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| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  State_Seal3**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 | | | | PARENTAL PROGRESS | | |
| Describe how parent demonstrated success or mastery of skills: | | | | | | | |
| REVIEW OF SAFETY PLAN (WHEN AVAILABLE)  The family is still following the safety plan and it is working to control safety threats.  Safety concerns identified and reported to DCYF.  ADDITIONAL INFORMATION: | | | | | | | |
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| **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 |
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| SIGNATURE DATE | | | | | | | |