

## **PRESENT DANGER: Definitions and Examples**

### ***What is Present Danger?***

Present Danger refers to danger or threats of danger that exist right in front of you. They are active and in process the very minute you encounter the family. Present Danger can have immediate consequences. These are transparent, easily observed family behaviors, conditions, or situations which create danger to a child. They are obvious because they occur right before the observer. The facts and evidence of danger are being displayed in vivid and understandable ways. One generally needs no more information than what is before him or her when evaluating Present Danger.

### ***When is the Present Danger concept applied?***

Through the Safety Assessment and Management Process, assessing for Present Danger should be integrated into a child welfare professional's daily casework practice. Child welfare professionals must be assessing for Present Danger every contact they have with a child regardless of the setting – with their caregiver(s) of origin, with a relative, in a foster home, or in an adoptive home. The child welfare professional should be observant of and assessing the environment in which the child is presently located.

There are key transition points for children in out-of-home care when they are more emotionally vulnerable and compromised. Those two key points are 1) at the time of the initial placement and 2) at the time of any subsequent placement changes.

Children, who have experienced abuse and/or neglect from their caregiver(s) of origin which led to the identification of a Safety Threat and their subsequent removal, are dealing with the emotional and physical trauma from that abuse and/or neglect. In addition, they are dealing with the grief and loss of their parents, siblings, home, school, friends, and belongings. They may be being placed in a resource home whom they do not know or with a kinship family that they may have only occasionally seen. The future appears unknown to them. The child is in an emotionally compromised state.

Children are removed from out-of-home settings and placed in other out-of-home settings for various reasons. Maybe the resource family is having their own family issues and no longer wishes to continue to provide care. Perhaps the child is being moved due to his or her behaviors. Perhaps the resource family feels they can no longer meet the special needs of the child. Maybe there was an abuse or neglect issue which caused the County Children and Youth Agency to move the child for safety reasons. However, the child is compromised for many of the same reasons that were discussed above.

It is imperative at these times that the child welfare professional assures that the setting the child is being placed into is a safe environment. Therefore, child welfare

professionals are required to conduct and document a Present Danger Assessment at these key transition points.

### ***Assessing for Present Danger: Definitions***

Most of the family conditions, behaviors, or situations that represent Present Danger in a child's own home are different than what might be observed in an out-of-home care setting. For instance, it is not likely that the CCYA will observe an out-of-home caregiver hitting a child or depriving a child of immediate medical care for an acute condition. These circumstances which are sometimes apparent related to a child's own home just do not fit with the reality of an out-of-home situation, particularly at first encounter. Present Danger concerns that are more likely to be observed in out-of-home settings at first encounter are:

- Life threatening living arrangements (concerned with the home setting) exist;
- The out-of-home caregiver's viewpoint of the child is extreme or bizarre;
- The placed child is alone, unsupervised at the time of the first encounter;
- The child is uncommonly fearful or anxious of the kin or foster home situation;
- Out-of-home caregiver(s) is incapacitated or somehow unable or unwilling to provide protection to the child;
- An out-of-home caregiver is acting in bizarre ways at the first encounter;
- An out-of-home caregiver is out of control or dangerous at the first encounter;
- An out-of-home caregiver is inebriated or incapacitated by substances at the first encounter;
- Questionable concerns about the suitability of the placement exist, and the kin or foster family is socially or geographically isolated; and
- There is reason to believe that the out-of-home caregiver(s) is attempting to make the child inaccessible to outsiders.

Note: It is expected that a record check will have occurred to ascertain current and historical information about the criminal and CCYA background of the out-of-home care providers. Such information could reveal questions of suitability that preclude continuing the out-of-home care living arrangement or could require immediate observation and inquiry into the suitability of the home.

Moving away from the traditional list of Present Danger family conditions used in In-Home Safety Assessment, the following represents a more fully developed list with definitions and examples. These Present Danger concerns are drawn from threats to safety generally apparent in safety models throughout the country. They have been tailored in consideration of assessing for Present Danger in placement homes. The presence of any of these examples, if confirmed, means the child is unsafe.

