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:

	Yes	No
1. Does the information in the Safety Assessment tool (initial, review, etc) reflect the relevant information provided in the activity logs? *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:

	Yes	No
2. Were all children in the home observed and interviewed? *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:

	Yes	No
3. If necessary, was the child(ren) interviewed alone? *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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4. Was at least one parent, guardian, or caretaker in the home interviewed? *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.* *Specific observations that indicate thorough interviews include:* *Documentation of adult demeanor, clothing, hygiene, parent-child interactions, etc.*	Yes ☐ No ☐
Remarks:	
5. Was the living environment observed and the safety of the living environment documented? *Please review the activity logs to determine if this is complete. Examples of specific observations that indicate this occurred:* • *Housing is unsanitary, filthy, infested, a health hazard.* • *Excessive garage or rotted or spoiled food which threatens health.* • *Physical structure of the house is decaying, falling down.* • *Exposed electrical wiring within reach of children* • *Medications, hazardous chemicals, alcohol/drugs, or loaded weapons accessible to children.* • *Gas leak.* • *Children have access to potentially dangerous pets in the home.* • *Excessive cockroaches, mice, rats, etc. present in the home.*	Yes ☐ No ☐
Remarks:	
6. Is the information included in the assessment credible (believable, reliable)? *Review activity logs and discuss the assessment with the worker to fully understand if the information included is credible.*	Yes ☐ No ☐
Remarks:	

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7. Based upon activity logs, the selected child vulnerabilities, and the rationale provided within the tool, is the correct response (yes or no) chosen for all safety factors? *Each safety factor must be rated as "yes" or "no".*	Yes ☐ No ☐
Remarks:	
8. Is there descriptive and specific rationale provided to support all "no" and "yes" responses? *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, and synthesis of the relation of child vulnerabilities for each child in the home to each safety factor.*	Yes ☐ No ☐
Remarks:	
Child Vulnerability:	
9. Does the assessment provide a comprehensive selection of each child's vulnerability to child abuse and/or neglect that is supported by examples whenever possible?	Yes ☐ No ☐

Physical

No phisical vulnerabilties

The child is young (birth to five years of age)

The child has a physucal disability that requires special care and attention (physical therapy, diabetic, developmentally disabled, hearing impaired, etc.)

The child has a chronic physical illness/diagnosis

The child has an acute physical illness that requires special care and attention

The child requires intensive physical care (medically fragile, hearing impaired, blind, etc.)

The child is obese

The child has a disfigurement/deformity

The child is small in height or weight

The child is immobile

The child is not visible to others outside of the family system (does not attend daycare, school, extracurricular activities, etc.)

The child's soft spot (on the head) has not yet closed

The child's appearance provokes parental hostility (resembles an individual the caretaker does not like

The child is physically unable to remove him/herself from a situation

Emotional

No emotional vulnerabilites

The child has difficulty adapting to disruptions, transitions or changes without distress

The child is overly distractible and cannot tolerate external events or stimulation as it interferes or diverts the child from an ongoing activity

The child cannot tolerate frustration – (how easily the child can withstand the disorganzieding effects of limits, obstancles, and rules)

The child overreacts to audible noises

The child lacks the ability to deescalate him/herself

The child has a mental health dignosis (depression, anxiety, PTSD, OCD, etc.)

The child does not deomonstrate an attachment to his or her caretaker

The child is passive and easily influenced

The child requires intense emotional support from his or her caretaker

The child is overly sensitive to physical touch

Behavioral

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The child cannot verbalize that maltreatment is occurring

Cognitive

No cognitive vulnerabiilties

The child cannot recognize actions that are neglectful

The child cannot recognize actions that are abusive

The child has a cognitive disability (Autism, Down Syndrome, ASS, etc.)

The child has a learning disability or learning difficulty (reading, writing, math, etc.)

The child has a mentl health diagnosis that impacts understanding/ reasoning

The child is unable to communicate

The child has cognitive developmental delays

The child is unable to understand actions of "cause and effect"

The child does not have the ability to problem solve

The child believes he/she is powerless

Historical

No historical vulnerabilities

The child has a history of abuse (physical, sexual, emotional)

The child has experienced chronic neglect in his or her live

The child has experienced repeated victimization

Historically, the child feared a member of the family system

Non-Communicative regarding their history of abuse/neglect

The child is aggressive as a result of prior victimization

The child is non-communicatice regarding their history of abuse or neglect

The child is passive as a result of prior maltreatment

The child reported feeling powerless in the past

Pawer and control used to imtimidate the child within the family system

No behavioral vulnerabilities

Infant is colicky or cannot be consoled

Child is exhibiting signs of withdrawal (trembling, irritability, excessive crying, poor feeding, etc.)

