

**State of Hawaii  
 Department of Human Services  
 Part 4 - CHILD SAFETY ASSESSMENT  
 IN-HOME SAFETY PLAN**

<b>Safety Factor # and brief description of safety concern)</b>	<b>Action Plan and family/community supports</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>CWS Safety Management Responsibilities</b> How and when/how often will CWS worker monitor the Safety Plan? (face-to-face, telephone, etc.)	<b>Date(s) Reviewed and Comments. Include initials of those involved. Specify in-person or telephone</b>
	Who: Will do what (action): By when/how often:		
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**Signatures and Dates for In-Home Safety Plan:**

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

CWS Worker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

CWS Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if I do not follow through with the plan, there may be a reassessment to see if my child can still remain safely in the home.

Parent/Caregiver: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other In-Home Safety Plan Participants:**

I understand that if I do not follow through with the action items in the plan, there may be a reassessment to see if the child can still remain safely in the home.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisory Approval of In-Home Safety Plan:**

Supervisor gave verbal approval by phone: Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's approval (within 2 working days): Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Date for review of In-Home Safety Plan \_\_\_\_\_**

**(In-Home 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.)**

Notes: Please describe circumstance if consent given by phone and/or is signed is by a Supervisor or Section Administrator other than the CWS Worker's immediate Supervisor: