

The Intake Priority Response Decision Part II: Impending Danger

October 2009

Introduction

The *Intake Priority Response Decision Part I* (September 2009) considered analyzing reports for present danger in order to reach the decision about how swiftly to respond. Now we turn our attention to judging reported information for impending danger in order to reach the priority response decision.

At intake, impending danger typically requires a same day to within 24 hour response from the time of the report. The designation of when personal contact is to be made with the family by CPS is directly supported by content within the report.

Intake workers and supervisors struggle with the dilemma created by the concept of danger. Shouldn't CPS move immediately when there is any indication of danger in a report? No. The reason – as represented in last month's article and reinforced in this month's article – is that danger exists or occurs within a family in different ways. Upon occasion it is active and represents an emergency (present danger). Often what is reported are family situations in which danger exists but is inactive at the time of the report (impending danger). In these instances there is no emergency requiring immediate CPS contact (within 2 hours).

In all incidences, reports containing information suggesting impending danger should be responded to within 24 hours. "Within" is emphasized here with respect to judging the exact time for response based on the reported information (nature of what's being reported, condition of the child, location of the child, access of the child to protective others, access to information sources, etc.). In no instance when a report indicates that a child may be in impending

danger – if true¹ - should the personal contact occur beyond 24 hours. In some instances, based on reported information, the response reasonably should occur before the 24 hour limit (the same day of the report or within hours of the report).

To further this consideration of judging the priority response decision using impending danger, we will start with the definition of impending danger and criteria that an intake worker can employ to analyze reported information. You will be provided a report. After the report, we will provide an analysis of the information and how the priority criteria apply.

Impending Danger: Definition and Analysis Criteria

Definition

Impending danger refers to a state of danger a child lives in because individual and/or family behaviors, attitudes, motives, emotions and/or situations pose a specific threat to the child's safety. At any given time the specific threat a child is subject to may not be active but could become active at any time. When such a threat becomes active, it can have a severe effect on the child.

Impending danger threats are usually associated with physical and psychological aggression, deprivation of essential care (required to meet basic life necessities), a lack of essential life securing resources, unacceptable caregiving practices, failure to supervise and protect children from danger, impulsive adult functioning, or the demands of high needs children (e.g., exceptional needs and provocative behavior).

¹ In the September and October articles we have emphasized the idea of *if true* since our concern has been with information reported to CPS at intake. The information reported cannot be verified without CPS intervention. Therefore intake analysis, judgments and conclusions are based on evaluating the reported information as if it were true. Certainly, this perspective of *if true* is influenced by the veracity of the reporter, the believability of the information being reported, and the sufficiency of the information being reported.

Impending danger differs from present danger with respect to immediacy. Speaking in terms of closeness in time, present danger is now – the child is in peril. When impending danger exists, a child lives within a family context that produces a constant threat to his safety even though at the time of the report he does not appear to be in immediate peril.

Reported information – if true – can be considered to be consistent with impending danger when family situations and caregiver behaviors appear to be out of the family’s control and, depending on when reported threats might become active, reasonably could have a severe effect on a vulnerable child. When analyzing reported information, what is described should meet the “observable and specific” test. In other words, what is being reported is not suspected or the reporter’s or the intake worker’s interpretation. It is what the reporter or another person observed; it is specifically described in the report; if true - it can be testified to; and it is reasonable to believe that another person (like a CPS initial assessment worker) could observe and describe the same situations and occurrences.

In your analysis of the intake information, you do not want to be too liberal in interpreting what is reported as impending danger. You are analyzing to determine what might represent facts – that personally a CPS initial assessment worker could verify that the reported information is true. In order to judge whether the reported information is consistent with impending danger, it is helpful to you if the reporter can provide history, functioning, patterns and/or progression which can reinforce your analysis about recurrence and imminence. In other words, the information the reporter provides about family life can contribute to concluding that what is going on in the family will continue to occur similarly to how it is being reported. Remember, the behaviors and conditions being reported that result in impending danger – if true – are likely symptomatic of an existing and/or long-standing lifestyle of the family.