1. **Out-of-home caregiver(s) or others in the home are acting violently or out of control.**

**Definitions** For use in assessing safety in out-of-home care, naturally “caregivers” refers to out-of-home caregivers. *Or others in the home* have been added to this safety concern to capture the need to consider children and others in the household who may be a threat to a placed child. Dangerous people within the household may be behaving in bizarre ways; however, this is intended to capture a more specific type of behavior or what is told or known about people within the household. This refers to people who are imposing or threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking, aggressive ways. This considers information provided by others or from records, or from direct observation of violence or violent tendencies that are anticipated and somehow observed at the first encounter. Here we are looking for unacceptable to unrestrained aggression, hostility and acting out toward others and specifically toward the CCYA. It should be emphasized that this Present Danger Threat refers to any adults or children, related or not, who frequent the home or are living in the home. Domestic violence situations are covered in another safety concern that follows.

**Examples**

- Mean spirited, intimidating, hostile, violent, aggressive individuals generally observable and in direct interaction with the CCYA.
- People who carry guns or other weapons.
- People known to have a history of violence and trouble with civil authorities.
- Caregiver(s) who is acting impulsively including physically aggressive, temper explosions, unanticipated and harmful physical reactions such as throwing things.
- Hostile, aggressive behavior in the community; against non-family members; fighting.
- Children within the kin or foster home who are acting out and destructive toward others.
- Children within the kin or foster home who victimize other children physically or sexually.
- Extreme physical or verbal, angry, or hostile outbursts at children and/or other family members.
- References to use of unusual, unacceptable, even brutal or bizarre punishment.
- Use or reference to use of guns, knives, or other instruments in a violent and threatening way.
- Communication and behavior that seems reckless, unstable, raving, or explosive.

**2. Out-of-home caregiver(s) describe(s) or acts toward the child in predominantly negative terms or has extremely unrealistic expectations.**

**Definition** The word “predominantly” is meant to suggest perceptions which are so negative they would, if present, create a threat to a child. These types of perceptions must be present, observable, but are inaccurate with respect to the child. Although the reference to caregivers includes kin or resource parents, it is more likely that this will apply primarily to those who are familiar with a child, like kin.

**Examples**

- The child is seen as the devil, demon possessed evil, bastard, product of rape, *etc.*
- The child has taken on the same identity as someone the out-of-home caregiver(s) dislikes, is hostile toward, fearful of; the caregiver(s) transfers feelings and perceptions of the person to the child.
- The child was/is unwanted in the family or placement.
- The child is seen by the out-of-home caregiver(s) as deformed, ugly, deficient, or embarrassing.
- The child is considered by the out-of-home caregiver(s) to be a burden, a nuisance or somehow punishing, torturing them by the child’s presence.
- One of the out-of-home caregivers is competitive with or harbors ill will toward the child because the child is or is believed to be special or favored by the other caregiver.
- Out-of-home caregiver(s) believes the child is a detriment to the caregiver’s relationship to each other or to the child; is a threat to the caregiver’s relationship; stands between the caregiver’s best interests; includes jealousy.
- Out-of-home caregivers(s) sees child as undesirable replication of the child’s parents and holds some sense of purging or punishing.
- Describes child as evil, stupid, ugly, or in some other demeaning or degrading manner.
- Directs profanity to a child and/or repeatedly attacks child’s self-esteem.
- Scapegoats the child.
- Requires child to perform or act in a way that is impossible or improbable for the child’s age or development level (*e.g.*, babies and young children expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly, expected to care for younger siblings, expected to stay alone).
- Child is seen by out-of-home caregiver(s) as responsible for the caregiver’s own family problems, the placement, and/or the increased responsibility.

**3. The out-of-home caregiver(s) communicate(s) or behave(s) in ways that suggest that they may fail to protect child(ren) from serious harm or threatened harm by other family members, other household members, or others having regular access to the child(ren).**

**Definition** It is likely that the only way this concern applies as a Present Danger in a placement situation is if, after a child has been placed, the out-of-home caregiver(s) would allow the child to be maltreated by the child's own caregiver(s) of origin, parents, or others who frequent the placement home.

4. **The out-of-home caregiver(s)/family refuses access to the child, or there is reason to believe that the family is about to flee.**

**Definition** Primarily applying to kinship placements, this includes families who have a history of physically moving from place to place; have many jobs for brief periods of time; or have limited property that would tie them down. This refers to specific and observable behavior, emotions, and communication for the purpose of avoiding CCYA involvement expressed in either obvious terms or suggesting intent.

