

SAFETY ASSESSMENT AND FIELD EVALUATION TOOL

Name:	ID:	DOB:	Program:
Analyst:	Date of Assessment: ____ / ____ / ____		Time of Visit ____ : ____ to ____ : ____
Program Liaison:	Program Liaison Contact:		

PRE-VISIT RATING SCALE

All items on the SAFE-T use a 'STOP LIGHT' action-based communimetric rating scale as follows:

1	Green	No evidence of concern Functioning level does not create a safety risk
2	Yellow	Potential Concern Functioning level may create a safety risk
3	Red	Concern Functioning level creates a safety risk

A rating of '2' or '3' denotes an item in which the Analyst notes a specific need for the individual, or an area of concern that currently exists at the specific program site. A brief description will be noted for each rating of '2' or '3' to provide sufficient descriptors that the Analyst will use during the visit.

INDIVIDUAL PRE-VISIT	1	2	3
Behavior			
Communication			
Dietary/Nutrition			
Equipment/Devices			
Financial			
Medical			
Mental Health			
Motor			
Self-Care			
Sensory			
Supervision			
PROGRAM PRE-VISIT	1	2	3
Incidents			
Licensing			
Previous SAFE-T visit			

VISIT RATING SCALE

All items on the SAFE-T use a 'STOP LIGHT' action-based communimetric rating scale as follows:

1	Green	No evidence of concern No action required at this time
2	Yellow	Potential Concern May require monitoring or prevention
3	Red	Concern Action is required

A rating of '2' or '3' denotes an item as actionable. A rating of '2' indicates there is some action required to address an issue that does not, at face value, rise to the level of a reportable incident. The entity or entities required to take action are notified of the information through an electronic communication, or documented telephonic contact if the matter requires discussion. A rating of '3' indicates there is an immediate need for action by one or more entities. This information is communicated telephonically, through electronic communication, and via an incident report that is routed through the Department's established reporting system.

INDIVIDUAL VISIT	1	2	3
Bedroom			
Behavior			
Communication			
Dietary/Nutrition			
Emotional Appearance			
Equipment/Devices			
Financial			
Interaction with Other Individuals			
Medical			
Mental Health			
Motor			
Perception of Safety			
Physical Appearance			
Self-Care			
Sensory			
Staff Interaction with Individual			
Staff Knowledge of Individual			
Supervision			
PROGRAM VISIT	1	2	3
Bathroom			
Building			
Common Area			
Kitchen			
Staff Reception			

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