The definition of impending danger above began with the idea of a child living in a state of danger. What does that mean? A child who lives in a state of danger is not always in immediate danger but is always susceptible to danger. Threats to safety are not always active but can become active at any time or may become active because of specific, stimulating events; circumstances; or influences. Sometimes when impending danger exists, the child's daily existence is regularly subject to a threat of dangerous behavior, a dangerous event or a dangerous situation and the resulting effects. Sometimes when impending danger exists as a dangerous behavior, a dangerous event or a dangerous situation, it is associated with a particular event² such as pay day or particular timing such as Friday nights or a particular influence such as only when the caregiver consumes alcohol. These various circumstances are what you must carefully consider and weigh when concluding about the priority response time.

The Fact Is...

In other articles about impending danger (written primarily for completing the initial assessment), we have emphasized how insidious impending danger can be. Threats are not necessarily obvious particularly with respect to their nature and manifestation. In those articles we've reinforced the importance of gathering lots of information about the family and creating a picture of how the family operates. So we must face the fact that at intake often the intake worker who diligently tries to collect in-depth information is left with far less than a full picture. Often reporters are able to focus only on certain kinds of caregiver behavior or lack confidence in how they portray family members and situations. This makes it difficult to judge reported information to ascertain whether impending danger is an issue and how quickly to respond with a personal CPS

² In this article we are not emphasizing the importance of extensive information collection at intake – seeking to probe into any possible information the reporter may possess that will enhance the analysis concerning priority response. However, this feature of impending danger (i.e., precipitating events or influences) is an important example of the power of extensive intake information within a report.

contact. This problem is increased by our admonition to be careful about interpreting too much about what the meaning is related to what is known.

During your intake analysis you are required to create as much of a picture about what is going on as you can similar to what you might do in putting a jigsaw puzzle together with only some of the pieces. Using that metaphor, your job is to collect as many of the puzzle pieces as possible (from the reporter and any other available source of information like CPS records); begin to put the pieces together; and analyze the extent to which you have some portions of the puzzle that reveal the picture the puzzle pieces together represent. Those portions of the picture symbolize what we can think of as indicators of impending danger. And...the criteria we will look at now can help you to analyze those “portions of the puzzle.” While we want to recognize how challenging making impending danger decisions about priority response at intake can be as related to limited information, it is prudent to lean toward conservative judgments. This means if you suspect impending danger but can't be for certain, be cautious. Choose a response time that is reflective of your analysis based upon what you know from the limited information you have which is stimulating your instincts.

Criteria

There are four decisive factors that you can employ for analyzing reported information that lead you to judging whether what is being reported is consistent with impending danger.

Prioritization Analysis
<ul style="list-style-type: none">→ Child vulnerability→ Potentially threatening dangerous family circumstances, behaviors, or situations which are not currently active→ Existence of family conditions suggesting impending danger

- Out of control
 - Specific and observable
 - Imminent
- Logical conclusion

1. Child vulnerability

The first decisive factor applied to the reported information is whether the reporter is identifying and describing a child who is susceptible and subject to danger. Does the report identify a child who is:

- ✓ dependent on others for protection?
- ✓ fragile, physically helpless and/or exposed?
- ✓ Defenseless?
- ✓ susceptible to the influence of others (no matter what age, capacity or physical robustness)?

Vulnerability is a criterion for present and impending danger.

2. Potentially threatening dangerous family circumstances, behaviors, or situations which are not currently active

The second decisive factor rules out present danger.³ The judgment is whether the reporter is identifying and describing threats that are inactive or are under the control of a responsible adult at the time of the report. (The situation that exists at the time of a report may serve to control the threat also. For instance, a child who is in a hospital being treated is in a situation that is controlled for some period of time.)

³ A current, active, dangerous situation or event is a criterion for present danger which typically should be responded to immediately. See the September 2009 article.

3. Existence of family conditions suggesting impending danger

The third decisive factor applied to the reported information is whether the reporter is identifying and describing specific family conditions, circumstances, events, behaviors, emotions, perceptions, attitudes, motives, intentions, or situations that logically could represent a danger to a vulnerable child.

It is important that what is identified within the report is not what is suspected, an interpretation, or an opinion but what has been observed by the reporter or others and – if true – represents a potential danger to a child if left unchecked.

It is logical and reasonable to: (a) consider the family conditions as looming as a danger to a vulnerable child if allowed to continue and (b) conclude that what is going on in the family could result in severe effects for a child (i.e., physical injury, suffering, pain).

4. Logical conclusion

The final decisive factor is logic. Here you reach a conclusion about whether what is being reported – if true – represents impending danger for a child. You use deductive analysis to reach this judgment.