**Examples**

- Out-of-home caregiver(s) advises the CCYA that they will not be needed or that close contact is not warranted or desired.
- Out-of-home caregiver(s) is inaccessible and unavailable particularly at the onset – the first encounter.
- Out-of-home caregiver(s) cancels initial appointments, no shows, cuts short meetings or phone calls.
- Out-of-home caregiver(s) is reluctant to make the placed child available.
- Out-of-home caregiver(s) seeks out their own assistance and indicates no need from the CCYA.
- Out-of-home caregiver(s) disagrees or argues with the CCYA about needed involvement and intervention at the first encounter.
- A family that has moved several times in a limited period of time.
- A family that rents and moves a lot.
- A family with limited material possessions worth keeping, but which are easily discarded and replaced.
- A family existing on temporary employment, day jobs.
- A family with poor work history characterized by frequent job changes.

5. **Out-of-home caregiver(s) is/are unwilling or unable to meet the child's immediate needs for food, clothing, or shelter.**

**Definition** When assessing placement situations, it may be necessary to speculate about the potential for meeting a placed child's basic needs. So, beyond an out-of-home caregiver(s)' intent or ability, one would examine availability and accessibility of necessary resources. Following placement, evidence of not meeting basic needs may become more apparent.

### **Examples**

- No food provided or available to child or child deprived of food or drink for prolonged periods since the placement began.
- Child without minimally protective clothing.
- Other children in placement home appear malnourished.
- Family has limited, inadequate resources, finances, *etc.*
- Evidence of out-of-home caregiver(s) withholding from own or other placed children.

## **6. Out-of-home caregiver(s) is/are unwilling or unable to meet medical needs including their own, other placed children, or children to be placed.**

**Definition** At the point a child is to be placed, this safety concern may apply with respect to indications of disbelief by caregivers of the need for medical care for the placed child. Out-of-home caregivers may communicate reluctance to seek out and use medical care. After placement has occurred, there may be specific evidence of failing to meet a placed child's medical needs. There may be some evidence of out-of-home caregivers not meeting the medical needs of children who are already placed or living with them.

### **Examples**

- Out-of-home caregiver(s) does not seek treatment for child's immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).
- Out-of-home caregiver(s) perceives and describes medical needs inaccurately; fails to see seriousness of need.
- Caregiver(s) holds beliefs that prevent them from seeking medical care.

## **7. Out-of-home caregiver(s) has/have not, will not, or is unable to provide supervision necessary to protect child from potentially serious harm.**

**Definition** This refers to out-of-home caregivers who are being considered or have been designated to provide care. If other adults in the home are providing care as strictly a temporary measure which will allow the caregivers to return to their responsibility, then it is possible no threat exists. This also includes the continuing need for supervision following placement, and therefore goes beyond the concern related to caregivers who are not able to provide care at the first encounter. Given that various demands may occur related to the availability of adult care of children following placement, this concern seeks to identify situations in which a reasonable question can be raised about the availability of adult supervision over time, which may include the caregivers or other responsible adults.

## Examples

- Out-of-home caregiver(s) is likely to be absent from the home for lengthy periods of time; no other adult is available to provide basic care.
- Out-of-home caregiver(s) has arranged for care by some adult but the plan is inadequate.
- Adults are available to the family from the outside, but cannot be available around the clock.
- Out-of-home caregiver(s) has obligations that will leave the home without a responsible adult.
- Children are too young or incapable of meeting their own protection and basic needs.
- Work or other demands result in the absence of out-of-home caregiver(s) from the home and no other adult is available.
- An adult that has previously been identified to provide support to the family as an occasional caregiver is not available or never agreed to the responsibility.
- Plans offered by out-of-home caregiver(s) includes gaps of time when care appears not to be available.
- Out-of-home caregiver(s) does not attend to child to the extent that need for care goes unnoticed or unmet (e.g., although caregiver is present, child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards).
- Out-of-home caregiver(s) leaves child alone (time period varies with age and development stage).
- Out-of-home caregiver(s) makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates very poor planning for child's care.

## 8. Child is unusually fearful/anxious of home situation.

**Definition** This does not refer to general fear or anxiety. For assessing safety in out-of-home care – Present Danger, this does refer to kinship or foster families. It should be noted that most children entering foster care are anxious about the unknown circumstances. That sort of emotional state does not apply here. This refers to children who have familiarity with the potential placement family and are obviously afraid of being placed there. The anxiety or fear may be person specific because of the child's concern for personal threat. Information would likely describe actual communication or emotional/physical manifestations from the child's knowledge or perception of his or her impending situation (joining the placement family household).

