



Advanced Safety Plan

Case Head:	Case Number:	Event Number:
Future Worries: <i>What makes a safety plan necessary?</i>		
Future Goals: <i>What does the safety plan need to accomplish?</i>		
Signs Things are Going Well: <i>How will people know the worries are less or completely gone?</i>		
Stressors/Triggers: <i>What causes the worries to start?</i>	Prevention Plan: <i>Who will do what to keep the worries from starting?</i>	
Warning Signs: <i>How will people know the worries are starting?</i>	Response Plan: <i>Who will do what to keep the children safe when the worries are happening?</i>	



Advanced Safety Plan

Safety Network
Who helped make this plan or is helping to put this plan into action?

My signature indicates I understand and agree to follow the safety plan.

Parent/Caregiver:	Date:	Parent/Caregiver:	Date:
Child:		Child:	
Family member:		Safety Network Member:	
DCF Worker:		Other:	