

**State of Hawaii  
Department of Human Services**

**CHILD SAFETY ASSESSMENT**

**Part 1. Case Information:**

Case Name:	CPSS#:	Intake Number:
Worker Name:	Date:	Time:
Reason for Safety Assessment: <input type="checkbox"/> New Intake <input type="checkbox"/> Reunification Assessment <input type="checkbox"/> Case Closure <input type="checkbox"/> Other: _____		

**Part 2. Child Safety Assessment:**

The following is a list of behaviors or conditions that may be associated with a child being in danger of serious harm. Identify the presence of each factor by checking “Yes”. For all safety concerns marked “yes”, describe the specific behaviors, conditions, and circumstances associated with that safety concern. Complete assessment within seven days of first contact- but continue to document observations as the assessment proceeds.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Behavior of caregiver or others the caregiver has allowed access to the child is violent or threatening violence and/or out of control.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Caregivers has not, will not, or cannot provide sufficient supervision to protect the child from substantial or imminent harm.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Death of a sibling or other child in the household has occurred due to abuse/neglect or uncertain circumstances.
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Child sexual abuse is suspected and circumstances suggest that there may be substantial and imminent harm to the child.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. The current abuse or neglect is severe and suggests that there may be substantial and/or imminent harm to the child.
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Caregiver’s impairment due to drug or alcohol abuse is seriously affecting his/her ability to supervise, protect or care for the child
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Methamphetamine lab exists in a home with the children.
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Caregiver is impaired by victimization for family violence and lacks the capacity to protect the child and is without supports.
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. There have been reports of harm and the child’s whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee or refuses access to the child.
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Child is fearful of being harmed by people living in or frequenting the home.
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Caregiver has not or is unable to meet the child’s immediate needs for food, clothing, shelter, or medical care where the absence of these necessities is creating substantial or imminent harm to the child.
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. The child’s physical living conditions are hazardous and present a situation of substantial or imminent harm.

<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Caregiver has a severe or chronic mental or physical illness or disability and current protective factors are not in place to ensure child safety.
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Child is vulnerable due to lack of self-protection skills or the presence of special needs that caregivers are unable to meet, and these are presenting the threat of substantial & imminent harm.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Caregiver describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations given the child's age or developmental level, and this presents substantial or imminent ham to the child.
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Caregiver lacks the knowledge, skill or motivation to parent and this presents a threat of substantial or imminent harm.
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Caregiver and others with access to the child has made credible threats which could result in substantial or imminent harm to the child.

Describe safety factors checked **Yes**:

**Part 3. Analysis for In-Home Services:**

Please justify your answers. (If NO to any of these, an in-home safety plan would not be appropriate for family, proceed to out-of-home placement.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are parents residing in the home?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is the home calm/consistent enough to allow for safety services to come into the home?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are parents willing to allow and/or participate with an in-home plan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Can an in-home plan be put into place without the need for evaluations?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are services/resources available to participate with in-home safety plan?

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

