

**Department of Children and Families**  
**IN-HOME SAFETY PLAN**

**Family Name:** Taylor

**Date:** October 31, 2013

<b>Safety Threat #</b>	<b>Action Plan and family/community supports</b> What action has or will be taken to protect each child in relation to every identified Safety Factor?	<b>CWS Safety Management Responsibilities</b> How and when/how often will worker monitor the Safety Plan? (face-to-face, telephone, etc.)
<p>Safety Threat #1 No adult in the home is performing basic parenting duties and responsibilities that ensure child safety.</p>	<p><b>Who:</b> Marsha Taylor <b>Will do what (action):</b> 1. Provide sufficient supervision to children. <b>By when/how often:</b> 1. Sufficient supervision on an ongoing basis</p>	<p>face-to-face home visits</p>
<p>Safety Threat #5. The family does not have or use resources necessary to ensure the child's safety.</p>	<p><b>Who:</b> Marsha Taylor <b>Will do what (action):</b> 1. Complete application for TANF and food stamps <b>By when/how often:</b> 1. Complete application for TANF/food stamps within ten days</p>	<p>Case Worker to follow-up within five days and then again at tenth day</p>
<p>Safety Threat #10. Living arrangements seriously endanger a child's physical health.</p>	<p><b>Who:</b> Marsha Taylor <b>Will do what (action):</b> 1. Maintain safe and sanitary home environment <b>By when/how often:</b> 1. Ongoing</p>	<p>face-to-face home visits</p>

**Signatures and Dates for In-Home Safety Plan:**

I have discussed the attached In-Home Safety Plan with the caregiver(s) and all those who are responsible for carrying out the plan.

Social Worker: Ben Thomas Date: 10/31/2013

I understand that if I do not follow through with the plan, there may be a reassessment to see if my child can still remain safely in the home.

Parent/Caregiver: Marsha Taylor Date: 11/1/2013

Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**Other In-Home Safety Plan Participants:**

I understand that if I do not follow through with the action items in the plan, there may be a reassessment to see if the child can still remain safely in the home.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Supervisory Approval of In-Home Safety Plan:**

Supervisor: Barb White Date: 10/31/2013

**Department of Children and Families**  
**IN-HOME SAFETY PLAN**

**Family Name:** Taylor

**Date:** November 14, 2013

<p style="text-align: center;"><b>Safety Threat #</b></p>	<p style="text-align: center;"><b>Action Plan and family/community supports</b>            What action has or will be taken to protect each child in relation to every identified Safety Factor?</p>	<p style="text-align: center;"><b>CWS Safety Management Responsibilities</b>            How and when/how often will worker monitor the Safety Plan? (face-to-face, telephone, etc.)</p>
<p>Safety Threat #1            No adult in the home is performing basic parenting duties and responsibilities that ensure child safety.</p>	<p><b>Who:</b> Marsha Taylor and Doris Wilson</p> <p><b>Will do what (action):</b>            Ms. Taylor will provide sufficient supervision to both Claire and Cara, including not leaving Cara unattended outside the house. Ms. Taylor will arrange for Ms. Wilson to provide supervision of the children in her absence. Ms. Wilson agrees to provide supervision for the children. Claire will be instructed to contact Ms. Wilson if she and her sister are left unattended in the evenings.</p> <p><b>By when/how often:</b></p> <ol style="list-style-type: none"> <li>1. Sufficient supervision on an ongoing basis.</li> <li>2. Ms. Wilson will monitor the family through in-person visits and phone calls.</li> <li>3. Ms. Wilson will contact the worker if there is failure to provide appropriate supervision.</li> </ol>	<p>Face-to-face home visits with Ms. Taylor            Telephone calls to Ms. Wilson</p>

<b>Safety Threat #</b>	<b>Action Plan and family/community supports</b> What action has or will be taken to protect each child in relation to every identified Safety Factor?	<b>CWS Safety Management Responsibilities</b> How and when/how often will worker monitor the Safety Plan? (face-to-face, telephone, etc.)
Safety Threat #5. The family does not have or use resources necessary to ensure the child's safety.	<b>Who:</b> Marsha Taylor <b>Will do what (action):</b> 1. Complete application for TANF and food stamps 2. Participate with worker in efforts to secure food resources <b>By when/how often:</b> 1. Complete application for TANF/food stamps within ten days	Case Worker to follow up within five days and then again at tenth day Home visits to monitor food sufficiency
Safety Threat #10. Living arrangements seriously endanger a child's physical health.	<b>Who:</b> Marsha Taylor <b>Will do what (action):</b> 1. Maintain safe and sanitary home environment 2. Work with parent support specialist on household management to eliminate safety threats <b>By when/how often:</b> 1. Maintain progress on cleaning home environment and work with parent support specialist upon initiation of services.	Home visits and reports from parent support specialist

**Signatures and Dates for In-Home Safety Plan:**

I have discussed the attached In-Home Safety Plan with the caregiver(s) and all those who are responsible for carrying out the plan.

Social Worker:           Kerry Díaz           Date:   11/14/2013

I understand that if I do not follow through with the plan, there may be a reassessment to see if my child can still remain safely in the home.

Parent/Caregiver:     *Marsha Taylor*     Date:   11/14/2013  

Parent/Caregiver: \_\_\_\_\_ Date \_\_\_\_\_

**Other In-Home Safety Plan Participants:**

I understand that if I do not follow through with the action items in the plan, there may be a reassessment to see if the child can still remain safely in the home.

Name:     Doris Wilson     Relationship:   sister   Signature:     *Doris Wilson*    

Date:   11/14/2013  

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Supervisory Approval of In-Home Safety Plan:**

Supervisor:     *Neil Campbell*     Date:   11/14/2013