

In-Home Safety Quality Assurance Toolkit

October 2011

Introduction

Pennsylvania is a county-administered and state-supervised child welfare system. Historically, the “supervision” that occurred was interchangeable with compliance-focused licensing activities. Over the past few years, the Office of Children, Youth and Families (OCYF) has enhanced the oversight activities to include a quality focus. The shift from compliance to quality does not negate the importance of compliance and the need to implement and perform functions that adhere to regulatory parameters; however, the quality review provides focus on content and impact of the performance rather than just the performance itself.

This is evident in comparison of the two review tools contained in the following toolkit. The “In-Home Safety Assessment and Management Process Overview Checklist” section within the toolkit speaks to compliance with timeframes, completeness, signatures and oversight. These are all very important components of the Safety Assessment and Management Process. The “In-Home Safety Assessment and Management Quality Assurance Tool” section within the toolkit provides a greater opportunity to review the process undertaken in gathering and analyzing information, assessing safety and developing plans as warranted. The Quality Assurance section will be a useful tool for the counties and OCYF to identify areas of technical assistance that may be needed to promote advanced skills of staff, which will result in better outcomes for children and their families.

The toolkit includes a “User’s Guide” for completing the two review tools, the two previously introduced tools and a scoring and summary document to use for reporting back to agencies the findings of the review. The Overview Checklist section will be used during licensing inspections for all cases and all safety assessments reviewed during the period under review. The Quality Assurance section will be used on only the most recent safety assessment within the case record under the period under review.

County agencies may choose to use the toolkit as they see fit, as the use of the toolkit is not mandated. However, it is recommended that since OCYF will be using the toolkit for licensing purposes, county agencies should use the toolkit as a preparation and to best understand how cases will be evaluated regarding the safety assessment and management process during licensing inspections. The toolkit may also be used for internal county agency quality assurance processes, by county agency supervisors to use for supervisory reviews with caseworkers and for any other internal case review work county agencies choose. It is further recommended that ongoing dialogue occur between county agencies and their appropriate OCYF Program Representative regarding the use of the toolkit and the process.

Guidelines

This section of the manual is to provide users with clarification regarding concepts and specific items reviewed by the tool. In addition, it is to provide consistent definitions to the reviewers when evaluating records. The guidelines section consists of two components; definitions and reviewer notes.

- Definitions bring clarity to specific concepts and provide a consistent standard and expectation that will be applied during reviews.
- Reviewer notes are to explain further the tool's concepts and to provide clarity regarding expectations.

Alongside each definition and reviewer note is a list of sections and questions that they further explain.

Definitions

Section(s) & Question Number(s)	Concept	Definition
<ul style="list-style-type: none">• Safety Tag: Q1, Q2• Documentation: Structured Case Note: Q3• Identification of Safety Threats• Protective Capacities• Safety Analysis	Sufficient	The information is of a quality that can fulfill a need or requirement but without being abundant; enough to meet a need or purpose, adequate. The quality of the information is such that a reasonable person would be able to gain insight and make an educated/informed decision or inference.
Scoring	Improve	Safety assessment/analysis/planning is problematic or risky. Quick action should be taken to improve the situation.
Scoring	Refine	Safety assessment/analysis/planning is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.
Scoring	Maintain	Safety assessment/analysis/planning is favorable. Efforts should be made to maintain and build upon a positive situation.

Reviewer Notes

Below are clarifications/explanations of various concepts used within the Safety Assessment Review Tool. It is to provide a consistent definition and expectation from reviewer to reviewer.

Note	Section(s) & Question(s)	Explanation & Rationale
1.	Reviewer Information: Staff interviewed	Only provide the name and data of staff interviewed if applicable, otherwise write N/A.
2.	Safety Tag: Q1	Based on the conversation with the referral source, documented in the structured case note, did the worker attempt to gather information for each of the assessment areas and did they document enough of the information gathered for each assessment area to be able to make an informed decision as the safety of the child at the current time? The concept of sufficient is defined in the definitions section.
3.	Safety Tag: Q2	If any of the assessment areas were not checked, indicating sufficient (see definitions section for explanation of sufficient) information was NOT gathered, provide a description of what was missing or lacking.
4.	Safety Tag: Q2a	Based on the conversation with the referral source, documented in the structured case note, were questions asked to illicit information regarding all of the assessment areas? Was information pertaining to some of the assessment areas documented in the structured case note but not documented in the Safety Tag? Was a second conversation had with the referral source to acquire more information regarding the assessment areas? Was the question asked of the referral source if anyone else should be contacted regarding information about the child or situation?

