

Summit DD

Safety Assessment

(Alone Time at Home)

**** All Safety skills should be demonstrated/acted out to assessor during assessment process****

Name: _____		Date: _____	
Persons completing this assessment: _____			
<i>Home Safety Skills</i>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Demonstrate safe use of small home appliances?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Avoids hot burner/oven elements?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Transports hot items appropriately?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Demonstrates safe use of kitchen knives?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Demonstrates safe use of matches/lighters?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Extinguishes cigarettes appropriately?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Can locate fire extinguishers?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Knows when/how to use fire extinguisher?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Knows what to do in case of tornado warning?	Describe:	
<i>Personal Safety</i>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Knows how to lock/unlock doors?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Keeps doors locked?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Looks through peephole or verbally asks who caller is at the door?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Requests identification of stranger at door/phone?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Demonstrates ability to use the telephone?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Demonstrates mock 9-1-1 calls?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Knows when to call 9-1-1?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Would not allow strangers into the home?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Would not buy something from a salesperson/or give money to a stranger at the door?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Would not go with a stranger (e.g. If the person said that staff/parent had told them to pick them up) without proper notification or arrangement beforehand?	Describe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Would know what to do if they were locked out of the house?	Describe:	

Medical/Health

<input type="checkbox"/> YES		Describe:	
<input type="checkbox"/> NO	Identifies poisonous substance?		
<input type="checkbox"/> YES		Describe:	
<input type="checkbox"/> NO	Explains basic first aid (cut, burn)?		
<input type="checkbox"/> YES		Describe:	
<input type="checkbox"/> NO	Knows how to get emergency help if needed?		
Who would they call?		Phone number:	
<input type="checkbox"/> YES		Describe:	
<input type="checkbox"/> NO	Recognizes own medication by size/shape/color/name?		
<input type="checkbox"/> YES		Describe:	
<input type="checkbox"/> NO	Knows when to take medication and proper amount to take?		
<input type="checkbox"/> YES		Describe:	
<input type="checkbox"/> NO	Self medicates OTC medication in proper amounts?		
<input type="checkbox"/> YES		Describe:	
<input type="checkbox"/> NO	Would recognize if they were in need of immediate medical attention?		
Please describe any other safety skills, needs or preferences of individual:			

As a result of this assessment, the following needs have been identified for inclusion in the service planning process:

Day time staffing:

- ☐ Supervision present during waking hours
- ☐ Is able to have unsupervised time at home up to:
_____ hours/day or week (circle one)
- ☐ Is able to have unsupervised time in the community up to:
_____ hours/day or week (circle one)

Night time staffing:

- ☐ No staff needed
- ☐ On site/on call staff needed
- ☐ Awake staff needed

SITUATIONAL/SAFETY ASSESSMENT

Name:		Date:	
Can Verbally give:	<input type="checkbox"/> Name: <input type="checkbox"/> Address: <input type="checkbox"/> Apartment #: <input type="checkbox"/> Phone number:		
What would you do if you smelled smoke or see a fire in the house?			
What would you do if someone you don't know is at the door and wants to use the phone? They tell you they are having car troubles?			
What would you do if you cut yourself and you were bleeding a lot?			
What would you do if you knocked over something that was glass and there was glass all over the floor?			
What would you do if you thought you heard someone trying to break into the house?			
What would you say to someone you don't know who calls on the phone and asks you questions about: a) Who else is home with you? b) Is asking you if you would like to order something? (name an item consumer would be tempted to buy? c) Is talking dirty or sexy?			
Do you know your neighbors? Would you ask them for help?			
Who could you call if you needed to know something or felt afraid?	Name: Phone:		
Are emergency numbers posted on or near the phone?			
Are other numbers to call listed where you can locate and use them?			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Per Safety Assessment & Team Discussion, does team feel this person is capable of being alone in home?		
Assessment completed by:		Date:	

UNSUPERVISED TIME ASSESSMENT

Name:		Plan Period	To
Date:			
Completed By:			
HOME			
Do you have a medical/psychiatric condition and/or challenging behavior which would be detrimental to your health & safety if you were left unsupervised at home?	YES	NO	
Do you have a medical/psychiatric condition and/or challenging behavior which would be detrimental to the health & safety of others if you were left unsupervised at home?			
Can you do the following:			
Determine when it is necessary to contact 911			
Access 911			
Determine when it is necessary to contact staff			
Access/contact staff			
Demonstrate how to "Secure the Home" – Explain below.			
Determine appropriate people to allow into the home (include discussion on appropriate & inappropriate people.)			
Can you explain what to do in the following emergency situations?			
A. Fire in the home			
B. Gas leak			
C. Weather Emergency			
D. Major emergency in the home that could cause damage			
E. If Smoke/Carbon Monoxide/Other Alarms sound			
* Further assessments may be conducted as deemed necessary.			

Name:	Plan Period	To
COMMUNITY		
Do you have a medical/psychiatric condition and/or challenging behavior which would be detrimental to your health & safety if you were left unsupervised in the community?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a medical/psychiatric condition and/or challenging behavior which would be detrimental to the health & safety of others if you were left unsupervised in the community?	<input type="checkbox"/>	<input type="checkbox"/>
Can you identify personal information (name, address, phone #, etc.?)	<input type="checkbox"/>	<input type="checkbox"/>
Do you carry identification?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to use pay phone?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use any adaptive equipment necessary for your safety? If yes, list below.	<input type="checkbox"/>	<input type="checkbox"/>
Can you do the following:		
Cross streets with signals	<input type="checkbox"/>	<input type="checkbox"/>
Cross streets without signals	<input type="checkbox"/>	<input type="checkbox"/>
Cross streets with stop signs	<input type="checkbox"/>	<input type="checkbox"/>
Display safe behavior with strangers	<input type="checkbox"/>	<input type="checkbox"/>
Display safe behavior with animals	<input type="checkbox"/>	<input type="checkbox"/>
Identify community members to access in case of an emergency	<input type="checkbox"/>	<input type="checkbox"/>
Follow a familiar route or travel within a familiar neighborhood without confusion	<input type="checkbox"/>	<input type="checkbox"/>
Display appropriate social skills/behavior in the community	<input type="checkbox"/>	<input type="checkbox"/>
* Further assessments may be conducted as deemed necessary.		