

(Insert Agency Header)

FACILITY PLACEMENT SAFETY CHECK

Purpose: To evaluate the safety of a child in facility and the facility's ability to meet the needs of the child placed in this setting. If the assessment indicates that there are safety concerns the agency assigned worker will need to staff with a supervisor to determine next steps.

Case Name:	Placement Date:
UNITY Case #	Current Assessment Date:
Agency Name:	Facility:
Worker Completing Assessment:	Supervisor:

When to complete the Safety Check: The completion of this safety check is associated with the following requirements:

Check the appropriate box:

- Initial face to face contact with the child upon placement in the facility.
- Reoccurring (90) day assessment. Last assessment date:
- Other (i.e., At Supervisor's Request) Any time, as determined by the permanency case manager/supervisor, there is an indication that the safety of the child may be in jeopardy.

SECTION 1: IDENTIFYING INFORMATION

Directions: List the child under agency custody currently placed in this facility.

CHILD #	NAME	DOB	AGE	ASSIGNED CASE WORKER

SECTION 2: SAFETY THREATS

Were there any changes to the child's placement within the facility since the last safety check? Yes No

Describe the changes to the child's placement within the facility: _____

Were there any changes to the child's status within the facility since the last safety check? Yes No

Describe the changes to the child's status within the facility: _____

Was there a reason to complete a visual or comprehensive check for injury? Yes No Child Decline

Describe the reason a visual or comprehensive check for injury was completed: _____

SECTION 3: PROTECTIVE CAPACITIES

Part A: Facility

Directions: Please check the appropriate box, by collecting factors to understand the facility's environment:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Child has not suffered suspicious injuries or injuries that are the result of an act or failure to act by the staff or facility member(s)?
------------------------------	-----------------------------	---

Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Facility is able to manage the child's behavior or conditions to prevent harm to the child?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Facility is willing and able to meet the basic needs of the child (food, clothing, shelter and healthcare needs).
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Facility is able and willing to meet the child's special health care needs, including any existing serious medical condition?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Facility ensures that others who supervise or are in the presence of the child create no risk of harm to the child?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. Facility is able to provide appropriate structure and staff intervention to minimize the risk of harm to the child from another child?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	7. Staff members have positive perceptions and realistic expectations of the child?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. Facility is able to provide appropriate structure and staff intervention to minimize the risk of harm from people who visit the facility?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	9. There are no reports of abuse, neglect or licensing violations against the facility.

Directions: Describe any changes that have occurred in the child's situation IN THIS SECTION since the last safety check. If applicable, describe the changes in detail. _____

Part B: Facility Conditions

Directions: Identify whether the physical environment and the contents of the facility meet the needs of the child and assure the child's safety.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Facility is free of observable health/sanitation risks to the child?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Facility is free of observable safety hazards (uncovered electrical outlets, broken windows, swimming pool, etc.?)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Facility has an accessible phone or other reliable means of communication?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Facility has appropriate sleeping arrangements?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Facility has sufficient resources to provide the basic necessities (food, clothing, shelter and healthcare)?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. Photos of the facility taken during this visit. Photos may need to document any issues or safety concerns which are observed.
		If you selected yes, please explain: _____

Directions: If applicable, describe in detail any changes that have occurred in the facility's situation since the last safety check. _____

SECTION 4: WELL-BEING INDICATORS

Directions: If any indicators are not present, this may signify risk to the child or the placement and may require a report or review of the placement.

Part A: Facility Indicators

Yes No 1. Facility recognizes child’s vulnerabilities and needs.

Yes No 2. Facility uses non-physical methods of discipline.

Yes No 4. Facility staff is aligned with the child’s needs and treatment plan.

MEDICATION:

Any prescription or over the counter medications may not be provided without the medical order from a licensed medical prescriber and must have consent from the PLR or the legal custodian. This includes natural supplements, vitamins, herbs, off-label medications, in any form.

Yes No 1. Is the child taking any medications?

Yes No 2. Medication Administration Record collected during the visit? Please attach.

Yes No 3. Attached is a form completing a medication check, if applicable.

Yes No 4. Were medications stored appropriately? If not, please staff with supervisor on reporting processes.

Part B: Child Vulnerability Indicators

Are there any signs or symptoms of the following?

Signs of Increased Vulnerability	Yes	No
1. Exhibits provocative behaviors or temperament?	<input type="checkbox"/>	<input type="checkbox"/>
2. Running-away, pre-delinquent or criminal behaviors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Recently sustained a serious injury, has an illness or health problem requiring immediate medical attention or displays emotional trauma symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
4. Fears severe retribution?	<input type="checkbox"/>	<input type="checkbox"/>
5. Disabilities or special needs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Behavior or verbal threats pose a threat of serious harm to self or others?	<input type="checkbox"/>	<input type="checkbox"/>
7. Current behavioral health care needs?	<input type="checkbox"/>	<input type="checkbox"/>
8. Suicidal thoughts or behaviors?	<input type="checkbox"/>	<input type="checkbox"/>
9. Current medical health care needs?	<input type="checkbox"/>	<input type="checkbox"/>
10. Repeated visits to the emergency room or a physician for reasons unrelated to medical conditions that existed prior to placement?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there any unmet educational needs?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the child taking any medications?	<input type="checkbox"/>	<input type="checkbox"/>
13. Substance use issues?	<input type="checkbox"/>	<input type="checkbox"/>
14. <i>Other (specify):</i>	<input type="checkbox"/>	<input type="checkbox"/>

Directions: If applicable, describe in detail any changes that have occurred in the child’s vulnerability since the last safety check. **“Yes” responses should prompt a discussion about referrals for assessments and evaluations and/or review of current treatment plan for the child.** _____

SECTION 5: VISITATION

Directions: If the Facility is responsible for visitation, identify if the following are present:

1. Facility assures the child’s safety during visitation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Does the child have an appropriate visitation plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Can the facility accommodate the visitation plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If there are any issues or concerns identified during this assessment, please determine with your supervisor if additional steps need to be taken. Please

document within UNITY case notes what action steps were taken to address any identified issues or concerns.