

**State of Hawaii  
Department of Human Services**

**CHILD SAFETY ASSESSMENT  
IN-HOME SAFETY PLAN**

<b>Safety Factor Number</b>	<b>Name of Unsafe Child(ren) and Involved Adult(s)</b>	<b>Specific Action and/or Mitigating Circumstances.</b> What action has or will be taken to protect each child in relation to every identified Safety Factor? Specify dates, hours, schedules, persons responsible to carry out the plan.	<b>Implementation /Monitoring</b> Who is responsible for implementing the action? How will the plan be monitored and by whom?

**Signatures and Dates for Safety Plan:**

I have discussed the attached Safety Plan with the caregiver(s) and all those who are responsible for carrying out the plan.

**Case Manager:**

Case Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Parents/Caregiver:**

Parent/Caregiver: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Other safety Plan Participants:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Supervisory Approval of Safety Plan:**

Supervisor gave verbal approval by phone.

Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's approval of Safety Plan:

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

**Date for review of in-home safety plan** \_\_\_\_\_

**(Safety plan should be reviewed no later than at the conclusion of the Investigation, prior to the decision to open a case for ongoing services).**