

Case Head:	Case Number:	Event Number:
Worry Statement:		
To prevent the worries from starting we will:		
If the worries do start, we will respond by:		
These are our safe and supportive people: (names and phone numbers)		

We understand and have helped develop this immediate safety plan:

Parent/Caregiver:	Date:	Parent/Caregiver:	Date:
Child:		Child:	
Family member:		Support Person:	
DCF Worker:		Other:	