



Project SafeCare Monthly Summary

REPORT DATE	FAMLINK CASE ID
FAMILY NAME	

Case Worker Information	Child Information
CASE WORKER'S NAME	CHILD'S NAME
OFFICE	CHILD'S PERSON ID
Agency Information	Home Visitor Information
AGENCY'S NAME	HOME VISITOR'S NAME
FAMLINK PROVIDER ID	TELEPHONE NUMBER (INCLUDE AREA CODE)

SafeCare Services

Check the module you are currently working on or enter date of module completion.

Child Health—Completed:

Goals

This module teaches parents to keep children as healthy as possible, to use health reference materials, to keep good health records, and to recognize when children are sick or injured, to distinguish when symptoms can be cared for at home, need a doctor's attention, or need emergency services.

Home Safety—Completed:

Goals

This module teaches parents to understand the importance of home safety, supervision and helps parents develop knowledge and skills in finding and removing household hazards.

Parent-Child Interaction (PCI)—Completed:

Goals

This module helps parents learn positive interaction skills, to use organized processes for all activities, and how to engage children in age-appropriate activities.

SafeCare Visits

Use the space available to document the progress of the parent in meeting the goals of the module, areas of strength, areas of concern and describe the parent's knowledge and understanding of the topics covered in the modules.

DATE OF HOME VISIT	MODULE WORKED ON Choose one.	PARENTAL PROGRESS Choose one.
Describe how parent demonstrated success or mastery of skills:		
REVIEW OF SAFETY PLAN (WHEN AVAILABLE)		
<input type="checkbox"/> The family is still following the safety plan and it is working to control safety threats. <input type="checkbox"/> Safety concerns identified and reported to DCYF.		
ADDITIONAL INFORMATION:		
DATE OF HOME VISIT	MODULE WORKED ON Choose one.	PARENTAL PROGRESS Choose one.
Describe how parent demonstrated success or mastery of skills:		
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<input type="checkbox"/> The family is still following the safety plan and it is working to control safety threats. <input type="checkbox"/> Safety concerns identified and reported to DCYF.		
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Describe how parent demonstrated success or mastery of skills:			
REVIEW OF SAFETY PLAN (WHEN AVAILABLE) <input type="checkbox"/> The family is still following the safety plan and it is working to control safety threats. <input type="checkbox"/> Safety concerns identified and reported to DCYF. ADDITIONAL INFORMATION:			
Case Related Activities			
DATE	ACTIVITY: WHAT DID YOU DO WITH THE FAMILY OR ON BEHALF OF THE FAMILY?	TARGET OF ACTIVITY: HOW DOES IT SUPPORT THE CASE GOALS IDENTIFIED BY CA)	OUTCOME
			Choose one.
			Choose one.
			Choose one.
			Choose one.
			Choose one.
			Choose one.
SIGNATURE		DATE	