

# SUPERVISOR QUALITY SAFETY ASSESSMENT CHECKLIST

For each item below, answer the corresponding question. If a "No" is selected, please describe your reasoning. Completion of this Quality Assessment of Safety Checklist will require you to review the intake and case activity logs. While detailed information is routinely presented in the case activity logs, summarizations included in the Safety Assessment Tools often do not include all the relevant information that reflects the complete picture of the safety of the child. If, upon completion of this tool, you identify that the Safety Assessment needs supporting documentation included in the tool, use this document to identify what areas need improvement.

## Collecting Information:

1. Does the information in the Safety Assessment tool (initial, review, etc) reflect the relevant information provided in the activity logs?

Yes No  
☐ ☐

*All case activities and information should be documented in activity logs as they are gathered. The documentation provided in the Safety Assessment tool should be a summarization of the relevant information documented in the activity logs.*

## Remarks:

2. Were all children in the home observed and interviewed?

Yes No  
☐ ☐

*Please review the intake and activity logs to determine if this is complete. While, OAC requires only the child subject of the report/ACV to be interviewed for the initial assessment of safety, best practice would include an interview of all children and adults in the home for the assessment of safety.*

*Specific observations that indicate thorough interviews include:*

*Documentation of child demeanor, clothing, hygiene, parent-child interactions, etc.*

## Remarks:

3. If necessary, was the child(ren) interviewed alone?

Yes No  
☐ ☐

*Specific factors to consider when making the determination about if the child(ren) should be interviewed alone:*

- In the TR pathway, children should always be interviewed alone if developmentally appropriate.*
- Any information that you receive that suggests that a complete picture of child safety would be compromised without this interview.*

## Remarks:

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<p>4. Was at least one parent, guardian, or caretaker in the home interviewed?</p> <p><i>Please review the intake and activity logs to determine if this is complete. While OAC requires at least one parent/guardian/custodian/caregiver responsible for the daily care of the child to be interviewed for the initial assessment of safety, best practice would include an interview of all children and adults in the home for the assessment of safety.</i></p> <p><i>Specific observations that indicate thorough interviews include:</i></p> <p><i>Documentation of adult demeanor, clothing, hygiene, parent-child interactions, etc.</i></p>	<table> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<p><b>Remarks:</b></p>					
<p>5. Was the living environment observed and the safety of the living environment documented?</p> <p><i>Please review the activity logs to determine if this is complete. Examples of specific observations that indicate this occurred:</i></p> <ul style="list-style-type: none"> <li><i>Housing is unsanitary, filthy, infested, a health hazard.</i></li> <li><i>Excessive garbage or rotted or spoiled food which threatens health.</i></li> <li><i>Physical structure of the house is decaying, falling down.</i></li> <li><i>Exposed electrical wiring within reach of children</i></li> </ul>	<table> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <ul style="list-style-type: none"> <li><i>Medications, hazardous chemicals, alcohol/drugs, or loaded weapons accessible to children.</i></li> <li><i>Gas leak.</i></li> <li><i>Children have access to potentially dangerous pets in the home.</i></li> <li><i>Excessive cockroaches, mice, rats, etc. present in the home.</i></li> </ul>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<p><b>Remarks:</b></p>					
<p>6. Is the information included in the assessment credible (believable, reliable)?</p> <p><i>Review activity logs and discuss the assessment with the worker to fully understand if the information included is credible.</i></p>	<table> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<p><b>Remarks:</b></p>					

