

**Mock State Department of Children  
and Families**

**IN-HOME SAFETY PLAN**

**Family Name:** Taylor

**Date:** November 2, 2023

<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, when, and how often will worker monitor the Safety Plan? (face to face, telephone, etc.)
<b>Safety Threat #1</b> No adult in the home is performing basic parenting duties and responsibilities that ensure child safety.	<b>Who:</b> Marsha Taylor <b>Will do what (action):</b> 1. Provide sufficient supervision to children <b>By when/how often:</b> 1. Ongoing	Caseworker to conduct face-to-face home visits
<b>Safety Threat #5</b> 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 <b>By when/how often:</b> 1. Within 10 days	Caseworker to follow-up within 5 days and then again at 10 <sup>th</sup> day.
<b>Safety Threat #10</b> 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 <b>By when/how often:</b> 1. Ongoing	Caseworker to conduct face-to-face home visits.

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

I have discussed the attached in-home safety plan with the parent(s)/caregiver(s) and all those who are responsible for carrying out the plan. Social Worker: Ben Thomas Date: 11/02/2023

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

Parent/Caregiver: Marsha Taylor Date: 11/03/2023

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(ren) 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: 11/02/2023

**Mock State Department of Children  
and Families I**

**IN-HOME SAFETY PLAN**

**Family Name:** Taylor

**Date:** November 14, 2023

<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, when, and how often will worker monitor the Safety Plan? (face to face, telephone, etc.)
<b>Safety Threat #1</b> No adult in the home is performing basic parenting duties and responsibilities that ensure child safety.	<b>Who:</b> Marsha Taylor and Doris Wilson <b>Will do what (action):</b> <ol style="list-style-type: none"><li>1. Ms. Taylor will provide sufficient supervision to both Claire and Cara, including not leaving Cara unattended outside the house.</li><li>2. Ms. Taylor will arrange for Ms. Wilson to provide supervision of the children in her absence.</li><li>3. Ms. Wilson will monitor the family through in-person visits and phone calls, and Claire (older child) will be instructed to contact Ms. Wilson if she and her sister are left unattended in the evenings.</li><li>4. Ms. Wilson will contact the caseworker if there is failure to provide appropriate supervision.</li></ol> <b>By when/how often:</b> <ol style="list-style-type: none"><li>1. Ongoing</li><li>2. Ongoing</li><li>3. Ongoing</li><li>4. Ongoing</li></ol>	Caseworker will conduct face-to-face home visits with Ms. Taylor.  Caseworker will maintain regular contact with Ms. Wilson via telephone calls.

<b>Safety Threat #5</b> 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 caseworker in efforts to secure food resources.  <b>By when/how often:</b> 1. Within 10 days 2. Ongoing	Caseworker will follow up within f5 days and then again at 10 <sup>th</sup> day and conduct regular home visits to monitor food sufficiency.
<b>Safety Threat #10</b> 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. Ongoing 2. Upon initiation of services and ongoing	Caseworker will conduct home visits and review reports from parent support specialist.

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

I have discussed the attached in-home safety plan with the parent(s)/caregiver(s) and all those who are responsible for carrying out the plan. Social Worker: Kerry Diaz Date: 11/14/2023

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: 11/14/2023

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: 11/14/2023

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

Supervisor: Neil Campbell Date: 11/14/2023