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| --- | --- | --- |
| 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: |  |