

Home Safety Risk Assessment Checklist

Please use the safety information leaflet to support the family in finding solutions for risks in these areas

Child's name:

Date of birth:

Address:

Detail of child's disability and behaviours affecting safety concerns:
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Areas/facilities	Concerns /issues in relation to CYP safety	Action taken to mitigate risk	Details of concern remaining
Accommodation risks:			
Bedroom space			
Other			
Environmental risks:			
Stairs			
Kitchen			
Bathroom			
Access to property			
Living area			
Absconding risks:			
Are there garden fencing concerns?			
Are there window/door security concerns?			
Transport risks			
Car travel concerns			
Other risks			
Night time risks			
Outdoor risks			

Completed by:

Name:		Designation:		Signature:		Date:	
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If safety risks remain after following advice using the safety information leaflet please complete this form in full and send an email to cypspecialistservice@somerset.gov.uk requesting advice from the OT Team.