

## Risk Assessment - Child & Environment

A: DETAILS OF THE CHILD			
<b>Surname:</b>	<b>First Name(s):</b>	<b>Title:</b>	
<b>Age last birthday:</b>	<b>Date of Birth:</b>	<b>Place of Birth:</b>	
B: THE CHILD'S DOMESTIC ENVIRONMENT - DAILY HAZARDS & SECURITY			
Tick box if applicable			
Floors / stairs not damaged, uneven or slippery	<input type="checkbox"/>	The environment is comfortably warm	<input type="checkbox"/>
No loose mats or rugs on polished floors	<input type="checkbox"/>	Open fires are safely guarded	<input type="checkbox"/>
Floors / stairs free from clutter and obstacles	<input type="checkbox"/>	Pilot lights on gas boilers lit and checked	<input type="checkbox"/>
Floor coverings clean and hygienic	<input type="checkbox"/>	Instructions to hand on how to light a pilot light	<input type="checkbox"/>
No loose wires or flexes trailing across floors	<input type="checkbox"/>	Radiators guarded from contact by children	<input type="checkbox"/>
Internal doors lock where needed	<input type="checkbox"/>	No evidence of pest ingress (mouse droppings)	<input type="checkbox"/>
Door handles inverted where needed	<input type="checkbox"/>	The premises are kept clean and hygienic	<input type="checkbox"/>
Safety gates in place (as appropriate)	<input type="checkbox"/>	Household waste hygienically bagged	<input type="checkbox"/>
External doors & windows close properly and lock	<input type="checkbox"/>	Cleaners, bleaches etc stored out of reach	<input type="checkbox"/>
Safety chain fitted to the front door	<input type="checkbox"/>	Hygienic facilities for nappy changing	<input type="checkbox"/>
Door keys not kept under plant pots in garden	<input type="checkbox"/>	The kitchen, including cupboards, is kept clean	<input type="checkbox"/>
Intruder alarms are working properly	<input type="checkbox"/>	Foods stored in safe and hygienic conditions	<input type="checkbox"/>
Panic buttons within easy reach by a child	<input type="checkbox"/>	Cooker hob is protected by a pan-guard	<input type="checkbox"/>
Smoke alarms are working properly (test)	<input type="checkbox"/>	Pan handles do not protrude over edge of hob	<input type="checkbox"/>
Torches are kept to hand in the event of a power cut	<input type="checkbox"/>	Kitchen knives, blender blades, stored safely	<input type="checkbox"/>
Mains fuses are easily reached	<input type="checkbox"/>	Child's toys not broken, or have sharp edges	<input type="checkbox"/>
Electrical sockets not overloaded	<input type="checkbox"/>	Toys kept clean and hygienic where possible	<input type="checkbox"/>
Unused sockets at child level fitted with covers	<input type="checkbox"/>	Used toy batteries disposed of safely	<input type="checkbox"/>
Electrical equipment in sound working order	<input type="checkbox"/>	Outside paths safe and well lit	<input type="checkbox"/>
No loose cables hanging over counter edges	<input type="checkbox"/>	Rubbish not allowed to accumulate outside	<input type="checkbox"/>
No bare wires protruding from plugs or appliances	<input type="checkbox"/>	Gates, fences prevent child from wandering	<input type="checkbox"/>
Free-standing heaters properly guarded	<input type="checkbox"/>	Ponds etc fenced off from children	<input type="checkbox"/>
The environment is well ventilated	<input type="checkbox"/>	Outhouses, sheds kept securely locked	<input type="checkbox"/>

### C: CLINICAL CONSIDERATIONS / VULNERABILITY OF THE CHILD

Tick box if applicable

Child has visual / sight problems	<input type="checkbox"/>	Child has unrestricted access to the internet	<input type="checkbox"/>
Child has hearing / audio problems	<input type="checkbox"/>	Child lives in an abusive relationship	<input type="checkbox"/>
Child has a speech impediment	<input type="checkbox"/>	Domestic violence issues	<input type="checkbox"/>
Child has a cognitive impediment	<input type="checkbox"/>	CHILD IS UNDULY VULNERABLE TO ABUSE	<input type="checkbox"/>
Child has limited / impaired mobility	<input type="checkbox"/>	CHILD ABUSE SUSPECTED	<input type="checkbox"/>
Child has a history of fits / seizures	<input type="checkbox"/>	Child is on a regimen of prescribed medication	<input type="checkbox"/>
Urinary incontinence in the older child	<input type="checkbox"/>	Controlled drugs being prescribed	<input type="checkbox"/>
Faecal incontinence in the older child	<input type="checkbox"/>	Drugs not stored securely away from the child	<input type="checkbox"/>
Child lives in a clean / hygienic environment	<input type="checkbox"/>	Child has special dietary needs (specify)	<input type="checkbox"/>
Child's clothing is clean	<input type="checkbox"/>	Child has regular nourishing meals	<input type="checkbox"/>
Child lives in a smoking environment	<input type="checkbox"/>	No indicators of malnourishment / dehydration	<input type="checkbox"/>
Child lives in an environment of drug abuse	<input type="checkbox"/>	No indicators of obesity issues	<input type="checkbox"/>
Child lives in an environment of alcohol abuse	<input type="checkbox"/>	Child has adequate access to drinks / fluids	<input type="checkbox"/>

### D: COMMENTS, OBSERVATIONS & RECOMMENDATIONS

### E: SIGNATORIES

INDIVIDUAL	SIGNATURE	DATE
Staff member undertaking Assessment:		
Service User (Family Member):		
Relative / other Family Member (as appropriate):		
GP / Registered Nurse (as appropriate):		
OTHER (specify):		