**Prevent Child Abuse New York Quality Assurance**

**FSS Supervision Note Review Form**

Supervisor: Program:

FSS: Date of supervision note:

Reviewer: Date of review:

Observed supervision \_\_\_\_Yes \_\_\_\_No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Examples and/or comments are included under each bullet.***

**\*Documentation focuses on discussions and interactions that occurred between the FSS and supervisor.**

**\*Documentation demonstrates that collaborative planning and development of next steps were a primary focus of supervision. The follow-up box is used to assure topics are revisited in subsequent supervisions.**

**\*Supervisor’s use of Reflective Strategiesand other reflective supervision methods is documented. Documentation includes the intent for using a particular Reflective Strategy.**

**\*Reflective conversations are documented that demonstrate how the supervisor helped increase the FSS’s capacity to think reflectively about a particular issue or family.**

**\*In-depth discussions: Documentation reflects that detailed discussions about the family occurred. The in-depth box is checked for these discussions.**

**\*All other discussions: Documentation reflects that briefer family conversations occurred.**

\***Documentation demonstrates the supervisor’s support of the FSS’s work with PCI/CHEERS and reflective strategies which may include supporting the FSS to partner with parents in assessing CHEERS, promoting CHEERS-related strengths and addressing CHEERS-related concerns.**

**\*Documentation shows discussions regarding the FROG Scale, addressing risk factors over the course of services, the Service Plan, Level changes, the Family Goal Plan and formal tools (i.e., PHQ-9)**

**\*All checked boxes include commentary.**

**\*Discussions related to professional development and skill building (i.e., QA activities, role playing/coaching, training) are documented.**

**\*Documentation indicates that the supervisor included administrative, clinical, and reflective aspects of supervision.**

**Examples:**

* **Administrative (did it happen?):**
* **Clinical (how did, or how could, it happen?):**
* **Reflective (how did the FSS experience it?):**

**Summary of strengths:**

**Ideas for professional development:**

**Attached resources:**

**Service Plan Review Tool**

*In order to aid the observation of how the supervisor collaborated with the home visitor to develop and update the Service Plan, and/or supported the home visitor in implementing plan activities, the reviewer read the Service Plan* ***for (family ID) on (date).****Any comments on how the supervisor integrated the Service Plan into supervision will be found under Competency 4 of the Supervision Observation form. Any comments on the documentation of that discussion will be found in the Supervisor Note Review form under the appropriate section (“Documentation shows discussions regarding the FROG Scale, addressing risk factors over the course of services, the Service Plan, Level changes, the Family Goal Plan and formal tools”).*

The date of the initial Service Plan is within two weeks of the FROG Scale being approved by the supervisor and the home visitor being assigned to the family.

**\_\_\_ Yes \_\_\_ No**

**Column 1: FROG Scale Domain**

Evidence of prioritization is demonstrated in this column by a checked priority box and (subsequently) having a plan implemented (in the Plan Implementation Column) for the risk factors/areas of concern to be addressed initially. **(*required*)**

**☐ All the time  ☐Some of the time ☐ None of the time**

**Column 2: Strengths/Protective Factors**

 Family strengths and protective factors are identified and documented for all domains with a score higher than zero. ***(required)*** *Although not required, it is recommended that domains with a score of 0 also have strengths identified.*

**☐ All the time  ☐Some of the time ☐ None of the time**

**Column 3: Risk Factors & Areas for Support**

 All risk factors/areas of concern identified (have a score of 1-4) in the FROG are documented. ***(required)***

**☐ All the time  ☐Some of the time ☐ None of the time**

**Column 4: Plan Developed/Strategies**

Plans that were created to address all risk factors/areas of concern from Column 1 and to build protective factors are documented*.* ***(required)*** *Although not required, it is recommended that a plan be created for domains scored with Unknown.*

**☐ All the time  ☐Some of the time ☐ None of the time**

**Column 5: Plan Implementation**

The implementation of plans and activities is documented, including the date of the home visit in which the plan was implemented. ***(required)*** *Although not required, it is recommended that brief context of the implemented activities is provided.*

**☐ All the time  ☐Some of the time ☐ None of the time**

**Additional Source**

 Risk factors/areas of concern identifiedafter the FROG and initial creation of the Service Plan are documented. ***(required)***

**☐ All the time  ☐Some of the time ☐ None of the time**

**Any additional comments:**

*For program use*

**Follow-up plan** (may draw on the ideas for professional development above, the debriefing conversation, and/or resources included with this supervisor note review and Service Plan review documentation):

**Reviewed and discussed with Supervisor:**

PM initials \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Supervisor initials \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_