**Signs of Safety Supervision Recording Sheet**

**Child (ren) name:**

**Date of allocation:**

**Mosaic number:**

|  |  |  |
| --- | --- | --- |
| **What are we worried about?** | **What's Working Well?** | **What Needs to Happen?**  |
|  |  |   |
| **From evidence and assessment on a scale of 0 – 10 where would you place the safety of this child (ren) (O being unsafe – 10 being safe)** **From evidence and assessment on a scale of 0 -10 where would you place any change for the parents / carer to meet the child (ren) needs****(0 being no change – 10 being adequate change)**  |