
<td>Heating, fireplaces, stoves, are hazardous.</td>
</tr>
<tr>
<td>Furnishings or appliances are hazardous.</td>
<td>The house’s physical structure is decaying, falling down.</td>
</tr>
<tr>
<td>Heating, fireplaces, stoves, are hazardous and accessible.</td>
<td>The home has easily accessible open windows or balconies in upper stories.</td>
</tr>
<tr>
<td><strong>2. One or both parent(s)/caregiver(s) intend(ed) to seriously hurt the child and do not show remorse:</strong> Parents/caregivers act in a way that will assure pain and suffering. “Intend(ed)” means that before or during the time the child was harmed, the parent’s/caregiver’s conscious purpose was to hurt the child. This threat is distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt. “Seriously” refers to causing the child to suffer physically or emotionally. Parent/caregiver action is more about causing a child pain than about a consequence needed to teach a child.</td>
<td></td>
</tr>
<tr>
<td>The incident was planned or had an element of premeditation.</td>
<td>Parent’s/caregiver’s motivation to teach or discipline seems secondary to inflicting pain or injury.</td>
</tr>
<tr>
<td>The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g. cigarette burns).</td>
<td>Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident.</td>
</tr>
<tr>
<td><strong>3. One or both parent(s)/caregiver(s) cannot or do not explain the child’s injuries and/or conditions:</strong> Parents/caregivers are unable or unwilling to explain maltreating conditions or injuries of a child. An unexplained serious injury is a present danger and remains so until an explanation alters the seriousness of not knowing how the injury occurred or by whom.</td>
<td></td>
</tr>
<tr>
<td>Parent/caregiver acknowledges the presence of injuries and/or conditions of child but deny knowledge as to how they occurred.</td>
<td>Parent/caregiver accepts the presence of the child’s injuries and conditions but does not explain the injuries or appear to be concerned about them.</td>
</tr>
<tr>
<td>Parent/caregiver appears to be totally competent and appropriate but does not have a reasonable or credible explanation about how injuries occurred.</td>
<td>The history and circumstantial information are incongruent with parent’s/caregiver’s explanation of the injuries and conditions of child.</td>
</tr>
</tbody>
</table>

### CPS Assessment Factor #3: Child Functioning

<table>
<thead>
<tr>
<th>Impending Danger Threats</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4. The child is profoundly fearful of the home situation or people within the home:</strong> “Home situation” includes specific family members and/or other conditions in the living arrangement. “People in the home” refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up. The child’s fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear, but their behavior and emotion clearly and vividly demonstrate fear.</td>
<td></td>
</tr>
<tr>
<td>Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g. crying, inability to focus, nervousness, withdrawal, running away).</td>
<td>Child expresses fear and describes people and circumstances which are reasonably threatening.</td>
</tr>
<tr>
<td>Child expresses fear and describes people and circumstances which are reasonably threatening.</td>
<td>Child recounts previous experiences which form the basis for fear.</td>
</tr>
</tbody>
</table>
CPS ASSESSMENT FACTOR #4 – ADULT FUNCTIONING

5. One or both parent(s)/caregiver(s) are violent: Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be regularly, generally, or potentially active.

**Domestic Violence:**
- Parent/caregiver physically and/or verbally assaults their partner and child sees or hears the activity and is fearful for self and/or others.
- Parent/caregiver threatens, attacks, or injures both their partner and child.
- Parent/caregiver threatens, attacks, or injures their partner and child attempts or may attempt to intervene.
- Parent/caregiver threatens, attacks, or injures their partner and child is harmed even though child may not be the actual target of violence.
- Parent/caregiver threatens to harm child or withhold necessary care from child in order to intimidate or control their partner.

**General Violence:**
- Parent/caregiver whose behavior outside of the home (drugs, violence, aggressiveness, hostility, etc.) creates an environment within the home that could reasonably cause severe consequences to child (e.g. drug parties, gangs, drive-by shootings).
- Parent/caregiver who is impulsive, explosive, or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).

6. One or both parents/caregivers’ emotional stability, development, mental status, or cognitive deficiency seriously impair their ability to care for the child (ren): The lack of the caregiver’s ability to meet the immediate needs of a child may be due to a physical disability, significant developmental disability, or mental health condition that prevents adequate parental role performance. The disability or condition is significant, pervasive, and consistently debilitating, to the point where the child’s protection needs are being compromised.

**Parent/caregiver’s behavior is dangerously impulsive or they will not/cannot control their behavior:**
- Parent/caregiver is impulsive, explosive, or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).
- Parent/caregiver who is impulsive, explosive, or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).

7. One or both parents/caregivers’ behavior is dangerously impulsive or they will not/cannot control their behavior: This is about self-control (e.g. a person’s ability to postpone or set aside needs, plan, be dependable, avoid destructive behavior, use good judgment, not act on impulses, exert energy, and action or manage emotions). Parent’s/caregiver’s lack of self-control places vulnerable children in jeopardy. This includes parents/caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse issues. Poor impulse control or lack of self-control includes behaviors other than aggression and can lead to severe consequence to a child.