## Examples

- Child demonstrates emotional and physical responses indicating fear of the home or people within the home; crying, jitters, unable to focus, withdrawal.
- Child states fearfulness and describes people and circumstances that are reasonably threatening.

- Child recounts previous experiences that form the basis for fear.
- Child's fearful response escalates at the mention of home, people or circumstances associated with reported incidence.
- Child describes threats against him or her that seem reasonable and believable.
- Child cries, cowers, cringes, trembles, or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
- Child exhibits severe anxiety (*i.e.*, nightmares, insomnia, and enuresis) related to situation(s) associated with person(s) in the home.
- Child has reasonable fears of retribution or retaliation from caregiver(s).
- Child exhibits emotional/behavior disturbances related to situation(s) with a person(s) in the home.

9. **Out-of-home caregiver(s) has/have previously maltreated a child, and the severity of the maltreatment or the caregiver's response to the previous incident(s) suggests that safety may be an immediate concern.**

**Definition** If it is known that the out-of-home caregiver(s) has/have previously severely maltreated a child, then certain decisions are necessary: 1) do not place a child with the caregiver(s) or 2) remove the child if the child has already been placed prior to the knowledge of the previous abuse. This safety concern, when applied while assessing safety in out-of-home care, is applied with respect to the caregiver(s)' own children or other children who have lived or are living with the caregiver(s) when placement is being considered.

**Examples**

- Previous maltreatment that was serious enough to cause or could have caused severe injury, harm, or death.
- Out-of-home caregiver(s) had retaliated or threatened retribution against child for past incidents
- Escalating pattern of maltreatment.
- Out-of-home caregiver(s) does not acknowledge or take responsibility for prior inflicted harm to the child or attempts to justify incident(s).
- Out-of-home caregiver(s) does not explain injuries and/or conditions.

10. **The physical living conditions are hazardous and immediately threatening.**

**Definition** When assessing for safety in out-of-home care, this safety concern applies only to the kinship or foster home. It should be noted that this safety concern applies only when living conditions exist as an immediate threat, having serious health and life implications. Unkempt and dirty homes do not meet this criterion.

**Examples**

- Leaking gas from stove or heating unit.



- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in the open.
- Lack of water or utilities (heat, plumbing, or electricity) and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters for heat).
- Windows/doors are open, broken, or missing.
- Exposed electrical wires.
- Accumulated garbage or spoiled food which threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Evidence of insect or rodent infestation which threatens health.
- Guns and other weapons are not locked.

**11. The out-of-home caregiver(s)' drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.**

**Definition** This refers to those who, because of the use of substances, are out of control, are acting unpredictable, incoherent, drunk/high, and are not able to provide protection or act responsibly. This would be evidenced at the first encounter or known from other sources. A Present Danger observation would be consistent with finding the out-of-home caregiver(s) under the influence at the time of the first encounter.

**Examples**

- Out-of-home caregiver(s) is unable to communicate in coherent ways due to substances.
- Out-of-home caregiver(s) is obviously drunk and unable to function.
- Out-of-home caregiver(s) is physically disoriented.
- Out-of-home caregiver(s) is high or inebriated and demonstrates disturbance due to substances as illustrated by mood, speech, situation, emotion, and behavior.
- Out-of-home caregiver(s) is drunk, stoned, passed out.
- Out-of-home caregiver(s)' substance abuse problem could render the caregiver incapable of routinely/consistently attending to basic needs/care of children.
- Out-of-home caregiver(s) is a known drug user and reportedly or as observed abuses drugs or alcohol to the extent that his/her actions are significantly impaired. As a result, the caregiver(s) is unable to care for the child or has harmed the child.
- Alcohol, drugs, or drug paraphernalia are accessible to the child.

12. **Out-of-home caregiver(s)' emotional instability or developmental delay affects ability to currently supervise, protect, or care for the child.**

**Definition** This refers to kinship and foster care caregivers that possess mental disorders or mental limitations that affect their physical, emotional, and/or cognitive capacity with respect to child safety. They may make poor judgments, cannot effectively problem solve, have deficient reality testing and perception, are ineffective planners and unable to adequately protect.

