

MONTANA SAFETY ASSESSMENT AND MANAGEMENT SYSTEM

Immediate Danger Assessment

REPORT NAME:	DATE OF REPORT:	DATE OF ASSESSMENT:
REPORT NUMBER:	CHILD PROTECTION SPECIALIST NAME:	

Immediate Danger(s) is/are immediate, significant and clearly observable family condition (or threat to child safety) that is/are actively occurring or "in process" of occurring and will likely result in severe (serious) harm to a child. In order for any of the items below to be considered a Immediate Danger, the above definition must be met. If Immediate Danger exists, immediately proceed to implementing a Protection Plan.

Immediate Danger Threats (check all that apply):			
<p><u>Maltreatment:</u></p> <p><input type="checkbox"/> Maltreating now</p> <p><input type="checkbox"/> Multiple Injuries</p> <p><input type="checkbox"/> Face/head</p> <p><input type="checkbox"/> Serious injury</p> <p><input type="checkbox"/> Premeditated</p> <p><input type="checkbox"/> Multiple Victims</p> <p><input type="checkbox"/> History of reports*</p> <p><input type="checkbox"/> Life threatening living arrangements</p> <p><input type="checkbox"/> Unexplained injury</p> <p><input type="checkbox"/> Bizarre cruelty</p> <p><input type="checkbox"/> Accessible to the maltreater(s)</p>	<p><u>Child:</u></p> <p><input type="checkbox"/> Parent's viewpoint of the child is bizarre</p> <p><input type="checkbox"/> Unsupervised/ alone for long periods of time</p> <p><input type="checkbox"/> Child is 0-6 of age</p> <p><input type="checkbox"/> Unable to protect self*</p> <p><input type="checkbox"/> Child is fearful</p> <p><input type="checkbox"/> Child needs medical attention</p>	<p><u>Parent:</u></p> <p><input type="checkbox"/> Parents are unable or unwilling to perform parental duties</p> <p><input type="checkbox"/> Bizarre behaviors</p> <p><input type="checkbox"/> Described or are acting dangerously</p> <p><input type="checkbox"/> Parent is out of control</p> <p><input type="checkbox"/> Parents <u>overtly</u> reject intervention</p>	<p><u>Family/ Other:</u></p> <p><input type="checkbox"/> Family is isolated*</p> <p><input type="checkbox"/> Domestic violence is occurring</p> <p><input type="checkbox"/> Family will flee</p> <p><input type="checkbox"/> Family hides child</p> <p><input type="checkbox"/> Situation will/may change quickly</p> <p><input type="checkbox"/> Services inaccessible or unavailable.</p>

*not a stand alone safety threat

Describe how Immediate Danger **is identified or is not identified** at the initial contact, or subsequent contacts, with the child and/or parents:

If Immediate Danger threats are identified, the Immediate Danger Plan must be completed.

Immediate Danger No Immediate Danger (no boxes marked above)

Type of Protection Plan:

- In-Home Plan: Responsible person moves in
 Threatening person will leave the home
- Out-of-Home Plan: Agreement for Foster Care Placement
 Noncustodial parent or kinship placement
 Emergency Protective Services and Notification to Parent (CFS-011)

Supervisory Consultation after first contact with the children: (Supervisor Completes)

Supervisory consultation must be completed within 24 hours of the first face-to-face contact with all children in the family. If an Immediate Danger is identified, supervisory consultation should occur prior to leaving the situation if possible to assure the protection plan is adequate. Consultations can be done at any time during the life of a case and should be recorded below. If legal custody is being sought due to a Immediate Danger, supervisor consultation must occur prior to removal of the child if at all possible. This consultation may be completed by phone or in person.

1. Information deemed sufficient; no Immediate Danger(s) identified.
2. Protection Plan initiated which controls Immediate Danger(s).

Supervisory notes regarding consultation(s):

Date of consultation (if completed by phone): _____

Supervisory Approval of the Immediate Danger Assessment and Plan:

Signature

Date

Supervisor Review of Protection Plan must occur weekly and the plan may not remain in place longer than 30 days if children are placed out of the home and 60 days if the children remain in the home. The Family Functioning Assessment must be completed within the 30, or 60, day timeline dependant on whether the children are in-home, or out-of-home.