5.	Safety Tag: Q6	<p>Reviewers make their decision as to whether or not the county agency established an appropriate response time by reviewing all information related to the response. This decision is made solely by the reviewer through looking at what information the county agency gathered to establish a response time and whether it fits with statute and regulation in addition to internal county agency policy. Reviewers should pay particular attention to how the county agency gathered information related to the six domains.</p> <p>With every new report the following questions must be asked by the county agency and answered immediately:</p> <ul style="list-style-type: none"> • How soon should contact be made with the child and family that has been reported? • Who should make that initial contact to best ensure child safety? <p>While it is understood that referral sources are sometimes reluctant or unable to provide detailed information at the time of the referral, the county agency staff should make every attempt to uncover potential immediate threats to a child’s safety that may not be clearly evident.</p> <p>Additional areas to consider when reviewing whether or not a county agency established an appropriate response time are as follows:</p> <ul style="list-style-type: none"> • Given what is known from the report, does present or impending danger for the child exist? • Has the immediate safety of the child, and any other children, been assured? • Is the immediacy of the response based on safety thresholds, level to which the threat is controlled, imminence, and child vulnerability? • Did the timing of the response take into account the location of the safe place, how long the child will be in the safe place, and access that others have to the safe place if the child is determined to be free from present danger? • Did the county agency gather any additional information that was immediately available (prior agency records, police contacts, etc.)? • Did the county agency determine if the case is appropriate for the agency based on requirements (child under 18, caretaker perpetrator, etc)? <p>County agency staff are not limited to the scope of the questions above, and are encouraged to ask thought-provoking questions of reporting sources in order to uncover all available information regarding child safety that will lead them to make appropriate decisions regarding response time.</p>
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6.	Interviewing and Information Gathering: Q1 & Q2	<p><u>Household members:</u> Anyone who is considered a full or part-time resident in the home of the child. This individual would not assume a caregiver role for the child.</p> <p><u>Other Resources:</u> Individuals who may serve as informal supports to the family; such as neighbors, relatives, church members, etc.</p> <p><u>Other relevant parties:</u> Individuals with information relevant to the family, but who may not necessarily have a close relationship with the family or serve in a helping or supportive role. Examples may include estranged extended family members, witnesses to the alleged incident under assessment or investigation, neighbors with information related to the family, etc.</p> <p><u>Collateral Contacts:</u> Service providers to the family and other individuals or agencies who may have information to inform the assessment: i.e. police; school personnel; doctor's offices; hospitals; day care providers; mental health providers; etc.</p>
7.	Interviewing and Information Gathering: Q2- Was the rationale compelling?	<p>Examples why someone may not have been interviewed</p> <ul style="list-style-type: none"> • Child(ren) has runaway • Source is out of state • Not relevant to the case • In the case of other resources, relevant parties, collateral contacts- they may not be relevant to the case or a message was left but message was not returned. <p>Documentation must be objective, accurate, clear, descriptive, relevant and concise.</p>
8.	Structured Case Note: Q2- Was information gathered for each domain when applicable?	<p>Every domain should be considered at each contact and documented on the Structured Case Note; however, information related to two of the domains, type of maltreatment and nature of maltreatment, may not have changed from contact to contact. Caseworkers may indicate that no new allegations or maltreatment has occurred since the last contact. If this situation applies to the case that you are reviewing, select non applicable for the first question (Was Information Gathered for each domain, when applicable?). The second question (Was the information sufficient to understand the status of that domain?) would be left blank as well. In general, sufficient information is information of a quality that can fulfill a need or requirement but without being abundant; enough to meet a need or purpose, adequate. The quality of the information is such that a reasonable person would be able to gain insight and make an educated/informed decision or inference. <u>Documentation must be objective, accurate, clear, descriptive, relevant and concise and review the definition of each principle.</u> Note: N/A is only an appropriate response choice during a preliminary assessment when limited information may be all that is available.</p>