**Examples:**

- Refusal to follow prescribed medications may diminish ability to parent child.
- Out-of-home caregiver(s) exhibits distorted perception of reality (*e.g.*, hallucinates) that impacts ability to care for and protect the child.
- Inability to manage anger leads to excessive and/or inappropriate discipline.
- Depressed behavior that manifests feelings of hopelessness or helplessness.
- Out-of-home caregiver(s) is immobilized by depressed behavioral symptoms resulting in failure to protect and provide basic needs.

13. **Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child(ren).**

**Definition** This safety concern can be applied in assessing safety when considering a family for placement or during a placement. It is relevant with respect to knowledge of a history of domestic violence, current records of active violence in the home, or common knowledge of domestic violence problems as reported by reliable sources such as family members, neighbors, friends, or professionals. Knowledge of domestic violence or tendencies toward violence in the home should raise concern about placing a child in such a home. The children referred to in the examples are those who have resided in the home rather than the child being considered for placement.

**Examples**

- Family's own child(ren) previously injured in domestic violence incident.
- Family's own child(ren) exhibit severe anxiety (*e.g.*, nightmares, insomnia) related to situations associated with domestic violence.
- Family's own child(ren) cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the home.
- Family's own child(ren) is at potential risk of physical injury.
- Child(ren)'s behavior increases risk of injury (*e.g.*, attempting to intervene during violent dispute, participating in the violent dispute).
- Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- Evidence of property damage resulting from domestic violence.
- Agency/criminal/police records of domestic violence.
- Reports from family members, friends, neighbors, professionals.

**14. Child has exceptional needs or behavior which the out-of-home caregiver(s) cannot/will not meet or manage.**

**Definition** “Exceptional” refers specifically to child conditions which are either organic or naturally induced (as opposed to caregiver) such as retardation, blindness, physical handicap, acute medical needs, *etc.* This includes serious physical, emotional, or behavioral effects from child maltreatment. The key word here is “serious.” Serious suggests that the child’s condition has immediate implications for immediate and effective caregiver(s) response such as suicide prevention or other child management skills. This threat can include the child being a threat to him or herself. The key here is that the out-of-home caregiver(s) will not/cannot meet the child’s needs or manage the child’s behavior.

**Examples**

- Child has a physical or mental condition that if untreated serves as a threat of harm.
- Out-of-home caregiver(s) does not recognize condition.
- Out-of-home caregiver(s) views condition as less serious than it is.
- Out-of-home caregiver(s) refuses to address problem for religious or other reasons.
- Out-of-home caregiver(s) lacks the capacity to fully understand the child’s condition or the threat of harm.
- Out-of-home caregiver(s)’ expectations of the child are totally unrealistic in view of the child’s condition.
- Out-of-home caregiver(s) allows the child to live or be placed in situations in which harm is increased by virtue of the child’s condition.
- Child threatens or attempts suicide; out-of-home caregiver(s) cannot/will not manage.
- Child appears to be having suicidal thoughts; out-of-home caregiver(s) cannot/will not manage.
- Child will run away; out-of-home caregiver(s) cannot/will not manage.
- Child’s emotional state is such that immediate mental health/medical care is needed; out-of-home caregiver(s) cannot/will not manage.
- Child is capable of and likely to self-mutilate; out-of-home caregiver(s) cannot/will not manage.
- Child is a physical danger to others; out-of-home caregiver(s) cannot/will not manage.
- Child abuses substances; may overdose; out-of-home caregiver(s) cannot/will not manage.
- Child is so withdrawn that basic needs are not being met; out-of-home caregiver(s) cannot/will not manage.
- Child has self-inflicted, severe injuries; out-of-home caregiver(s) cannot/will not manage.

**15. Child is seen by either out-of-home caregiver as responsible for the child's caregiver(s) of origin's problems, or for problems that the out-of-home caregiver(s) is/are experiencing or may experience.**

**Definition** This refers to caregivers who blame the child and consider the child as the cause of the problems of the child's caregiver(s) of origin. Caregiver(s) blame(s) the child for problems that they are experiencing themselves. This includes caregivers who give evidence of anticipating problems with the child.