Deductive analysis (as you may know) starts with a general principle, assertion, or truth and deduces specific instances. You might say that deduction starts with an accepted impending danger concept and applies it to specific characteristics of a reported family.

Deductive analysis as applied during intake decision making is based on the accepted impending danger concept being applicable in *all* cases. Using deductive analysis or reasoning is a credible way to evaluate

reported information about family conditions and behaviors since – consistent with the state of the art – the impending danger concept that is used in this kind of analysis is widely acknowledged.

The impending danger concept is *out of control*.⁴

We use the following principle as our basis for deductive analysis. When you have personally encountered out-of-control family situations or behaviors occurring repeatedly – in case after case - which led to certain consequences (e.g., child injuries, pain, suffering), you come to believe and accept a certain probability is attached to the occurrence of those consequences. The truth from this principle is that family situations and behaviors that are out of the control of the family are a danger to children. So then, the ability you are required to demonstrate in analyzing reported information to judge impending danger is to extract the pertinent (alleged) facts and details of the family situation (concerning family conditions and/or behavior) in order to draw the deduction from the general impending danger truth (i.e., out of control). You do this through the application of three steps:

1. Family conditions or behaviors that are out of control can be dangerous to vulnerable children.
2. In this family a specific family condition or behavior is not actively threatening a child's safety at the time of the report but appears to be generally out of control.

⁴ It is true that present danger and impending danger both have the property – out of control. In present danger, a report will identify a situation or event that is occurring at the time of the report that is out of control at that time. In that instance there is no way to know if what is occurring is out of the control of the family in general or is an anomaly. With impending danger, the intake worker determines that there is no present danger occurring and active at the time of the report. Then the intake worker proceeds to make a judgment about whether there appears to be family conditions and/or behaviors that are not active at the time of the report yet are out of the control of the family in general. Nothing is reported that exists within the family situation that appears to have the capacity to control what is threatening.

3. Therefore (for the intake prioritization decision) this specific family condition or behavior is considered to be an impending danger threat.

The Deductive Analysis: Example

1. The first step names a definitive property of impending danger.

Out of control = Danger

2. The second step proclaims that a particular reported family possesses that property.

Mrs. Jones' emotional functioning (e.g., depression) is out of control.

3. The third step applies deductive reasoning, connecting the general truth stated in step 1 to the particular case mentioned in the second step.

Mrs. Jones' emotional functioning – if true - represents a danger.

Impending Danger CPS Report

Caller @ 9:30 am

This report involves the Gregory family of four: Father – Phil 38 years old, Mother – Miranda 33 years old, Daughter – Darlene 9 years old, and Daughter – Emma 6 years old. Tonya Brenner, the children’s school nurse, is the reporter.

The girls come to school in dirty clothes; they smell unwashed; their hair is dirty, greasy, uncombed. Neither girl has friends at school. School performance for both girls is poor. Problems include lack of concentration, lack of participation, poor skills, and homework not done. School work has deteriorated for both girls in the last 2 – 3 weeks. The girls have become noticeably more distracted than normal; they are anxious, nervous, and nonverbal.

Darlene came to school today with bruises and scratches on her face and shoulder: a 2” in diameter circular bruise on her right cheek, a 1” linear bruise on her chin, both fading red color, slightly swollen and sensitive to the touch. Also she has 4 scrape marks on her front shoulder that are 1 – 2” in length. The skin was slightly broken, and linear scabs are formed on the scrapes. All injuries are judged to be approximately the same age (24-48 hours old). Darlene doesn’t complain about any pain and school staff do not think she needs medical attention. Darlene would not tell how injuries occurred. She became visibly anxious and tearful when told her parents would have to be contacted. Emma has no injuries. She also cried and is anxious. She said that her father had thrown Darlene across the den against the couch and that’s what caused the injuries.

Darlene is described as developmentally normal; sad looking (listless, smiles/laughs infrequently; blank expression); quiet/uncommunicative; appears anxious (fidgety, poor eye contact); does not initiate activities with other kids. Emma is small/thin; quiet, anxious, fearful, distracted, listless and forlorn; she is having difficulty in school with schoolwork and peers.