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<p>7. Based upon activity logs and the rationale provided within the tool, is the correct response (yes or no) chosen for all safety factors?</p> <p><i>Each safety factor must be rated as "yes" or "no".</i></p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<p><b>Remarks:</b></p>					
<p>8. Is there descriptive and specific rationale provided to support all "no" and "yes" responses?</p> <p><i>Narrative must be provided to support the response for each safety factor. The narrative should include observations of behaviors or situations that support the rating.</i></p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<p><b>Remarks:</b></p>					
<p><b>Child Vulnerability:</b></p>					
<p>9. Does the assessment provide a comprehensive description of each child's vulnerability to child abuse and/or neglect that is supported by examples whenever possible?</p> <p><i>The assessment of child vulnerability should include a description of each of the five domains outlined below.</i></p> <p><u><b>Examples</b></u> of those characteristics that contribute to vulnerability in each domain are listed.</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>Young 0-5</li> <li>Cannot verbalize maltreatment is occurring</li> <li>Appearance provokes parental hostility</li> <li>Unable to remove him/herself from a situation</li> <li>Small height or weight</li> <li>Physical appearance does not fit cultural norms</li> <li>Physical disability/diagnosis that requires special care</li> </ul> <p><b>Cognitive</b></p> <ul style="list-style-type: none"> <li>Cannot recognize actions that are neglectful/abusive</li> <li>Cognitive disability or delay</li> <li>Lacks ability to problem solve</li> <li>Unable to understand cause and effect</li> <li>Unable to communicate</li> <li>Believes they are powerless</li> </ul>	<p><b>Emotional</b></p> <ul style="list-style-type: none"> <li>Requires intensive physical care</li> <li>Does not demonstrate an attachment to his or her caretaker</li> <li>Distractibility</li> <li>Cannot tolerate frustration</li> <li>Requires intense emotional support from his or her caretaker</li> <li>Lacks the ability to deescalate him/her self</li> <li>Passive and easily influenced</li> <li>Overly sensitive to physical touch</li> </ul> <p><b>Behavioral</b></p> <ul style="list-style-type: none"> <li>Provocative behaviors</li> <li>Defiant</li> <li>Resists parental authority</li> <li>Diagnosis that impacts their behavior</li> <li>Argumentative</li> </ul>				

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<b>Historical</b>  History of abuse  Experienced chronic neglect in his or her live  Experienced repeated victimization  Child feared a member of the family system  Non-Communicative regarding their history of abuse/neglect  Passive as a result of past maltreatment  Power and control were used to intimidate the child within the family system.	High energy level  Engaged in crimes with parents  Unable to self-soothe  Seeks negative attention by agitating others  Sexually provocative behaviors  Reacts intensely to the environment  Unruly/Delinquent  Demonstrates fear of a member of the family  Parentified behavior				
<b>Remarks:</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>10. If child vulnerabilities were not fully explained, please identify which vulnerability elements need further exploration.</p> <p><b>Please describe those domains that need further exploration:</b></p> </div> <div style="width: 25%;"> <input type="checkbox"/> Physical  <input type="checkbox"/> Emotional (Personality)  <input type="checkbox"/> Cognitive  <input type="checkbox"/> Behavioral  <input type="checkbox"/> Historical         </div> </div>					
<b>Protective Capacities:</b>					
<p>11. Does the assessment identify the individual strengths and resources for each adult that can reduce, control and/or prevent specific safety threats?</p> <p><i>If no, what characteristics noted in the caseworker's activity logs may be identified as strengths? What does the caseworker need to do in order to explore strengths? Also, provide comments on characteristics listed as protective capacities that do not reduce or control safety threats.</i></p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
<b>Remarks:</b>					

# SUPERVISOR QUALITY SAFETY ASSESSMENT CHECKLIST

<p>12. Were concrete, behavioral examples to describe how each adult is able, capable and willing to use their protective capacities to ensure child safety included in the assessment? Or was the absence of any protective capacity documented?</p> <p><i>Specific examples of each category of protective capacities are listed below.</i></p>	<p>Yes    No</p> <p><input type="checkbox"/>    <input type="checkbox"/></p>
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**Please note any examples or deficits in protective capacities that need to be added to the assessment of safety based upon a review of the Safety Assessment, activity logs, and case discussions:**