**Examples**

- Child is blamed and held accountable for CCYA involvement or the placement.
- Caregiver(s) directly associates difficulties in their lives, limitations to their freedom, financial or other burdens to the child.
- Conflicts that caregiver(s) experiences with others (family members, neighbors, friends, school, police, CCYA, *etc.*) are considered to be the child's fault.
- Losses the out-of-home caregiver(s) experiences (job, relationships, *etc.*) are attributed to the child.
- Lack of success as an out-of-home caregiver(s) is blamed on the child.

**16. One or both of the out-of-home caregiver(s) are sympathetic toward the child's caregiver(s) of origin, justify the caregiver(s) of origin's behavior, believe the caregiver(s) of origin rather than the CCYA, and/or are supportive of the child's caregiver(s) of origin's point of view.**

**Definition** This refers to situations in which the caregiver(s) is/are inclined to favor the caregiver(s) of origin's side. Out-of-home caregiver(s) believe the caregiver(s) of origin's accounts of family problems and maltreatment and justify the caregiver(s) of origin's positions no matter whether they are consistent with the CCYA or accurate in terms of what has occurred that has brought about the need for placement. This indicates a lack of empathy for the child. This refers to out-of-home caregiver(s) who is aligned with the child's caregiver(s) of origin and tend to take their side with respect to what precipitated the placement and CCYA involvement in the case.

**Examples**

- Out-of-home caregiver(s) believes that the parents have been wrongly accused.
- Out-of-home caregiver(s) believes the parents' account over CCYA or the child.
- Out-of-home caregiver(s) acknowledges the parents' problems but make excuses for them or justifies their action based on the child's behavior or other influences.

- Out-of-home caregiver(s) believes that CCYA is overreacting to what happened in the child's home.
- Out-of-home caregiver(s) believes that the parents' rendition of the events, actions and situations occurring that influenced the need for placement is correct and that others are exaggerating.
- Out-of-home caregiver(s) tells the parents that they believe them and are supportive of the parents' position.

**17. One or both of the out-of-home caregiver(s) indicate the child deserved what happened in the child's home.**

**Definition** This refers to a caregiver(s) who believes that whatever happened in the child's home was justified by things the child did or the way the child is.

**Examples**

- Out-of-home caregiver(s) believes that a female sexual abuse victim was asking for or provoking the sex.
- Out-of-home caregiver(s) characterizes the child as a smart aleck and considers the talking back resulted in the abuse.
- Out-of-home caregiver(s) thinks the child is old enough to care for herself, and if she was not fed or supervised, it was not necessary, for she should have been self-sufficient.

**18. Out-of-home caregiver(s) has/have a history of or active criminal behavior that affects child safety, such as domestic violence, drug trafficking or addiction, sex crimes, other crimes of violence against people or property.**

**Definition** This refers primarily to anti-social, violent type criminal behavior. One assessing this concern is well advised to consider the kind of crime, the length of history, the nature of the offense with respect to influencing capacity to provide care and so on.

**Examples**

- Robbery or armed robbery
- Physical assault
- Homicide
- Hate crimes
- Alcohol or drug related crimes, particularly involving violence
- Domestic violence
- Drug Trafficking and/or addiction
- Sex crimes
- Crimes of violence against people or property

**19. Out-of-home caregiver(s) or family members will likely allow the caregiver(s) of origin unauthorized access to the child.**

**Definition** This refers to caregivers who will likely allow caregiver(s) of origin to see, visit, or take children under circumstances disallowed by the CCYA.

**Examples**

- Unauthorized phone calls.
- Having parents visit in the home.
- Meeting parents at other locations.
- Allowing parents to take children out.

**20. Active CCYA case or a history of reports and/or CCYA involvement that indicates that history will compromise the safety of the child if placed in this home.**

**Definition** This refers to families that are currently being investigated or receiving services; to families who have been reported at least once for alleged child abuse and/or neglect; and to families who have received services from the CCYA in the past. It is essential that consideration be given to the nature, extent, and severity of the maltreatment issues that are involving or have involved the CCYA. Presumably, involvement with the CCYA alone may not sufficiently support a judgment about threat of harm. In some instances, involvement may have been unwarranted, short-term with minimal concerns or more chronic but with minimal concerns.

**Examples**

- Records reveal caregivers to be an active case.
- Family informs they are receiving CCYA intervention.
- Other workers or professionals identify this family as a CCYA family.
- Records indicate previous referrals.
- A case record exists.
- Records indicate previous history with agency.
- Workers may not know of family's involvement.