The mother, Miranda, attended the one scheduled parent/teacher visit one month ago. Teachers describe her as friendly. She shows appropriate concern about both girls’ school performance and problems, but there has been no change in the girls’ appearance or schoolwork since the conference. The school has no first hand information about Mr. Gregory. Rumors (unverified) are that he is a “biker” and involved with a local notorious motorcycle gang. Neither teachers nor the school counselor have seen him or talked with him.

Father is believed to be unemployed. Mother works part-time. The family recently moved into this school district. The parents listed no extended family on school records.

The record check identified a CPS report from law enforcement from 2 months ago involving domestic violence and child neglect. There are 2 other

reports for child neglect. Reports were investigated: non substantiation, no open case. The criminal record check indicated that Mr. Gregory has had several charges brought against him (i.e., physical assault, public disorderly conduct, resisting arrest, and forgery). He is currently on probation.

Impending Danger Analysis of the Gregory Report

1. Child vulnerability

Both girls are vulnerable. They cannot protect themselves from non-accidental injuries. They are afraid. They cannot provide basic care for themselves. They are in need of others for care and protection.

2. Potentially threatening dangerous family circumstances, behaviors, or situations which are not currently active

The children are safe at school at the time of the report. No medical care is indicated. Whatever explains the cause of the injury is not active – happening at the time of the report. School personnel are in control of the situation (at least for the school day).

3. Existence of family conditions suggesting impending danger

The reporter was quite specific in her description of physical injuries, the children's behavior, their emotions, and their condition. The father has been identified as responsible for the physical injury which appears to be non accidental and is serious (i.e., location on the child and being thrown). There are specifics about lack of care which, while not dangerous, represent an example of inadequate parenting which could be consistent with failure to protect. The children's behavior, social interaction, and school performance is progressively worsening. The fear expressed by the children particularly with respect to their parents is suggestive of danger. Other examples of the father's aggression are identified. The family could be experiencing stress from adult relationships, financial and employment problems.

4. Deductive analysis

1. Family conditions or behaviors that are out of control can be dangerous to vulnerable children.

2. In the Gregory family, the father's aggression and violent act toward Darlene although not active at the time of the report appears to be out

of control. There are no known/reported (internal family) controls related to protection of the girls. (Other stressors may be out of control.)

- 3. Therefore these family conditions (i.e., the father's aggressive behavior and the child's fear) are indicative of impending danger.*

Given this analysis, we conclude based on the report and other records that the children may be living in a state of danger. Impending danger is indicated by various family conditions and most notably the father's apparent aggressive or impulsive if not violent behavior. The danger is not active at this time (as in present danger). The report is received at 9:30 in the morning. An immediate response is not necessary since the situation is controlled by the children being located at the school. As you know, imminence is a property of impending danger. This means that the threats to child safety can become active at any time. It is possible that a violent act could occur this evening. For that reason we conclude that the impending danger response (which must occur within 24 hours) should be the same day. Contact with the children and the parents ought to occur sometime as the day proceeds.

Note: Our analysis of the reports contained within the September article concerned with priority response on present danger follow on the next pages.

CPS Reports from the September 2009 Article on Intake Priority Decisions Related to Present Danger

Call #2 @ 10:00 am

This report is made by a probation officer – Ted Scanlan. It involves Maxine Peters and her 5-year-old daughter, Sonja. The reporter says as part of a field test Maxine tested positive last night for meth and had the appearance of being really high (i.e., dilated pupils and red eyes). The reporter has been told that Maxine uses meth at least weekly and is also drinking heavily every Saturday night at the local bars. The reporter did not have information on Sonja except to say he knew she went to school this morning. Maxine has completed meth treatment and is in aftercare with random UA's. She has a lot of resistance to Narcotics Anonymous and Alcoholics Anonymous and any kind of treatment. The reporter does not know how much the alcohol plays into the situation. The absent father, Mitch Ransom, knew about Maxine's meth use and Maxine was able to tell the reporter that Mitch was aware of it as well. Maxine is doctoring her UA's by inserting a pill box of clean urine into the vaginal area and then it is poked with a fingernail to release the urine specimen for testing. Mitch told the reporter that Sonja's paternal grandmother may be living with Sonja and Maxine. Mitch has sporadic visitation. The reporter indicated that Mitch is as unstable as Maxine. The reporter is wondering how involved the two of them are in the situation. Maxine is on 2 years probation for possession of meth. Maxine has worked with CPS in the past. Maxine wasn't arrested last night, the reporter/probation officer waiting until today to have her picked up. She is at home now. Maxine will not have an initial appearance before the court until next week.