9.	Structured Case Note: Q1- Was the information sufficient to understand the status of the domain?	Keeping in mind the definition/concept, as the reviewer, were you able to understand the status of the individual domains? Was the information presented logically, thorough in content and clearly presented the situation? Documentation must be objective, accurate, clear, descriptive, relevant and concise and review the definition of each principle.
10.	Structured Case Note: Q2- Is there sufficient information captured in the structured case note.	Keeping in mind the definition/concept of sufficient defined previously, as the reviewer, did you have enough information presented to understand the decisions made, did the documentation support the decisions made? Documentation must be objective, accurate, clear, descriptive, relevant and concise and review the definition of each principle.
11.	Structured Case Note: Q3 & Q4- If yes, list the date of that assessment	The date of assessment that is being referred to is the date that the Safety Assessment Worksheet was completed.
12.	In Home Safety Assessment Worksheet: Q7 & Q8	If the county's interval policy is the same as the intervals in the Safety Assessment Manual, rate whether or not the assessment was completed within the timeframes established. Then select N/A for question 8. HOWEVER, if the county has a more stringent policy than the intervals outlined in the Safety Assessment Manual, then select N/A for question 7 and complete question 8.
13.	Identification of Safety Threats	<ol style="list-style-type: none"> 1. Check the box next to any of the safety threats identified in the case. 2. For safety threats identified in the case, indicate whether sufficient information was included to describe how the safety threshold was met. Check yes or no. 3. For safety threats that were not identified as threats in the cases, was sufficient information provided to describe how the safety threshold was not met? Check yes or no. 4. Do you agree with the threat rating for <u>each of the 14 safety threats</u>? 5. If no, provide your rationale.

14.	Protective Capacities: For each primary caregiver.	<p>When answering this question, consider the following:</p> <ul style="list-style-type: none"> • Were the correct protective capacities identified; did the documentation reflect the identified protective capacity? • Did the protective capacity identified relate to the safety threat? • Protective capacities are behavioral, emotional and cognitive; the worker did not identify a protective capacity that was not part of SAMP. • Documentation must be objective, accurate, clear, descriptive, relevant and concise and review the definition of each principle. <p>Provide your rationale for your response whether it is yes or no.</p>
15.	Protective Capacities: Are all diminished and/or absent protective capacities...	<p>If no diminished or absent protective capacities were documented, note this in your rationale. Note whether you agree or disagree with the information presented.</p>
16.	Safety Analysis: Reviewer Rationale	<p>Reviewers are to provide rationale for their rating, yes or no, for each of the safety analysis questions.</p>
17.	Safety Decision: Q- Was the appropriate decision made?	<p>As the reviewer, based on the information contained in the case record and information obtained through interviews, did you agree with the safety decision that was made? Documentation must be objective, accurate, clear, descriptive, relevant and concise and review the definition of each principle.</p>
18.	Safety Decision: Q- Reviewer Rationale	<p>Provide rationale for your answer whether you agreed with the safety decision or not.</p>

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

Assessment Codes: 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																		
Overall	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

Type Of Assessment:			
<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 NOT 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>					
1. Six (6) Domains:	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
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					
Identifying Information:				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				
7. Was the worksheet completed within the state-mandated interval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8. 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 NOT completed within the designated interval:	Yes	No					
9a. Is there a rationale documented within the file?	<input type="checkbox"/>	<input type="checkbox"/>					
Identification of Safety Threats:							
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 If Yes, proceed to next section. <div style="text-align: center; margin: 10px 0;"> </div> If No, stop and proceed to the safety analysis section.							
Protective Capacities:							
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	
Caregiver	Yes	No	Yes	No	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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Analysis:							
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:			
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: