PARTICIPANT GUIDE

SUPERVISION, SUPPORT, AND SAFETY
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LEARNING OBJECTIVES

KNOWLEDGE

At the end of this training, participants will:

- Know four skills for building trust and a learning culture for their units;
- Know the relationship between Danger Indicators and Complicating Factors; and
- Know a Five Step Consultation model to use for impromptu consultations.

SKILLS

At the end of this training, participants will be able to:

- Create an “I statement with an ask”;
- Facilitate a conversation about caregiver behavior and the impact on children; and
- Facilitate a consultation with the Five Step Consultation Model.

VALUES

At the end of this training, participants will:

- Appreciate the role that creating a culture of trust and learning plays in supporting candid and complete case consultations;
- Appreciate the use of the Structured Decision Making® (SDM) system to support critical thinking in assessment and planning;
- Assume responsibility for creating a culture of trust and psychological safety for the staff they supervise; and
- Appreciate the need to hold staff accountable for rigorous safety assessments with compassion.
POTENTIAL GROUP AGREEMENTS

- Respect each other’s learning process
- Listen to each other carefully and actively
- Be honest and genuine in feedback
- Respect each other’s confidentiality around sensitive discussions
- Always ask for clarification if something is confusing
COLLABORATIVE SAFETY REVIEW SUMMARY

In December of 2021, Collaborative Safety (CS) was engaged by New Mexico Children Youth and Families Department (CYFD) to partner in conducting an independent systemic analysis of five child fatalities that occurred in the year 2021. The request for this review was done so with the expectation that the report be completed to provide systemic learning and improvement with the goal of reducing child fatalities and improving all outcomes for the children of New Mexico. Consistent with the approaches of Collaborative Safety and the field of Safety Science, the methods and outcomes of this report are consistent with those expectations and the mission of CYFD.

To understand how a complex system operates, it must be understood from the perspective of those who operate within the system. As such, this review is the product of multiple and differing perspectives, each having a valuable contribution to the product of this report. Throughout this review, voices, and experiences from staff at all levels of the system were engaged. This included close to 10 hours of discussion with multiple staff that had worked directly with the cases within the scope of the review. Additionally, the systemic analysis included the contributions of many staff throughout CYFD, from frontline staff to executive leadership across a 3-day period. This also included the participation of external stakeholders, which included including Law Enforcement and partner agencies. Through the course of this systemic analysis, Key Findings were produced that provided insight across multiple programmatic areas within CYFD and within the broader Child Welfare System. These Key Findings were comprised of the following:

- Turnover
- Responses to Adverse Events and Workload
- Responses to Adverse Events and Staff Fear
- Bureaucratic Accountability
- Safety Assessment Tool

Recommendations were developed to support systemic improvement with the goal of reducing child fatalities and improving all outcomes for the children of New Mexico. It is understood that there are no quick fixes within the child welfare system and careful thought and planning must be considered prior to their implementation. When considering the implementation of these recommendations, it is important the changes made include the voice and input from staff at all levels that are affected.

1. Consider reinforcing the use of metrics to emphasize the strategic use of data for systemic improvement and address perceptions of punitive use.
2. Consider developing a process of responding to critical incidents that meets the acute needs of the event while allowing sufficient time for systemic review and targeted change initiatives.

1 From full report by Collaborative Safety, LLC, available at https://docs.evidentchange.org/newmexico/supervisor-materials/ (password: training)
3. Consider establishing a response to critical incidents that avoids punitive measures and provides resources to support workers following these events (e.g., peer support, psychological first aid, counseling, time off, etc.).

4. Consider assessing and removing unnecessary and/or redundant tasks from investigative casework while maintaining and emphasizing critical case work that allows for the effective support of children and families.

5. Consider researching opportunities in which the training system can address identified needs, for example:
   a. Place more emphasis on practical application,
   b. Provide oncoming staff a more gradual entry into the work, paired with a more manageable workload,
   c. Provide staff a learning experience more connected to adult learning (e.g., pace of learning, mentorship, practical application, etc.).

6. Consider working with Evident Change to explore opportunities to work on identified needs, for example:
   a. Supporting uniformity in SDM tool use across regions,
   b. Creating opportunities for staff to reconcile differences between tool output and worker perception,
   c. Supporting staff to feel confident using the SDM tool as part of their assessment.
THE ADVANTAGE DISCIPLINES

1. CREATE TEAMS THAT . . .

- Have high levels of “vulnerability-based” trust. (This is in contrast to someone being trusted for reliably meeting deadlines or following through on commitments; this is about trusting someone will ask for help when they need it, apologize for mistakes, listen non-defensively, approach conflict without criticism or contempt, etc.)
- Can engage in meaningful and productive conflict.
- Team members are willing to actively commit to the success of plans that emerge from the conflict.
- Team members can hold one another accountable for behaviors that support or undermine the commitments made.
- Can measure and stay focused on the results for the greater organization (in contrast to the results for their own department or division).

2. CREATE CLARITY FOR SIX KEY QUESTIONS . . .

Everyone in the organization needs to know: Why do we exist? How do we behave? What do we do? How will we succeed? What is most important to accomplish, right now? Who must do what?

3. OVERCOMMUNICATE CLARITY . . .

The leadership at every level knows all the answers to the six key questions and repeats those answers so often that staff also know all the answers and can, perhaps, poke a little fun impersonating the leaders reminding them of those answers.

4. REINFORCE CLARITY . . .

The organization intentionally hires individuals who are intrinsically aligned with the values and priorities that emerge in discipline 2, trains and coaches new hires to succeed in living those values and accomplishing those priorities, and designs performance management and recognition systems that hold staff accountable for those values and priorities over the course of their career.
FOUR THINGS WE ALL NEED AT WORK

<table>
<thead>
<tr>
<th>Trust</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion</td>
<td></td>
</tr>
<tr>
<td>Stability</td>
<td></td>
</tr>
<tr>
<td>Hope</td>
<td></td>
</tr>
</tbody>
</table>
## THE SCIENCE OF TRUST

<table>
<thead>
<tr>
<th>THREATS TO TRUST²</th>
<th>SAFER BEHAVIORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Criticism</td>
<td>• “I Statement” with an ask</td>
</tr>
<tr>
<td>• Contempt</td>
<td>• Culture of appreciation and learning</td>
</tr>
<tr>
<td>• Defensiveness</td>
<td>• Non-defensive listening</td>
</tr>
<tr>
<td>• Stonewalling</td>
<td>• Self-soothing</td>
</tr>
</tbody>
</table>

² Adapted from [https://www.gottman.com/blog/the-four-horsemen-recognizing-criticism-contempt-defensiveness-and-stonewalling/](https://www.gottman.com/blog/the-four-horsemen-recognizing-criticism-contempt-defensiveness-and-stonewalling/)
“I STATEMENT” WITH AN ASK

I feel

(an emotion or “upset”)

... when

(a condition exists — avoid naming names at this point) ...

... What I need/would like to see from you

(a solution-focused action that is realistic for the other person)
CHOICE MAP

Used with permission from Inquiry Institute. Video available at https://www.youtube.com/watch?v=sLmhoOiZ0L8&t=9s

How to Use the Choice Map™

Imagine that you're standing on the START arrow at the crossroads on the Choice Map. Something has just happened; now you have to do something about it—like solve a problem or make a decision. Maybe it’s about your business, team, colleagues, or customers. Maybe it’s with family or friends. Or it could be about your health, finances, or plans and goals for the future.

Here’s an experiment for applying the Choice Map in your own life, using that situation. First ask Judge questions (like those below) and notice how they affect your mood and confidence. Now, take a deep breath, and ask yourself Switching questions (like those below). Finally, ask yourself Learner questions (like those below).

What is your experience now when you think about that situation? How did Learner questions affect your mood and confidence? What solutions and possibilities are now available to you?

Use the Choice Map™ as a powerful tool for getting better results. It’s simple and it works!

Judge Questions* include:
- What’s wrong with me?
- What’s wrong with them?
- Whose fault is it?
- Why doesn’t anything ever work for me?
- Why is everyone so stupid and annoying?
- Why bitter?

Results of Judge Questions:
- A mood of pessimism, negativity and stress
- Mindset: judgmental, reactive, critical, inflexible
- Relating: win-lose, "defensive or aggressive" thinking and behaviors

Switching Questions include:
- Am I in Judge?
- Is this what I want to be feeling (or doing)?
- What would I rather be feeling (or doing)?
- What could happen if nothing changes?
- How else can I think about this?
- Am I willing to switch?

Learner Questions* include:
- What do I want?
- What are my goals?
- What works? What can I learn?
- What are the facts? What am I assuming?
- What are my best choices?
- What action steps make the best sense?
- What’s possible?

Results of Learner Questions:
- A mood of optimism, hope and possibilities
- Mindset: thoughtful, appreciative, curious, creative, flexible
- Relating: win-win, connected, collaborative

*We all ask both kinds of questions and we all have the capacity to choose which ones to ask—moment by moment by moment.

Visit our website to learn more about the Choice Map. It’s from the best-selling book, Change Your Questions, Change Your Life: 10 Powerful Tools for Life and Work and is also featured in Teachnology that Changes Lives: 12 Mindset Tools for Igniting the Law of Learning, by Marlée Adams, Ph.D. The website has free resources as well as offerings such as Workshops, Consulting, Executive Coaching, e-Learning, Keynotes, and Q-Storming® Sessions that can make a positive difference for you and others—at work and in life.

Inquiry Institute • info@inquiryinstitute.com • 800-256-7833

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NON-DEFENSIVE LISTENING

Video available at https://leanin.org/education/managing-difficult-conversations

When building trust, the process of listening is more important than “winning” the discussion.

I

We

It

How do I listen for understanding instead of responding?
MINDFUL BREATHING

Stretch out one hand so there is space between your fingers.

Place a finger on your other hand at the base of your thumb.

As you inhale a normal breath (no need to stretch it out or make is a deep breath), slide the finger to the top of your thumb.

Pause slightly, then as you exhale slide the finger down the other side of your thumb.

Repeat this pattern on each of the other fingers of the outstretched hand.

Come back over the fingers in the other direction until you complete ten breaths.
FACILITATING ATTUNED INTERACTIONS

Erikson Institute
Facilitating Attuned Interactions (FAN) Approach

Collaborative Exploration
- ARC Middle
- Affect contained
- Understanding issue together

Capacity Building
- Professional & client contained
- Client sees multiple perspectives
- Ready to try a new way

Integration
- ARC End and ARC post-contact
- Insight/discovery
- "aha" moment

Mindful Self-Regulation
- ARC Pre-Contact
- Professional feels dysregulated

Empathic Inquiry
- ARC Beginning
- Verbal/non-verbal intense feeling

Other Person’s Concern

Professional’s Concern

Program Expectations

Increase Confidence & Competence

Strengthen Relationships

Strengthen Program Quality

THINKING

DOING

FEELING

CALMING

REFLECTING
HOPE DURING TIMES OF TRANSITION: FOUR P’S EVERYONE NEEDS TO KNOW

**Purpose**—Why is this transition important? How does it align with our values?

**Picture**—What will things look like when we have accomplished this transition?

**Plan**—What is the overall plan to make this transition happen?

**Part to play**—What is the role each of us needs to take on for this transition to be successful?
C + B + I AND THE RULE OF THREE

Caregiver + Behavior + Impact on the child = Harm/danger or safety

QUESTIONS THAT HELP SURFACE IMPACT

- When parent/caregiver is doing X, where is the child? Can you tell me more about that?
- How often does X happen? In what context? Then what happens?
- Where else does the child display the behaviors? Who has seen this happen? Can we talk to them?
- When the parent/caregiver is doing X, is there someone else there to keep the child safe and cared for?
- What does the new parent/caregiver behavior look like? How has the impact on the child changed?
- What makes you feel confident that the protective actions will continue? Who else helps?
### LINKING THE THREE QUESTIONS AND SOLUTION-FOCUSED QUESTIONS