Report Information Analysis

Present Danger Criteria	Application
Imminent danger	The time of the report is 10:00 am. Sonja is known to be at school – which can be verified. There is no information reported about Sonja’s condition but it can be assumed if she is at school that she is okay. Maxine apparently is at home. She will be incarcerated today. There is no indication that Maxine is under the influence of any substances at the time of the report or that Sonja is accessible to her. Although reference is made to the possibility of Sonja’s grandmother living in the home this is not observed by the reporter or confirmed by the father to the reporter. Sonja is not in imminent danger at the time of the report. If the maternal grandmother is in the home as the father speculated, Maxine can choose to leave Sonja in the home with her.
Uncontrollable	Maxine’s substance use appears to be out of control. She completed meth treatment and continues to use and lie about her use (e.g., manipulating drug test). She is reported to be drinking heavily every Saturday night but nothing is reported about what is occurring with Sonja at the time.
Clear evidence of probable cause	There is no probable cause to believe that Sonja is in present danger (since her school attendance is confirmed by the reporter). There is reason to suspect impending danger until the grandmother’s presence in the home can be confirmed (and the grandmother’s suitability to care for Sonja).
Reasonable person	An average person off of the streets would not likely conclude that Sonja is in present danger – that an emergency exists (since the child is actually in school). A reasonable person would find the meth use concerning and would likely conclude that additional assessment is in order (related to impending danger).
Seriousness	<p>Hypothetically the situation could be very serious and develop into a present danger situation:</p> <ul style="list-style-type: none"> → If the child returns from school and mother is incarcerated. → If the grandmother does not live in the child’s home is not available. → If the grandmother is not suitable to care for Sonja. <p>These considerations have to be ruled in or out and done so as the day progresses. Some confirmation of the situation must be ascertained before the child leaves school.</p>

<p>Urgency</p>	<p>There are concerning family conditions and behaviors being described in the report. Ted Scanlan is a reliable source who has credible information about the family. His information is from his personal contacts, observations, and knowledge of family members. There are gaps that are concerning. He didn't provide information about Sonja at the time of the field test and Maxine's apparent "high"; he cannot confirm information about the grandmother; he has nothing to report about Sonja and her condition; he does know of previous CPS involvement.</p> <p>What is known and what is not known is suggestive of safety concerns in the Peters' home (i.e., impending danger). The report does not contain information of an emergency nature. Reported information suggesting impending danger should be responded to within 24 hours. Given the prospect of Maxine's incarceration, the response ought to be within hours – certainly prior to the end of the school day.</p> <p>Notably, the probation officer decided the previous evening that Maxine was not going to be arrested after he field tested Maxine and she tested positive for Meth. He also observed her to be high. Apparently he left the situation concluding that no immediate need to take action existed with respect to Sonja. However, given how cryptic aspects of the report are, we are left to assume that Sonja was there and the grandmother was not. (That is if the field test occurred in the home.)</p>
<p>Clear indications of emergency</p>	<p>An emergency would exist requiring immediate CPS response if Sonja was alone, if Sonja was alone with her mother who was high on meth or substances and described as unable to care for Sonja, or if Sonja was in the presence of other unsuitable people. The reporter does not identify any of those possibilities. Sonja is believed by the reporter to be at school. It is imperative to confirm that as the next action to be taken. Once confirmed, present danger can be ruled out.</p>
<p>What is known and what remains unknown</p>	<p>Given the personal knowledge of the reporter there are a number of things that are reasonable to believe and base decision making on. The child is at school. The substance history and current use of Maxine is well known. She uses meth regularly, tests positive in UA's and attempts to manipulate the results of the tests. This is consistent with her intentions to continue to use. She regularly drinks alcohol to excess on Saturday nights at local bars.</p>

	<p>There are several important things that are unknown from the report:</p> <ul style="list-style-type: none"> • Where was Sonja the night before when the mother tested positive? • What is Sonja's condition now and in general? • How specifically is the current substance use affecting Maxine's ability to supervise, protect, and meet Sonja's basic needs? • How is Sonja cared for when Maxine is using or drinking? • Is the grandmother residing in the home; what is her involvement with the family conditions; what is the status of her protective capacities? • What is the plan and possible outcomes related to Maxine's incarceration for violating the terms of her probation? • What is the father's involvement in family life and his availability and suitability as a resource?
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Call #3 @ 9:30 am

