

## Section I

### In-Home Safety Assessment and Management Process Overview Checklist

Reviewer Information	
Name of reviewer	
Date of review (mm/dd/yyyy)	___/___/___
Case name	
Case number	
Assessment period under review	
Identified worker during the review period	
Identified supervisor during the review period	
Current identified worker, if different from above	
Current identified supervisor, if different from above	
Staff interviewed during review (name and date)	

## In-Home Safety Assessment and Management Process Overview Checklist

<b>Assessment Codes:</b>  P = Preliminary                      R = Reunification C = Conclusion of Assess/Invest    RF = Reunification/Follow-up NI = New Information                CC = Case Closure NW = New Worker                    CPP or FSP = Review		Assessment Date(s)																	
	Assessment Code																		
<b>Overall</b>	Worksheet completed																		
Section I	Child(ren)'s name documented																		
	Caregiver(s)' name documented																		
Section II	"Yes" or "No" checked for every child and every safety threat																		
	Justification/Explanation provided for every child and every safety threat																		
Section III	Each safety threat is identified with protective capacities																		
	Each caregiver's protective capacities are assessed if safety threat(s) present																		
	The diminished and/or absent protective capacities are included in the FSP																		
Section IV	All questions answered																		
	The answers to the questions support the responses in the previous sections (i.e., the answers to the analysis questions are consistent with what is indicated as a safety threat)																		
Section V	Completed if there are children <u>not</u> listed in Section I																		
Section VI	Safety decision determined for each child																		
Section VII	Signatures of caseworker and supervisor are present and dated as per policy																		
Safety Plan	The safety actions are clear																		
	The safety actions are immediately able to alleviate / control the threat																		
	It is clear who is responsible for safety and monitoring																		
	The plan is able to be monitored																		
	All parties responsible for safety and monitoring signed the plan and received a copy																		
	The responsible person(s) is/are monitoring the safety plan																		

**In-Home Safety Assessment and Management Process Overview Checklist  
Case Notes**

Case # / Name	
Case # / Name	
Case # / Name	
Case # / Name	

# In-Home Safety Assessment and Management Process Overview Checklist

## Intervals

### Intake Assessment/ CPS Investigation: Present danger at referral requires an immediate response

- Within 72 hours of first face-to-face contact
- Within 72 hours of first contact by newly assigned worker (to verify previous worker's assessment)
- Whenever evidence, circumstances or new information suggests a change in child safety
- Conclusion of assessment / investigation (not to exceed 60 days)

### Cases Accepted for Service/In-Home

- Within 72 hours of first contact by newly assigned worker (to verify previous worker's assessment)
  - This should occur every time a case is transferred
- Whenever evidence, circumstances or new information suggests a change in child safety
- Within 30 days prior to FSP/\_CPP review (not to exceed 6 months from accept for service date)
- Within 30 days prior to planned return home
- Within 24 hours after any unplanned return home
  - A second assessment must be completed within 30 days after any unplanned return
- Any time a new referral is received on a case that has been accepted for service (AND at the end of this assessment of new referral)

### Case Closure

- Within 30 days prior to case closure, along with Risk Assessment in accordance with 3490.321 (h)(4)

## Exceptions

*Goal Changes - The exceptions outlined below pertain to the permanency goals established for each child that are approved by the Court.*

- Adoption: When there has been a court approved goal change from reunification to adoption, an in-home safety assessment on the family of origin does not have to be completed.
- Permanent Legal Custodianship (PLC): When legal and physical custody of the child has formally been transferred to the permanent caregivers, an in-home safety assessment on the family of origin no longer has to be completed. If the case remains open as an in-home case, the PLC caregivers become the new "family of origin" and the in-home safety assessment tool would be used.
- Placement with a Fit and Willing Relative and Another Planned Permanent Living Arrangement (APPLA): When there has been a court approved goal change from reunification to either Placement with a Fit and Willing Relative or APPLA, an in-home safety assessment on the family of origin no longer has to be completed.

*If there is a court decision to change the goal back to reunification in any of the above scenarios, an in-home safety assessment per the above interval policy will be required.*

*If after permanency has been achieved and a new referral comes in on the child's permanent caregivers, the in-home safety assessment on that family must be completed in accordance with the interval policies for in-home safety assessments until the case is closed.*


## Section II

### In-Home Safety Assessment and Management Quality Assurance Tool

<b>Type Of Assessment:</b>			
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Reunification	<input type="checkbox"/> Conclusion of Assessment or Investigation	<input type="checkbox"/> Reunification Follow-up
<input type="checkbox"/> New Information	<input type="checkbox"/> Case Closure	<input type="checkbox"/> New Worker	<input type="checkbox"/> CPP or FSP Review

**Safety Tag:**

**Not Applicable: Check this box if the assessment does not include a safety tag. Otherwise, complete the safety tag section.**