<table>
<thead>
<tr>
<th>WHAT ARE WE WORRIED ABOUT?</th>
<th>WHAT IS WORKING WELL?</th>
<th>WHAT NEEDS TO HAPPEN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions of genuine curiosity</td>
<td>Questions of genuine curiosity</td>
<td>Questions of genuine curiosity</td>
</tr>
<tr>
<td>Assumptions of good intentions</td>
<td>Assumptions that good intentions are not always enough</td>
<td>Assumptions that best-made plans do not always work out as they should</td>
</tr>
<tr>
<td>Behavioral detail</td>
<td>Behavioral detail</td>
<td>Behavioral detail</td>
</tr>
<tr>
<td>Impact on the child</td>
<td>Impact on the child</td>
<td>Impact on the child</td>
</tr>
<tr>
<td>Voice of the child</td>
<td>Voice of the child</td>
<td>Voice of the child</td>
</tr>
</tbody>
</table>

**Externalizing the problem**
- When did the violence first come into your life?
- Who, what, where, when?
- How often, how much?
- First, last, most recent?

**Position questions**
Is this how you want things to be? Why or why not?

**Relationship questions**
Who else is worried?

**Networks**
Who else knows?

**Scaling questions**
- Safety/danger, progress
- What is keeping the number from being higher?

**Future unchanged**
What will happen if things keep going the way they are going?

**Exception questions**
- Has there ever been a time when, before you got high, you were able to find a safe adult to watch your child?
- Who, what, where, when?
- How often? How much?
- First, last, most recent?

**Coping questions**
- How have you made it this far?
- How have you accomplished what you have?

**Position questions**
- Is it important to you that you have taken these steps?
- Why?

**Relationship questions**
- What do other people hope will happen?
- What can they do to help?
- What kind of difference would it make to your children to take these steps?

**Network**
Who helps?

**Scaling questions**
- Safety/danger, progress
- What is keeping the number as high as it is?

**Monitoring questions**
- How will we know this is working?
- Who will have to see what?
DANGER INDICATORS

Two Examples From the Child and Family Services Review (CFSR)

1. The report stated the father of the two youngest children would drive under the influence of his pain medication while the children were in the car. During the investigation, one of the children reported the father was under the influence while she was in the car. He was extremely out of it, not going the speed limit, and the child didn’t think they would make it. The two other children reported he was driving weird, acting funny and not normal. The agency unsubstantiated this allegation and it should have been substantiated as the children made these disclosures.

2. The investigator also found parents both impaired, under the influence of marijuana, in their car while the infant was left alone in the home. The worker felt that the child was safe due to marijuana use now being legal.

Danger Indicator Discussion Guide

<table>
<thead>
<tr>
<th>Danger indicator</th>
<th>One thing my staff find hard about identifying this danger indicator correctly is . . .</th>
<th>One thing I already do to try to help them with this is . . .</th>
<th>One other thing I could begin doing to help them with this is . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Caregiver caused serious physical harm to the child or made a credible threat to cause serious physical harm as indicated by the following.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Serious injury or abuse to the child other than accidental.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Caregiver fears maltreating the child.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Threat to cause harm.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Domestic violence likely to injure child.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Excessive discipline or physical force.</td>
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</tr>
</tbody>
</table>

2. Child sexual abuse and/or sexual exploitation is suspected, AND circumstances suggest that the child may be in imminent danger as a result.

3. Caregiver does not meet the child's immediate and basic needs for care, supervision, food, clothing, and/or medical or mental health intervention; AND the child has been seriously harmed or is in imminent danger of being seriously harmed as a result.
<table>
<thead>
<tr>
<th>Danger indicator</th>
<th>One thing my staff find hard about identifying this danger indicator correctly is . . .</th>
<th>One thing I already do to try to help them with this is . . .</th>
<th>One other thing I could begin doing to help them with this is . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. The physical living conditions are hazardous and imminently threatening to the child’s health and/or safety.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Caregiver acts toward the child in negative ways that result in severe psychological/emotional harm, AND these actions result in the child being a danger to self or others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Caregiver is unable OR unwilling to protect the child from serious harm or threatened harm by others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Caregiver’s explanation for a child’s injury is questionable or inconsistent with the type of injury, AND the nature of the injury suggests that the child may be in imminent danger as a result.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. The family refuses to allow CYFD access to the child, or there is reason to believe that the family is about to flee.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Current circumstances, combined with information that the caregiver has or likely has seriously maltreated a child in their care in the past, suggest that the child may be in imminent danger.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other (specify)</td>
<td></td>
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</tr>
</tbody>
</table>
FIVE-STEP CONSULTATION MODEL