**Parent/caregiver is seriously depressed and functionally unable to meet child’s basic needs.**
- Parent/caregiver makes impulsive decisions and plans that leave child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
- Parent/caregiver is emotionally immobilized (chronically or situational) and cannot control behavior.
- Parent/caregiver is delusional or experiencing hallucinations.
- Parent/caregiver has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers) that are uncontrolled and leave child in potentially severe situations (e.g. failure to supervise or provide other basic care).

**Parent/caregiver is chemically dependent and unable to control the dependency’s effects.**
- Parent/caregiver lacks life management skills to properly use resources when they are available.
- Parent/caregiver cannot control sexual impulses (e.g. sexual activity with or in front of the child).

8. Family does not have or use resources necessary to assure the child’s basic needs: “Basic needs” refers to family’s lack of 1) minimal resources to provide shelter, food, and clothing or 2) the capacity to use resources for basic needs, even when available.

**Family has insufficient money to provide basic and protective care.**
- Parent/caregiver lacks life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their basic needs being adequately met.

**Family has insufficient food, clothing, or shelter for basic needs of child.**
- Parent/caregiver is unavailable to provide necessary protective supervision and basic care because of physical illness or incapacity.
- Parent/caregiver is or will be incarcerated thereby leaving child without a responsible adult to provide care.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) child.
- Child left with someone who doesn’t know parent/caregiver.

CPS ASSESSMENT FACTOR #6: PARENTING

9. No adult in the home will perform parental duties and responsibilities: Refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level.

**Parent/caregiver’s physical or mental disability/incapacitation makes the person unable to provide basic care for child.**
- Parent/caregiver does not respond to or ignores child’s basic needs.
- Parent/caregiver allows child to wander in and out of the home or through neighborhood without necessary supervision.
- Parent/caregiver ignores or does not provide necessary, protective supervision and basic care appropriate to the age and capacity of child.
- Parent/caregiver has abandoned child.

**Parent/caregiver is unavailable to provide necessary protective supervision and basic care because of physical illness or incapacity.**
- Parent/caregiver is or will be incarcerated thereby leaving child without a responsible adult to provide care.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) child.
- Child left with someone who doesn’t know parent/caregiver.
### 10. One or both parents/caregivers have extremely unrealistic expectations:

- Parent/caregiver sees child as responsible and accountable for parent’s/caregiver’s problems; blames child for losses and difficulties that the caretaker(s) experience (job, relationships, and conflicts with CPS/police).
- Parent/caregiver expects child to perform or act in a way that is improbable or impossible based on child’s age and developmental capacities. Such expectations for child include: not crying; remaining quiet and still for extended periods of time; not soiling themselves and/or being toilet trained; providing self-care or care for younger siblings; or staying home alone without any supervision.

- Parent/caregiver identifies specific behaviors and/or situations that act as triggers to aggravate or annoy them. These behaviors and/or situations result in making parent/caregiver want to lash out physically or verbally at child.
- Parent/caregiver is extremely distressed and overwhelmed by child’s behavior and is asking for relief or help in very specific terms.

---

### 11. One or both parents/caregivers have extremely negative perceptions of the child:

- "Exceptional" means a negative perception that is so exaggerated that an out-of-control response by the parent/caregiver is likely and will have severe consequences for the child.
- "Extremely" means a negative perception that is so exaggerated that an out-of-control response by the parent/caregiver is likely and will have severe consequences for the child.

- Child is perceived as having the same characteristics as someone parent/caregiver hates or is fearful of or hostile towards, and parent/caregiver transfers feelings and perceptions to child.
- Child is considered to be punishing or torturing parent/caregiver (e.g., responsible for difficulties in parent’s/caregiver’s life, limitations to their freedom, conflicts, losses, financial or other burdens).
- Child is perceived to be evil, deficient, or embarrassing.

- Parent/caregiver describes disciplinary incidents that have become out of control.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating child.
- Parent/caregiver describes disciplinary incidents that have become out of control.
- Parent/caregiver avoids parenting and basic care responsibilities.

---

### 12. One or both parents/caregivers fear they will maltreat the child and/or request placement:

- Parents/caregivers express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a parent’s distraught/extreme “call for help.” A request for placement is extreme evidence with respect to a parent’s/caregiver’s conclusion that the child can only be safe if he or she is away from the parent/caregiver.
- Parent/caregiver describes conditions and situations that stimulate them to think about maltreating child.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating child.
- Parent/caregiver describes disciplinary incidents that have become out of control.

---

### 13. One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child’s basic needs are met:

- Parent’s/caregiver’s intellectual capacities affect judgment and/or knowledge in ways that prevent provision of adequate basic care.
- Young or intellectually limited parents/caregivers have little or no knowledge of child’s needs and capacity.
- Parent’s/caregiver’s expectations of child far exceed child’s capacity thereby placing child in situations that could result in severe consequences.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to child’s age).
- Parent’s/caregiver’s expectations of child are totally unrealistic in view of child’s condition.
- Parent/caregiver lacks the capacity to fully understand the condition which results in severe consequences to child.

