

Suspected Impairment Checklist

This checklist is to be completed when an incident has occurred or indicator is present which provides reasonable suspicion that a parent or primary caregiver is currently under the influence of a prohibited drug substance or alcohol. You should note all pertinent behavior and physical signs or symptoms, which led you to reasonably believe that the parent or caregiver has recently used or is under the influence of a prohibited substance. Check each applicable item below.

Note: If the parent or primary caregiver's impairment poses a safety risk or threat, cancel or end the visit immediately. If the parent or caregiver is not severely impaired or threatening, observe the parent or caregiver for objective indicators of impairment. If there is a reasonable suspicion of impairment, have a witness confirm the observations, if possible.

Name of Person Observed: _____ Date: _____ Time: _____

A. Behavioral Indicators:

- Disappearance from visitation area/child(ren): _____
- Difficulty performing ordinary activities of daily living: _____
- Inappropriate responses to questions or instructions: _____

Confusion

- ___ Difficulty in recalling instructions, details, etc...
- ___ Disoriented
- ___ Difficulty remembering recent events
- ___ Hallucinations
- Easily agitated: _____
- Extreme aggressiveness: _____
- Physically or verbally abusive: _____
- Erratic and disjointed actions: _____
- Sleeping during the visit: _____
- Inappropriate emotional response i.e. laughing or crying: _____
- Unable to care for or respond to child(ren)'s needs appropriately: _____
- Lack of age appropriate interaction with child(ren): _____
- Lack of food: _____

B. Environmental Indicators:

- Signs of drug manufacturing: _____
- Blacked out windows: _____
- Lack of age appropriate care/supervision: _____
- Inadequate education/not enrolled in school: _____
- Noted delays in achieving developmental milestones: _____

C. Physical indicators:

- Flushed or very pale face: _____
- Lethargic, sleepy, or spaced out: _____
- Hyperactive or extremely excited: _____
- Appears fearful, anxious, or paranoid for no reason: _____
- Poor coordination or unsteady gait: _____

Gait

- ___ Unsteady
- ___ Deliberate or over-careful
- ___ Swaying
- ___ Leaning
- ___ Stooped
- Drooling: _____

Physical Indicators (continued)

- Dramatic change in physical appearance: _____

- Disheveled appearance: _____
- Bloodshot or watery eyes, pupils larger or smaller than usual, unusual eye movements: _____
- Tremors or unusual shakiness: _____
- Slurred speech: _____

Speech

- ___ Slurred
- ___ Unusually loud
- ___ Hesitant
- ___ Unusually fast
- ___ Unusually slow

___ Incoherent

Smell of alcohol or drugs: _____

Odor

- ___ Distinctive or unusual odor on clothing or about person
- ___ Distinctive odor of intoxicant on breath
- ___ Mints, gum, mouthwash or breath spray
- Observed use of prohibited substance _____

Provide specific information/examples to help clarify your observations: _____

Explanation for behavior from parent or caregiver:

Signature of Person Completing Checklist Date

Signature of Witness Some or all of the Above Date