Use this model alongside the SDM assessments found here: https://docs.evidentchange.org/newmexico/pp-manual/ (password: training)

1. **Elicit caseworker thinking related to proposed course of action.**

2. **Focus conversation on key questions of the decision point and assessment structure.**

3. **Engage in conversation with a focus on definitions, using the Three Questions structure.**

4. **Ask questions that elicit family facts related to definitions and relevant decisions.**

5. **Make agreements about additional information needed, conversation, and follow-up steps with family.**
QUESTIONS THAT MIGHT HELP

• In general, what do you see happening next for this family?
• What is the next decision point you face in this investigation or case?
• Are we clear about how many households are involved, and are we assessing the correct one?
• What are some things that are going well for this family?
• If you were to give the family a number from 0 to 10 for how safe the children are or would be in the home, where 10 is totally safe and 0 is the mortal peril, what number would you give them and why?
• How do the details you’ve learned about this family meet the definition for a danger indicator or not?
• What kind of behavior change are you seeing from the family since the last investigation?
• What parts of the SDM safety assessment reflect areas the family is doing well on? What parts reflect areas they need to do better on or need help with?
• What are some things we should still be worried about?
• What do the tribe, network, and family think should happen next?
• Let’s look at the risk reassessment. What information do you have that matches the definitions for the assessment items?
• What have we done to create a safety plan that would allow the children to remain in the home?
• If needed, what kind of supportive plan is there for after the investigation closes?
• How can you gather the information that seems to be missing?
## SAFETY PLAN CHECKLIST

<table>
<thead>
<tr>
<th>HOT SPOTS</th>
<th>SOLUTIONS</th>
<th>COVERED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The only intervention is that the perpetrator promises not to repeat a behavior.</td>
<td>Network/other caregiver will monitor behavior.</td>
<td>□</td>
</tr>
<tr>
<td>There is jargon in the harm or worry statements.</td>
<td>Craft family-friendly harm and worry statements with the family using their own words.</td>
<td>□</td>
</tr>
<tr>
<td>Network agrees to help, but no legal caregiver is included.</td>
<td>At least one caregiver agrees to the interventions.</td>
<td>□</td>
</tr>
<tr>
<td>The caregiver is coerced into agreeing via the threat of a child’s removal.</td>
<td>Explain planning process to caregiver/network. Include them in planning so they freely consent to the plan.</td>
<td>□</td>
</tr>
<tr>
<td>The victim is left to keep an aggressor out of the home without the aggressor’s consent.</td>
<td>• Aggressor agrees to the plan. • The victim and children leave to be safe and together. • A network member comes to stay in the home to monitor.</td>
<td>□</td>
</tr>
<tr>
<td>The only intervention is a temporary restraining order.</td>
<td>Any restraining order is augmented with one of the three options above.</td>
<td>□</td>
</tr>
<tr>
<td>A victim is expected to protect the children when they are not demonstrating their own protection.</td>
<td>Older children and network members contribute to keep young children safe.</td>
<td>□</td>
</tr>
<tr>
<td>A caregiver’s constitutional rights (fourth and 14th amendments) are violated: Caregiver is forced to leave home, caregiver is deprived of visits with child, or non-caregiver is given custody without consent or knowledge.</td>
<td>• Gain informed consent for interventions. • Consider that a protective caregiver may have to leave with the children to be safe and together. • If no caregiver is available to help with a safety plan, custody is probably the only option.</td>
<td>□</td>
</tr>
<tr>
<td>A safety plan is written when protective custody is not really being considered.</td>
<td>• Carefully review danger indicator definitions. • Document efforts to gain agreements with the family for future safety and write a “referral closing” letter or promote to a case for ongoing services.</td>
<td>□</td>
</tr>
<tr>
<td>The safety plan does not have a meaningful time limit.</td>
<td>Initial safety plans should expire within about seven days or less because a family meeting is being convened to review effectiveness and make improvements. Remember to comply with the current policy for time limits.</td>
<td>□</td>
</tr>
<tr>
<td>There is no clear way to monitor whether the safety plan is working, and there is no fail-safe behavior if it is not working.</td>
<td>Clearly describe the behavior that will affirm that the plan is working and who will do what if it is not (e.g., whom they will contact, how they will intervene). If this is not possible, the household may be found “unsafe.”</td>
<td>□</td>
</tr>
<tr>
<td>The voice of the child is missing.</td>
<td>Remember to include the voice of the child for both impact and keeping the child safe, as age appropriate. Using the Three Houses or Safety House can help.</td>
<td>□</td>
</tr>
</tbody>
</table>
Family Name: **Tom Zamora**  
Case ID: ______________  
Date: _____  
7/12/19