This report involves Brenda Higgins. She has two daughters: Lisa 8 and Kendra 6. A neighbor of the girls' grandmother Ethel Higgins is the reporter – Theresa Bentley. The reporter says that Brenda is intoxicated and the children are with her at home. The children keep calling their grandmother and asking her to come and pick them up. The reporter says that Ethel does not want to pick the children up nor does she want them at her home. Brenda lives at the Big Creek apartments. The children are crying and wanting out of their mother's home. The reporter describes Brenda as very intoxicated. The reporter who is familiar with the family says that Brenda starts drinking at any time during the day and then continues to drink. When the girls are home from school and this kind of behavior from the mother begins, the girls call their grandmother to come and get them. Normally she has responded, but for her own personal reasons (not explained) she refuses to do so today. The reporter indicated that she is in no position to keep the girls today or even check on them. She is worried what will happen if Brenda continues to drink and have her friends over (who are described as partiers). The reporter is not acquainted with Brenda's friends who include men and women. The reporter indicated that she and a number of Brenda's relatives attempt to keep an eye on her but really have no influence or effect on Brenda's behavior. Brenda has been to treatment centers with no success. When she is not drinking, Brenda is described as a very good mother. There may be family members who live in nearby towns who can be a resource to Brenda and the girls.

Report Information Analysis

Present Danger Criteria	Application
Imminent danger	Brenda is described as “very intoxicated.” While not qualified, it is reasonable to suspect that she is unable to care for and protect her children. The girls are responding in ways that suggest Brenda is out of control. There is no responsible adult with the girls.
Uncontrollable	Getting “very intoxicated” by 9:30 in the morning indicates that Brenda’s drinking problem is out of control at the time of the report. She is intoxicated now. Additionally she has a history of such behavior. No adult is identified at the time of the report who can take action on behalf of the children.
Clear evidence of probable cause	Brenda’s intoxication and the children’s current emotional state are observable and specific. CPS can judge this as a fact at the initial contact if it occurs immediately. As described, Brenda’s functioning and the children’s reaction (i.e., crying, upset, possibly afraid) represent probable cause to conclude present danger. The neighbor’s description is credible.
Reasonable person	A reasonable person would judge this way: Parents who are incapacitated because of alcohol and not able to respond to young children’s needs represent a danger to children.
Seriousness	The children are alone, crying, asking for help and likely fearful. They have experienced this situation before and they judge it to be serious. The mother is unable to protect the children from any danger that exists or may unfold.
Urgency	The girls are upset and seeking help. They are without adult supervision. The mother is “very intoxicated” at the time of the report. Confirmation to validate the reported information through personal contact as it exists is indicated. It is not clear that the children are experiencing an emergency yet they themselves conclude that they need adult supervision and assistance. Given their age and vulnerability it is possible that some <u>horrible thing</u> could happen to these children. The reported information leads us to believe that circumstances are such that personal contact with the child and family should not wait but should occur immediately to within 2 hours.
Clear indications of emergency	There is no indication that either of the children are in danger of serious bodily harm. It can be concluded that they are vulnerable to experience serious bodily harm. The children’s reaction and reaching out for help is consistent with their emotional and cognitive judgments about their view of the situation as an emergency.

<p>What is known and what remains unknown</p>	<ul style="list-style-type: none"> ☒ <i>The seriousness with what is known</i> (Brenda drinks regularly to excess; the children are unsupervised; the children are upset; no responsible adult is available for the children) <i>in conjunction with</i> ☒ <i>What is <u>not</u> known</i> (how debilitated Brenda is and whether she will get worse today, what the exact frequency of substance use is, why the girls are upset, whether people frequenting the house are a danger to the girls, family routine and functioning in general, the girl's condition, what might transpire as the day progresses) <i>in relationship to</i> ☒ <i>Hypothetical scenarios that might be possible</i> (the children may be left unsupervised and unprotected for extended periods of time and at high frequency; the children may be upset because they are afraid for specific reasons; the home may be frequented by unsuitable adults; the children may leave the home; the children may get involved in dangerous behavior such as using a stove; etc.).
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