

Family/Child's Name:  
Worker:  
Date:

### Signs of Safety Assessment and Planning Form

**DANGER**



**SAFETY**

**Dangers/What are we Worried About?**

List all aspects that demonstrate likelihood of maltreatment (past, present or future).

**Strengths/What's Working Well?**

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

**COMPLICATING FACTORS**

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**MISSING INFORMATION**

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**Safety and Context Scale**

Safety Scale: Given the danger and safety information, rate the situation on a scale of 0 – 10, where 0 means recurrence of similar or worse abuse/neglect is certain and 10 means that there is sufficient safety for the child to close the case.

Context Scale: Rate this case 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/neglect that the agency has seen.

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**What Needs to Happen?**

**Agency Goals** What will the agency need to see occur to be willing to close the case?

**Family Goals** What does the family want generally and regarding safety?

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**Next Steps** What would indicate to the agency that some small progress had been made?