



Department of Communities
**Signs of Safety Assessment and Planning
Form**

Form255
09/09

Schedule 3 Form PCSoSPlan

Family/Child(ren) Names:

Worker(s):

Date

Purpose & Context

Genogram

Insert Photograph of child/ren (Optional):

DANGER



SAFETY

What are We Worried About?

List all aspects that demonstrate the likelihood of maltreatment (past or future)

What's Working Well?

List all aspects that indicate safety (exceptions, resources, goals, etc.)

What Needs to Happen?

List the next steps in building safety

<i>Past Harm: (What harm has occurred to this child/ren?)</i>	<i>Strengths</i>	<i>Safety</i>
<i>Danger Statements: (What are we worried might happen to the child/ren in the future?).</i>		

Complicating Factors and Missing Information

What makes the situation more complicated or difficult?

Safety and Context Scales

Safety Scale: Rate the situation on a scale of 0 – 10, where 0 means things are so unsafe the family can no longer care for the children, and 10 means that everything that needs to happen for the children to be safe in the family is happening.



Context Scale: Rate the situation on a scale of 0 – 10, where 10 means this is not a situation where any action would be taken and 0 means this is the worst case of child abuse or neglect that the worker's involved have seen.



Comments from Scaling Questions

Family Goal/s

What are the family's ideas about what needs to happen for the children to be safe in the care of the family and for the Department to close the case?

Department's Goals:

What does the Department need to see to be confident that the children will be safe in the care of the family and be willing to close the case?

Summary/Reason for Decision(s):

Consider severity/vulnerability/likelihood/safety.