## Behavioral

The caretaker has a history of protecting	The caretaker exhibits self-control	The caretaker comforts the child
The caretaker is physically able to parent	The caretaker possesses adequate energy	The caretaker physically intervenes when child attempts dangerous act
The caretaker creates an organized and routinized home environment for the child	The caretaker demonstrates the ability to adjust to change	The caretaker is able to provide structure for their child
The caretaker demonstrates support for the child	The caretaker utilizes resources to meet the child's basic needs	The caretaker provides the child's basic needs
The caretaker demonstrates impulse control	The caretaker tolerates the stress of parenting	The caretaker demonstrates love, empathy and sensitivity toward the child
The caretaker assigns chores appropriate to the child's age and development	The caretaker takes the child to all necessary medical appointments	The caretaker defers her or his own needs to meet the needs/wants of the child.
The caretaker provides the child with supervision appropriate to age and stage of development	The caretaker utilizes a support network to assist in caring for the child when necessary	The caretaker uses safe/effective coping skills with caring for the child
The caretaker has a capable/competent person supervising the children in the caretaker's absence	The caretaker demonstrates adequate skill in fulfilling caretaking responsibilities	The caretaker demonstrates tolerance in response to the stresses of parenting
The caretaker protects the child from potential harm	The caretaker displays affection for the child (hugs, tenderness, consoles the child)	

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## Cognitive

The caretaker is reality oriented	The caretaker is aligned with the child	The caretaker does not have cognitive delays or impairments
The caretaker has accurate knowledge of age-appropriate supervision for the child	The caretaker understands the stressors of parenting	The caretaker has adequate knowledge to fulfill caretaking responsibilities and tasks
The caretaker understands the child's development in relation to the child's age	The caretaker has realistic expectations of his or her children	The caretaker has accurate perceptions of the child
The caretaker understands the child's physical abilities in relation to age	The caretaker understands his/her protective role	The caretaker has the ability to effectively/safely problem solve
The caretaker understands the basic needs of the child	The caretaker understands that children need to be protected	The caretaker understands the stressors of parenting
The caretaker understands the child's ability to complete chores	Caretaker understands the child's diagnosis and the child's needs in relation to the diagnosis	The caretaker has the cognitive ability to reason
The caretaker understands the child's physical disability	The caretaker has accurate perceptions of the child	The caretaker understands children need to be comforted emotionally
The caretaker recognizes his or her own frustration when caring for the child	The caretaker understands the child is dependent and must have his needs met by the caretaker	The caretaker understands the needs of the child supersede the needs of an adult
The caretaker has an understanding of the developmental needs of the children		

## Emotional

The caretaker expresses love for the child	The caretaker is resilient	The caretaker speaks fondly of the child
The caretaker has a healthy attachment to the child	The caretaker and child have a strong bond	The caretaker recognizes the need to address his/her own emotional needs
The caretaker assumes the authority figure in relation to the child	The caretaker is clear that the number one priority is the well-being of the child	The caretaker meets his or her own emotional needs
The caretaker is willing to care for the needs of his/her child	The caretaker has the desire to care for the child	The caretaker verbally expresses empathy to and for the child
The caretaker reacts to the child appropriately	The caretaker verbalizes a healthy attachment to their child	Caretaker experiences empathy in relation to the child's perspective and feelings
The caretaker's emotional attachment to the child bolsters his/her ability to defer his/her own emotional needs in favor of the child	The caretaker is emotionally able to intervene to protect the child	The caretaker's emotional attachment to the child bolsters his/her ability to defer his/her own physical needs in favor of the child

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13. Did you provide concrete, behavioral examples to describe how the lack of protective capacities in each adult contributes to the danger of harm for each child?		Yes    No <input type="checkbox"/> <input type="checkbox"/>
<i>Ensure the assessment of safety makes the connection between the parent's protective capacities and each individual child's vulnerability. Furthermore, it should include explicit connections between each "yes" response to a safety factors and a lack of protective capacity to identify active safety threats. Upon review of activity logs and the assessment of safety documentation, please describe any connections that are lacking.</i>		
<b>Remarks:</b>		
14. If Protective Capacities were not fully explained, which of these capacities needs further exploration:	<input type="checkbox"/> Behavioral <input type="checkbox"/> Cognitive <input type="checkbox"/> Emotive	
<b>Please describe which protective capacities need further exploration:</b>		
<b>Safety Response:</b>		
15. Does the information documented in the assessment support the final safety decision?		Yes    No <input type="checkbox"/> <input type="checkbox"/>
<b>Provide a summary of the areas that need further assessment and describe caseworker actions that must be taken to address these areas:</b>		