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

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