

**RBWO FOUNDATIONS  
MONITORING FOR SAFETY  
CCI FACILITY SAFETY REVIEW**

**PARTICIPANT NAME:**  
**SUPERVISOR NAME:**

**PROVIDER LOCATION:**  
**DATE OF REVIEW:**

|  |
|--|
|  |
|  |

| STAFF PARTICIPATING IN THE REVIEW |      |      |
|-----------------------------------|------|------|
|                                   | NAME | ROLE |
| 1.                                |      |      |
| 2.                                |      |      |

| CHILD TO STAFF RATIO | RATIO WITHIN REQUIREMENTS? | TOTAL CURRENT CENSUS |
|----------------------|----------------------------|----------------------|
|                      |                            |                      |

**SLEEPING ARRANGEMENTS**

| Bedroom | # Twin | # Full | # Bunk | # Queen | # King | # Cribs/Toddler Beds | Names of Individuals Who Sleep Here |
|---------|--------|--------|--------|---------|--------|----------------------|-------------------------------------|
| Bdrm #1 |        |        |        |         |        |                      |                                     |
| Bdrm #2 |        |        |        |         |        |                      |                                     |
| Bdrm #3 |        |        |        |         |        |                      |                                     |
| Bdrm #4 |        |        |        |         |        |                      |                                     |
| Bdrm #5 |        |        |        |         |        |                      |                                     |

**FACILITY ENVIRONMENT**

|  |  |   |
|--|--|---|
| <b>Kitchen</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory                                | <b>Bathroom #1</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory                        | <b>Bathroom #2</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory           |
| <b>Bedroom #1</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory                             | <b>Bedroom #2</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory                         | <b>Bedroom #3</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory            |
| <b>Bedroom #4</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory                             | <b>Bedroom #5</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory                         | <b>Common Area(s)</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory        |
| <b>Other Interior Area(s)</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory                 | <b>Home is Infant/Toddler child-proof</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | <b>First Aid Kit</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory         |
| <b>Fire Arms</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> N/A <input type="checkbox"/> Unsatisfactory | <b>Storage of Sharp Objects</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory           | <b>Food Supply</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory           |
| <b>Exterior free of Hazards</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory               | <b>Storage of Cleaning Supplies</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory       | <b>Storage of Medication</b><br><input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory |

**Comments:**

## Staff Protective Capacity Interview

### 1. Supervision Practices

 Observed Not Observed

(Normal practice during outside and inside activities; Agency supervision policy; Crisis management supervisory practice; describe the supervision practice at the time of the visit (i.e., what is the staff doing at the time of visit regarding supervision of youth).

**Comments:**

### 2. Discipline

 Observed Not Observed

(Proactive and preventative practices; what "levels" are youth on; positive reinforcement practices; physical interventions; staff understanding of discipline rules; last time staff used discipline techniques and youth response).

**Comments:**

## Child Well-Being Assessment and Interview

**Child Name:**

### 1. Comfort Level

 Satisfied Unsatisfied

(Feelings of safety/comfort; feelings about living here; best/worst things, changes wanted or needed).

**Comments:**

### 2. School

 Satisfied Unsatisfied

(Grades, progress, connection to teachers and peers, tutorial services, assistance needed/received with homework assignments).

**Comments:**

### 3. Extracurricular Activities

 Satisfied Unsatisfied

(Participation, positive benefits, desired activities, barriers to participation).

**Comments:**

### 4. Needs Being Met

 Satisfied Unsatisfied

(Family/sibling/parent visitation; general unmet and met needs).

**Comments:**

**Overall Assessment:**

|  |  |  |
|--|--|--|
| <b>Physical Appearance</b><br><input type="checkbox"/> Concern <input type="checkbox"/> No Concern                           | <b>Adequate Clothing</b><br><input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate                        | <b>Hygiene Supplies</b><br><input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate |
| <b>Personalized Space<br/>(Bedroom –Homelike)</b><br><input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate | <b>Car Seat</b><br><input type="checkbox"/> Adequate <input type="checkbox"/> Not Adequate<br><input type="checkbox"/> N/A |  |

**Comments:**

### Safety Decision

|  |   |
|--|---|
| <input type="checkbox"/> <b>Safe</b>                                     | <p>- Caregiver can and will protect. No signs of present safety risk identified, child vulnerability and/or protective offset the current risk. The child is not likely to be in imminent risk of maltreatment.</p>   |
| <input type="checkbox"/> <b>Unsafe</b>                                   | <p>-Caregiver cannot/will not protect. Child vulnerability or protective capacities do not offset the imminent risk of maltreatment, or caretaker/provider has refused access to the child.</p> <p><b>Immediate Action Taken:</b></p> <ul style="list-style-type: none"> <li>- Contact Immediate Supervisor</li> <li>- Contact DFCS Case Manager/Supervisor</li> <li>- Contact CPS County DFCS</li> <li>- Contact OPM Supervisor/Manager</li> </ul>   |
| <input type="checkbox"/> <b>Risk Identified<br/>(Safety Plan needed)</b> | <p>-One or more signs of present risk identified. Child's vulnerability or protective capacities do not offset the present or imminent risk of maltreatment. Controlling safety interventions have been limited as identified and agreed upon by all necessary parties in the written safety plan.</p> <p>-The implementation of the safety interventions offset the need to take more restrictive actions at this time. Failure to follow the safety interventions or a change in circumstances may result in the need to take more formal actions to assure child safety in the future.</p> <p><b>Immediate Action Taken:</b></p> <ul style="list-style-type: none"> <li>- Contact Immediate Supervisor</li> </ul> <p><b>Note: If needed, a preliminary safety plan should be developed by the provider within 24 hours of the Safety Review. A comprehensive safety plan should be developed by the provider within <u>72</u> hours of the Safety Review.</b> The safety plan must identify who will participate to assure safety of the child, who will monitor the safety plan, and duration of the safety plan. Document the actions taken or the services initiated to address each identified signs of present or imminent risk. Address how behaviors, conditions, and circumstances associated with the sign of present or imminent risk will be controlled. File original document in agency record.</p> |

**Comments:**

**PARTICIPANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_