

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



## Advanced Safety Plan

PPS 2022  
REV. Jul-25  
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### 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:	