

# STATE PARENTING CARE PLAN

**Client:** DOE , JANE

**Client ID#:** 1234567890

**Admission Date:** 05-23-2008

14 Caretaking/Parenting Potential Problem Family

**Initial Rating** K B S  
**Target Outcome** K B S

<i>Cat.</i>	<i>Target</i>	<i>Care Description Note</i>
S	Safety	Presence Of Safety Hazards * 15* Home Safety Check List done and concerns were addressed.
CM	Caretaking/Parenting Skills	Other * 16 * Referral for parenting and/or family support services.
S	Caretaking/Parenting Skills	Other * 17 * f/u on community resource referral ( include any referrals verbal or written to the family )