The child demonstrates provocotive behaviors

The child demonstrates sexually provocotive behaviors

The child is physically aggressive towards others

The child is oppositional to authority figures (parents, caregivers, teachers, law enforcement, etc.)

The child has engaged in self-harm or is actively suicidal

The child seeks negative attention by agitating others

Child engages in criminal activity

The child is involved with juvenile court (unruly/deliquent)

The child is verbally aggressive towards others

The child is in constant motion

The child is unable to self soothe

The child runs away or a flight risk

The child has a diagnosis that impacts his/her behaviors (Autism, attention deficit/ hyperactivity)

The child is argumentative

The child's energy level is high

Use of substances

The child reacts intensly to events in his/her environment

The child is in a stage of development that creates parental frustration (e.g., the child is not potty trained, has temper tantrums, bites)

The child demonstrates fear of a member of the family system

The child is parentified

Remarks:

10. If all applicable child vulnerabilities were not selected, please identify which
    - ☐ Physical
    - ☐ Emotional (Personality)

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vulnerability elements need further exploration.

- ☐ Cognitive
- ☐ Behavioral
- ☐ Historical

Please describe those domains that need further exploration:

Protective Capacities:

	Yes	No
11. Does the assessment identify the individual strengths and resources for each adult that can reduce, control and/or prevent specific safety threats? *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.*	☐	☐

Remarks:

	Yes	No
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? *Specific examples of each category of protective capacities are listed below.*	☐	☐

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:

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Behavioral

No protective capacities in the behavioral domain	The caretaker protects the child from potential harm	The caretaker comforts the child
The caretaker has a history of protecting	The caretaker possesses adequate energy	The caretaker physically intervenes when child attempts dangerous act
The caretaker is physically able to parent	The caretaker demonstrates the ability to adjust to change	The caretaker is able to provide structure for their child
The caretaker creates an organized and routinized home environment 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 support for the child	The caretaker tolerates the stress of parenting	The caretaker demonstrates love, empathy and sensitivity toward the child
The caretaker demonstrates impulse control	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 assigns chores appropriate to the child's age and 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 provides the child with supervision appropriate to age and stage of development	The caretaker demonstrates adequate skill in fulfilling caretaking responsibilities	The caretaker demonstrates tolerance in response to the stresses of parenting
The caretaker has a capable/competent person supervising the children in the caretaker's absence	The caretaker displays affection for the child (hugs, tenderness, consoles the child)	

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Cognitive

No protective capacities in the cognitive domain		The caretaker has an understanding of the developmental needs of the children		The caretaker has adequate knowledge to fulfill caretaking responsibilities and tasks
The caretaker is reality oriented		The caretaker is aligned with the child		The caretaker has accurate perceptions of the child
The caretaker has accurate knowledge of age-appropriate supervision for the child		The caretaker understands the stressors of parenting		The caretaker has the ability to effectively/safely problem solve
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 the cognitive ability to reason
The caretaker understands the child's physical abilities in relation to age		The caretaker understands his/her protective role		The caretaker understands children need to be comforted emotionally
The caretaker understands the basic needs of the child		The caretaker understands that children need to be protected		The caretaker understands the needs of the child supersede the needs of an adult
The caretaker understands the child's ability to complete chores		The caretaker has accurate perceptions of the child		
The caretaker understands the child's physical disability		The caretaker understands the child is dependent and must have his needs met by the caretaker		
The caretaker recognizes his or her own frustration when caring for the child		The caretaker does not have cognitive delays or impairments		

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 emotion 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 t 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 t 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 th 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? *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.*	Yes ☐ No ☐
Remarks:	
14. *If all applicable Protective Capacities were not selected, which of these capacities needs further exploration:*	☐ Behavioral ☐ Cognitive ☐ Emotive
Please describe which protective capacities need further exploration:	
Safety Response:	
15. Does the information documented in the assessment support the final safety decision?	Yes ☐ No ☐
Provide a summary of the areas that need further assessment and describe caseworker actions that must be taken to address these areas:	