Worker Name: **Michelle Smith**  
Worker Phone Number: ______________

This plan will be reviewed on 7/15/2019 or no more than 21 days from the safety plan’s date.

**Who has agreed to be part of this plan?**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to the Child</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheila Zamora</td>
<td>Paternal aunt</td>
<td></td>
</tr>
<tr>
<td>Tom Zamora</td>
<td>Father</td>
<td></td>
</tr>
<tr>
<td>Angela Chavez</td>
<td>Father’s recovery counselor</td>
<td></td>
</tr>
</tbody>
</table>

**What has happened that leads the Children, Youth and Families Department (CYFD) to be concerned?**

**Harm Statement (Tom Zamora’s household)**
Hospital social worker reports that 18-month-old Joshua was left unsupervised in the emergency room for more than two hours when his father, Tom Zamora, left; Tom later came back with slurred speech and smelling of alcohol. During this time, the hospital had been unable to obtain consent for a needed X-ray.

**What is the department and/or the family concerned will happen to the children if nothing else changes?**

**Worry Statement (Tom Zamora’s household)**
Joshua could be physically harmed (be unsupervised and/or get out of the house, be taken advantage of, and get hurt) or not have his basic needs met when Tom drinks alcohol or uses drugs and becomes distracted and unavailable.
What action steps need to be taken to ensure the children are safe?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tom agrees he will remain sober (no alcohol or drug use) for the next two days while he is responsible for Joshua’s care.</td>
</tr>
<tr>
<td>2.</td>
<td>Tom will make sure Sheila is available to provide substitute care for Joshua if Tom needs to be away from him.</td>
</tr>
<tr>
<td>3.</td>
<td>Sheila will supervise all interactions between Tom and Joshua until they all meet with the CWS worker on Monday, July 15.</td>
</tr>
<tr>
<td>4.</td>
<td>Tom’s recovery counselor, Angela Chavez, agrees to check in with Tom and Sheila at least once on Saturday and once on Sunday and is willing to guarantee a bed for Tom at the Santa Fe Recovery Center in the event he chooses to drink or use drugs.</td>
</tr>
<tr>
<td>5.</td>
<td>If Tom has another relapse during the weekend, Tom agrees to contact Angela for a bed at the Recovery Center so that he is not caring for Joshua while he is under the influence of alcohol or drugs.</td>
</tr>
</tbody>
</table>

Who is responsible for ensuring this action occurs?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheila and Tom</td>
</tr>
<tr>
<td>Tom and Angela</td>
</tr>
</tbody>
</table>

While we may not agree about the details of these worries, we do agree to follow the plan until the review date. We know that if the plan does not keep all children safe, either we must work together again to create a new plan, or the department may need to take legal action.

<table>
<thead>
<tr>
<th>Caregivers/legal guardians</th>
<th>Worker/supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Zamora</td>
<td>Michelle Smith, CYFD worker</td>
</tr>
<tr>
<td></td>
<td>Tanya Amador, CYFD supervisor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children</th>
<th>Other participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Angela Chavez, Santa Fe Recovery Center</td>
</tr>
</tbody>
</table>

**Whom to Call if the Plan Is Not Working**

<table>
<thead>
<tr>
<th>Assigned child welfare worker name:</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Smith</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child welfare supervisor name:</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanya Amador</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After-hours child welfare contact:</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(After business hours; weekends and holidays)</td>
<td></td>
</tr>
</tbody>
</table>
REFERENCES