 **If N/A is chosen, stop and proceed to Interviewing and Information Gathering.**

Date of referral (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

1. Which assessment areas have sufficient information gathered? (check all boxes that apply)

<input type="checkbox"/> Type of Maltreatment	<input type="checkbox"/> Nature of Maltreatment	<input type="checkbox"/> Child Functioning	<input type="checkbox"/> Adult Functioning
<input type="checkbox"/> General Parenting	<input type="checkbox"/> Parenting Discipline	<input type="checkbox"/> Environmental Concerns	<input type="checkbox"/> Access of Alleged Perpetrator to Child

2. For any of the boxes above that were not selected (e.g. did not have sufficient information) provide a description of what information was missing or lacking.

<p>2a. Were attempts made to obtain missing or lacking information from Referral Source?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2b. Could the missing or lacking information have been obtained from the Referral Source?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2c. Suggestions for obtaining missing or lacking information:</p>
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3. Based on the information gathered, did the worker identify any safety threats to the child(ren)?

Present Danger       Impending Danger       No Safety Threats

3a. Do you agree with their assessment?  Yes  No      If No, why?

4. Based on the information gathered, did the worker identify any risk factors to the child(ren)?


High Risks       Moderate Risks       Low Risks       No Risks

4a. Do you agree with their assessment?  Yes  No      If No, why?

5. What was the response time assigned? \_\_\_\_\_

6. Based on the information gathered, was the appropriate response time identified?

Yes  No      If No, why?


 Proceed to scorings sheet and complete appropriate sections if no safety assessment worksheet completed

## Section II

### In-Home Safety Assessment and Management Quality Assurance Tool

Interviewing and Information Gathering					
1. Who was seen/ interviewed?	Name(s)	Date of contact	Type of contact	Was this the first face-to-face contact?	
			(Face-to-face, phone, etc)	Yes	No
<input type="checkbox"/> Target Child(ren)		/ / /		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sibling(s)		/ / /		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Caregivers		/ / /		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Household members		/ / /		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other resources		/ / /		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other relevant parties		/ / /		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Collateral Contacts		/ / /		<input type="checkbox"/>	<input type="checkbox"/>
2. Who was <b>NOT</b> seen/ interviewed?	Name(s)	Was a Rationale Provided?		Was the Rationale Compelling?	
		Yes	No	Yes	No
<input type="checkbox"/> Target Child(ren)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Caregivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Household members		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other resources		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other relevant parties		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Collateral Contacts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation					
<i>Structured Case Note</i>					
	Was Information Gathered for each domain, when applicable?			Was the information sufficient to understand the status of that domain?	
	Yes	No	N/A	Yes	No
1. Six (6) Domains:					
Type of maltreatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature of maltreatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there sufficient information captured in the Structured Case Note to inform safety decisions made on the in-home safety assessment worksheet?				<input type="checkbox"/>	<input type="checkbox"/>
3. Did the information documented on the Structured Case Note reviewed result in a new In-Home Safety Assessment Worksheet?					
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list the date of that assessment: _____					
4. Did the information documented on the Structured Case Note result in a new/revised Safety Plan?					
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list the date of that Safety Plan: _____					
In Home Safety Assessment Worksheet					
<b>Identifying Information:</b>				Yes	No
1. Was the date of assessment listed accurate?				<input type="checkbox"/>	<input type="checkbox"/>
2. Was the type of assessment (e.g. interval) listed accurate?				<input type="checkbox"/>	<input type="checkbox"/>
3. Were all of the identified children listed?				<input type="checkbox"/>	<input type="checkbox"/>
4. If No, what other child(ren) should have been listed?					
5. Were all of the primary caregivers listed?				<input type="checkbox"/>	<input type="checkbox"/>
5a. If no, what other caregiver(s) should have been listed?					
6. Do the dates of face-to-face contacts listed on the worksheet match the dates listed in the Structured Case Notes?				<input type="checkbox"/>	<input type="checkbox"/>