- Parent’s/caregiver’s parenting skills are exceeded by child’s special needs and demands in ways that will result in severe consequences to child.
- Parent’s/caregiver’s knowledge and skills are adequate for some children’s ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver is distressed or “at the end of their rope” and are asking for relief in either specific “take the child” or general “please help me before something awful happens” terms.
- Parent’s/caregiver’s intellectual capacities affect judgment and/or knowledge in ways that prevent provision of adequate basic care.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver states they will maltreat child.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent’s/caregiver’s expectations of child are totally unrealistic in view of child’s condition.

---

### 14. The child has exceptional needs which the parents/caregivers cannot or will not meet:

- "Exceptional" refers to specific child conditions (e.g., developmental disability, blindness, physical disability, serious mental/behavioral health needs, special medical needs). Parents/caregivers, by not addressing child’s exceptional needs, create an immediate concern for severe consequences to the child. This does not refer to parents/caregivers who do not do particularly well at meeting child’s special needs, but the consequences are relatively mild. Rather, this refers to specific capacities/skills/intentions in parenting that must occur and are required for the “exceptional” child not to suffer serious consequences. This threat exists, for example, when child has a physical or other exceptional need or condition that, if unattended, will result in imminent and severe consequences and one of the following applies.

- Parent/caregiver does not recognize the condition or exceptional need.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent’s/caregiver lacks the capacity to fully understand the condition which results in severe consequences to child.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent’s/caregiver’s expectations of child are totally unrealistic in view of child’s condition.
- Parent/caregiver allows others to parent or provide care to child without concern for the other person’s ability or capacity.
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above child’s needs that could result in severe consequences to child.
- Parents/caregivers do not believe child’s disclosure of abuse/neglect even when there is a preponderance of evidence and this has or will result in severe consequences to child.

---
The Danger Threshold refers to the point at which family behaviors, conditions or situations rise to the level of directly threatening the safety of a child. The Danger Threshold is crossed when family behaviors, conditions or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. The Danger Threshold criteria includes family behaviors, conditions or situations that are: observable; specific, and justifiable; occurring in the presence of a vulnerable child; out-of-control; imminent; severe/extreme in nature; and likely to produce severe harm. The Danger Threshold includes only those family conditions that are judged to be out of a parent’s/caregiver’s control and out of the control of others within the family. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control.

### DANGER THRESHOLD CRITERIA

#### Observables:

Family behaviors, conditions, or situations representing a danger to a child that are specific, definite, real, can be seen, identified and understood, and are subject to being reported, named, and justified. The criteria “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

- **What is happening that makes the child unsafe (conditions, behaviors, actions, or circumstances) can be clearly described.**
- **Danger is real, can be seen, and can be reported.**

#### Vulnerable Child:

A child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0–6 and older children who, for whatever reason, are not able to protect themselves or seek help from others. Refer to Tool 3A for additional information on vulnerable children.

- **Determine what characteristics of the child result in the child being vulnerable to a specific safety threat.**
- **A vulnerable child is unable to protect him/herself. This includes a child who is dependent upon others for sustenance and protection.**
- **A vulnerable child is defenseless, exposed to behavior, conditions, or circumstances that he/she is powerless to manage, and is accessible and susceptible to a threatening parent/caregiver.**

#### Out-of-Control:

Family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family’s control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions, or situations.

- **No responsible parent or adult in home can stop, prevent, or otherwise control family condition/threat.**
- **Family condition is out of the family’s control.**

#### Imminent:

The belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.

- **Understand when the threats occur in terms of frequency, times of day, days of the week, or when the maltreating parent/caregiver is around the vulnerable child. These can help when determining if threats are imminent and in creating a sufficient safety plan.**

#### Severity:

The degree of harm that is possible or likely without intervention. As far as danger is concerned, the safety threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disablement, terror and extreme fear, impairment, and death. The danger threshold is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

"Severe harm” is defined as:

- **Significant or acute injury to a child’s physical, sexual, psychological, cognitive, or behavioral development or functioning;**
- **Immobilizing impairment; or**
- **Life threatening damage.**

These criteria are considered in terms of potential effect on the vulnerable child.

#### When you identify a negative condition that has crossed the danger threshold, you should seek to understand the following:

1. How long has the condition been concerning or problematic?
2. How often is the negative condition actively a problem or affecting parent/caregiver performance?
3. What is the extent or intensity of the threat and how consuming is it to parent/caregiver functioning and overall family functioning?
4. What stimulates or causes the threat to child safety to become active?
5. What effect does the negative condition have specifically on the ability of a parent/caregiver to provide for the care and protection of children?
6. How likely is the negative condition to continue or get worse without agency intervention?