## Section II In-Home Safety Assessment and Management Quality Assurance Tool

	Yes	No	N/A				
1. Was the worksheet completed within the state-mandated interval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2. Was the worksheet completed within the county-mandated interval, if different from state policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9. If the assessment was <b>NOT</b> completed within the designated interval:	Yes	No					
9a. Is there a rationale documented within the file?	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Identification of Safety Threats:</b>							
Safety Threat	Was sufficient information included to describe how the safety threshold was met?		Was sufficient information included to describe how the safety threshold was NOT met?		Do you agree with the threat rating?		If No, provide a rationale describing why you disagree with the rating.
	Yes	No	Yes	No	Yes	No	
<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were any active safety threats identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, proceed to next section.</b> <div style="text-align: center;"> <b>If No, stop and proceed to the safety analysis section.</b></div>							
<b>Protective Capacities:</b>							
For each primary caregiver, were sufficient protective capacities identified that, if enhanced, would mitigate the identified safety threat(s)?	Reviewer Rationale			Are all of the diminished and/or absent protective capacities addressed in the FSP?			
				Diminished		Absent	
				Yes	No	Yes	No
Caregiver	Yes	No					
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safety Analysis:</b>							
Was sufficient information for each of the following documented as necessary:	Yes	No	Reviewer Rationale				
1. How are safety threats manifested in the family?	<input type="checkbox"/>	<input type="checkbox"/>					
2. Can an able, motivated, responsible adult caregiver adequately manage and control for the child's safety without direct assistance from CYS?	<input type="checkbox"/>	<input type="checkbox"/>					
3. Is an in-home CYS managed safety plan an appropriate response for this family?	<input type="checkbox"/>	<input type="checkbox"/>					
4. What safety responses, services, actions, and providers can be deployed in the home that will adequately control and manage safety factors?	<input type="checkbox"/>	<input type="checkbox"/>					

## Section II

### In-Home Safety Assessment and Management Quality Assurance Review Tool

	Yes	No	Reviewer Rationale
5. Does the documentation on the worksheet in the analysis section support the decisions made?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is the information presented specific and individualized?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the information documented in the analysis section clearly describe the rationale for the safety decision?	<input type="checkbox"/>	<input type="checkbox"/>	

#### **Safety Decision:**

Child(ren) Name	Safety Decision Made			Was the appropriate safety decision made?		Reviewer Rationale
	Safe	Unsafe	Safe w/ Plan	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### **Signatures of Approval:**

	Yes	No
1. Did the identified caseworker sign the safety assessment worksheet within the designated interval?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the identified supervisor sign the safety assessment worksheet within the designated interval?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there documentation to indicate that the supervisor reviewed the assessment information?	<input type="checkbox"/>	<input type="checkbox"/>

4. Was a safety plan required?

Yes  No

**If Yes, proceed to next section. If No**



**and proceed to scoring section.**

#### **Safety Plan**

	Yes	No	Reviewer Rationale
1. Does the safety plan include safety actions for each safety threat?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do the safety actions meet the unique need of each identified child?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are responsible persons identified for each safety action?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are the responsible persons identified suitable and reliable?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Did each responsible person sign the safety plan?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is there an appropriate time period identified for each safety action?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there an appropriate method for monitoring each safety action?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are the safety actions sufficient to control the safety threats to each child?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Can the safety actions be put into place immediately (or within twenty-four hours)?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is there information to support that the family was engaged in the safety planning process?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Did the caregiver(s) sign the safety plan?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Did the identified supervisor sign the safety plan?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is there documentation in the case record to support that the safety plan was reviewed and approved by the supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has the safety plan been modified to reflect changes to safety (i.e. enhanced protective capacities or additional safety threats)?	<input type="checkbox"/>	<input type="checkbox"/>	



## **Section III Review, Summary & Scoring**

### **Scoring and Summary Guidelines for Licensing**

Regional Office staff conducting licensing reviews will use the scoring and summary sheet as part of their Licensing Inspection Summary meeting. They will complete the sections based on all of the cases that were reviewed; not each individual case. The overall summary is to be used for providing a general discussion of the safety assessment process. This is an opportunity for staff to highlight strengths and provide coaching and feedback regarding needs identified during the review.

*(Note: reviewers may want to complete the scoring and summary sheets for the individual cases for their own record keeping and notes. It will be helpful when providing the overall summary at the conclusion of the licensing process.)*

### **Scoring and Summary Guidelines for Internal Quality Assurance**

For each section of the tool that was completed, refer to the reviewer manual and provide scores for each section. Then provide feedback regarding strengths, concerns and recommendations. Complete each section with specific information and strategies. In the (improve, refine, maintain) discussion sections, be sure to provide specific examples for each area. The overall summary is to be used for providing a general discussion of the safety assessment process.

### Section III Review, Summary & Scoring

Scoring	Improve	Refine	Maintain
Assessment Areas: N/A <input type="checkbox"/>			
1. Safety Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Interviewing & Information Gathering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Structured Case Note	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Home Safety Assessment Worksheet:			
5. Identifying Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Identification of Safety Threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Protective Capacities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Safety Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Safety Decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Signatures of Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Safety Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **Improve:** Safety assessment/analysis/planning is problematic or risky. Quick action should be taken to improve the situation.
- **Refine:** Safety assessment/analysis/planning is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.
- **Maintain:** Safety assessment/analysis/planning is favorable. Efforts should be made to maintain and build upon a positive situation.

**Section III**  
**Review, Summary & Scoring**

Improve:

Refine:

Maintain:

Overall Summary: