



**AMENDMENT NO. 1
RFQ NO. 605645-20
IN-HOME SAFETY SERVICES**

THIS AMENDMENT is made and entered into this ____ day of _____ 2025, by and between CLARK COUNTY, NEVADA (hereinafter referred to as "COUNTY"), and SOUTHWEST INTEGRATED CARE SERVICES (hereinafter referred to as "PROVIDER").

WITNESSETH:

WHEREAS the parties entered into an agreement under RFQ Number 605645-20, entitled "In-Home Safety Services" dated December 28, 2020 (hereinafter referred to as CONTRACT); and

WHEREAS the parties desire to amend the CONTRACT.

NOW, THEREFORE, the parties agree to amend the CONTRACT as follows:

1. SECTION 1: TERM OF CONTRACT

ORIGINALLY WRITTEN

COUNTY agrees to retain PROVIDER for the period from date of award through June 30, 2021, with the option to renew for four one-year periods subject to the provisions of Sections II and VIII herein. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract. COUNTY reserves the right to extend the Contract for up to an additional four (4) months for its convenience.

REVISED TO READ

COUNTY agrees to retain PROVIDER for the period from date of award through June 30, 2021, with the option to renew for six (6) one-year periods subject to the provisions of Sections II and VIII herein. During this period, PROVIDER agrees to provide services as required by COUNTY within the scope of this Contract. COUNTY reserves the right to extend the Contract for up to an additional four (4) months for its convenience.

2. SECTION X: NOTICES

ORIGINALLY WRITTEN

Any notice required to be given hereunder shall be deemed to have been given when received by the party to whom it is directed by personal service, hand delivery, certified U.S. mail, return receipt requested or facsimile, at the following addresses:

TO COUNTY: Director
 Department of Family Services
 121 South Martin Luther King Blvd
 Las Vegas, Nevada 89106

TO PROVIDER: CEO
 Southwest Integrated Care Services
 170 South Green Valley Parkway, Suite 300
 Henderson, NV 89012

REVISED TO READ:

TO COUNTY: Director
Clark County Department of Clinical and Community Services
2030 East Flamingo Road, Suite 161
Las Vegas, Nevada 89119

TO PROVIDER: CEO
Southwest Integrated Care Services
170 South Green Valley Parkway, Suite 300
Henderson, Nevada 89012

3. EXHIBIT A is deleted in its entirety and replaced with REVISED EXHIBIT A, attached hereto.
4. The revisions contained herein are effective as of June 30, 2025.

Except as expressly amended herein, the terms and conditions of the CONTRACT shall remain in full force and effect.

PROVIDER:

SOUTHWEST INTEGRATED CARE SERVICES

By: *Danielle Burns*
DANIELLE BURNS
CEO

Date: 7/25/25

COUNTY:

COUNTY OF CLARK, NEVADA

By: _____
JESSICA COLVIN
Chief Financial Officer

Date: _____

APPROVED AS TO FORM:

STEVEN B. WOLFSON, District Attorney

By: *Sarah Schaerrer*
Sarah Schaerrer (Sep 24, 2025 08:34:01 PDT)
SARAH SCHAERRER
Deputy District Attorney

Date: Sep 24, 2025

**REVISED EXHIBIT A
SCOPE OF WORK
IN-HOME SAFETY SERVICES**

INTENT

Agency PROVIDER's shall provide services through the Safe@Home program to assist families involved with the COUNTY and who require in-home safety services. The PROVIDER(s) shall coordinate, deliver and monitor safety services that will allow children to remain in their home.

1. RESPONSIBILITIES OF PROVIDER(s)

Provider Shall:

- A. Provide In-Home Safety Services to approximately 20-25 families per month;
 - 1) Acknowledge all in-home safety services are non-Medicaid billable, (See Exhibit A, Attachment 1, In Home Safety Intervention);
 - 2) Provider's Safety Manager(s) will carry a caseload of one (1) to fifteen (15) families based on number of billable hours and intricacy of services;
 - 3) Recruit, select and train professional in-home service providers (e.g. homemaker, personal care, etc.) with the tools necessary to collaborate on the safety services provided to families;
 - 4) Have a written plan regarding the reporting of Abuse and Neglect stating that any suspected abuse is to be reported as soon as reasonably practicable, but not later than twenty-four (24) hours, after the PROVIDER, safety manager designee knows or has reasonable cause to believe that the child has been abused or neglected.
 - 5) Provide day-to-day management of the safety services that have been dictated for each in-home safety plan not to exceed the duration outlined in the SPMO Safe@Home Referral Form, (See Exhibit A, Attachment 2);
 - 6) Fully comply with any investigation of a report of the abuse or neglect of a child;
- B. Provide Safety Services for Impending Danger Plans
 - 1) Maintain family case records/case notes which provide documentation to the COUNTY regarding management of safety plans and delivery of safety services;
 - 2) Provide direct in-home services to clients 7 days a week, 6:00am – 10:00pm, along with 24-hour emergency/on-call availability;
 - 3) Provide In-Home Visit or Virtual Visit which include those visits requiring direct visual contact and supervision of all individuals designated on the in-home safety plan as well as a visual of the environment;
 - 4) Be available to provide service within two (2) hours of initial contact by COUNTY representative;
 - 5) Contribute to the ongoing monitoring and support of families to assure safety management and effective safety plan implementation by participating in the collaborative case coordination meetings (not to exceed 2 hours) with the COUNTY upon approval;
 - 6) Provide the level and frequency of in-home services to the family to maintain safety and self-sufficiency and ability to retain children in the family home;
 - 7) Communicate at least weekly with the COUNTY and the CCFS staff member responsible for the family/case regarding the status of the safety plan;

- 8) Notify COUNTY of ANY changes to the safety plan; even if temporary
- C. Provide Safety Services for Present Danger Plans
- 1) Service Families in need of a Present Danger Plan per NRS 432B.360 to assist families who require additional supports to prevent removal of the child(ren) upon initial contact with the COUNTY;
 - 2) Provide direct in-home Supervision and Monitoring by the Safety Service Case Manager during the times the COUNTY has determined Present Danger exists as outlined in the Present Danger Plan Agreement (See Exhibit A, Attachment 3);
 - 3) Be able to immediately respond to requests for services and be able to arrive to designated location within 60 minutes of initial contact by COUNTY;
 - 4) PROVIDER shall act to control or eliminate present danger if it occurs and proceed to immediately notify their supervisor and the COUNTY;
 - 5) Provide direct in-home services to clients for a minimum of three (3) hours;
 - 6) Service will begin upon the arrival at the designated location. In the event a visit is terminated during the in-home visit by COUNTY the visit will be payable at a minimum of 3 hours;
 - 7) Safety Case Manager will not be scheduled beyond 12 hours in a 24 hour period;
 - 8) Communication with the COUNTY and the CCFS staff member responsible for the family/case should occur upon the end of each day regarding the status of the Present Danger plan;
 - 9) Present Danger Plans will continue for no more than 10 days.
- D. Provide Phone Visits and Accounting for Missed Visits
- 1) Virtual Visits are defined the same as in-person visits with exception to the inability to access the family home due to extenuating scheduling conflicts and/or due to the distance of homes in the outlining areas of the Las Vegas/Henderson area and should be kept to a minimum and used as a last resort to in-person visits.
 - 2) Phone-Visits are defined as a scheduled phone contact outlined on the in-home safety plan to mitigate the described impending danger threat; two attempted phone calls to the caregiver within 15 minutes during the outlined time frame on the in-home safety plan with no response from the caregiver also meets this definition;
 - 3) Missed Visits are defined when the Safety Case Manager arrives at the home as outlined on the in-home safety plan, but the caregiver is not home or does not answer the door, therefore, no visual contact can be conducted. Missed scheduled phone visits or virtual visits are not included in this definition;
 - 4) Safety Case Manager must contact COUNTY upon caregiver missing or cancelling 50% of all visits in a calendar week as outlined in the SPMO Safe@Home Referral Form, (See Exhibit A, Attachment 2) or updated in-home safety plan.
- E. Performance Measurement and Service Monitoring
- 1) Adhere to the following service performance measures across six domains:
 - a. Behavior Management;
 - i. referred clients linked to behavioral health or substance abuse services within 5 days
 - ii. cases receiving in-home supervision of caregiver behavior per plan
 - iii. documented conversations on stress/caregiver behavior in home visits
 - b. Crisis Management;
 - i. clients referred for crisis medical/mental health services within 24 hours
 - ii. families with documented after-hours support provided as per plan

- iii. crisis situations resolved without child removal due to intervention
 - c. Social Connection;
 - i. families engaged in formal or informal social support
 - ii. families referred to parenting or home management programs
 - iii. visits incorporating parenting skill-building tasks
 - d. Resource Support;
 - i. families connected to at least one necessary safety-related resource
 - ii. families receiving transportation assistance when required
 - iii. resource referrals followed up on and documented
 - e. Separation;
 - i. children referred for planned supervised out-of-home activities when indicated
 - ii. requests for respite/daycare approved and documented
 - iii. cases with proper COUNTY approval for out-of-home separation
 - f. Conditions of Return;
 - i. cases with at least one documented meeting focused on conditions for return
 - ii. caregivers receiving assistance with steps toward conditions for return
 - iii. reunifications where conditions for return were achieved with provider support
- 2) Collect, document, and submit quarterly data to COUNTY reflecting compliance with service timelines, family engagement, successful linkages to supports, and progress toward permanency and child safety outcomes.
 - 3) Track and document all behavioral referrals (e.g., medical, substance abuse, home health) and ensure linkage occurs within five (5) business days.
 - 4) Document monitoring of caregiver behavior and stress within each routine visit and include at least one documented note related to behavior or stress monitoring per visit."
 - 5) Offer after-hours telephone support for non-emergency, urgent concerns as dictated in the family's in-home safety plan.
 - 6) Respond to and document all medical or behavioral crisis events within 24 hours and include these in quarterly reporting.
 - 7) Incorporate parenting support, homemaker services, and social engagement in weekly visits where appropriate. Documentation must include efforts made to build informal and formal social support networks, including referrals to COUNTY-endorsed parenting initiatives.
 - 8) Assist families with acquiring resources critical to maintaining child safety, including housing, transportation, and other assistance. Resource referrals shall be documented and followed up within one week, with all efforts tracked in the family case record.
 - 9) Obtain COUNTY approval prior to initiating any out-of-home separation services such as respite or daycare. All separation-related activities must be documented in the safety plan and tracked in the case file with dates, times, and outcomes.
 - 10) Conduct and document scheduled meetings with caregivers whose children are in placement to support the achievement of conditions for return. Services must include case management, housing support, and coordinated planning with COUNTY caseworkers.
 - 11) Complete the Invoice and Census each month

12) Provide a quarterly report of such information no later than the 15th of each quarter:

- October 15th
- January 15th
- April 15th
- July 15th

- F. At no additional charge, meet with COUNTY no less than monthly and at the request of County to review services provided and conduct qualitative analysis in order to monitor the success of the services and review efficiency of programs, services, processes, progress and contract adherence to include logistical matters.
- G. Failure to meet performance targets in two consecutive quarters without a COUNTY-approved remediation plan may result in corrective action, up to and including contract suspension and termination.

2. EXPERIENCE/QUALIFICATIONS AND TRAINING REQUIREMENTS

- A. Require Safety Manager(s) to have a minimum of Associates Degree in Child Development, Early Childhood Education, Psychology, Social Work, Education, Special Education, Behavioral Science, Counseling, Health Science, Human Services, Nursing, Social Science, Business Administration, Public Administration, Communications, Sociology, Criminal Justice, Social Services or Marketing. Equivalent combination of at least 45 credits of college level course work in child development, nursing or a behavioral science may be substituted along with 2 years of experience working with and caring for families, preferably in a treatment or other nurturing setting along with a PROVIDER letter of justification may be considered at the discretion of the In-Home Safety Services Division Manager. Transcripts should be submitted with the title: Transcripts-last name, first name and any/all other experience qualification documentation can be submitted to dfssafetyreferrals@clarkcountynv.gov; Title of the document, last name, first name.
- B. Safety Case Manager Supervisor role is required to have a minimum of a Bachelor's Degree in one of the following areas : Social Work, Criminal Justice, Psychology, Human or Social Services, Sociology, Education, Special Education, Public or Business Administration, Behavioral Science, Counseling, Early Childhood, Health Science, Child Development, Nursing, Communications, or a related field AND three (3) years of full-time professional level experience providing protective casework/counseling services, assessments or treatment services, or performing administrative, organizational analysis or budgetary experience in a child welfare, social service, juvenile justice and/or residential setting and complete the eight (8) day Nevada Initial Assessment training and safety services training.

3. SAFETY SERVICE CASE MANAGERS

- A. Will attend all required training presented by COUNTY regarding safety management and the Safety Intervention and Permanency System (SIPS) model;
- B. Safety Managers will complete the forty (40) hour Safety Intervention and Permanency System, Community Based Safety Manager Training;
- C. Must meet Safety Management training curriculum: Knowledge and skill. This will be demonstrated by a score of 75% or higher on the course assessment. Scores of less than 75% will need to repeat the Safety Manager training until they meet the minimum score requirement.
- 1) The results of the training assessment will only be shared with PROVIDER. This feedback will include any recommendations for more training and support with COUNTY or a notification that participant wouldn't be appropriate to provide services for the CCFS Safe@Home program at this time.

- D. Require services provided meet SIPS safety intervention philosophy, concepts and methods;
- E. Will meet safety intervention fidelity criteria and Safety Management Standards;
- F. Will utilize Safety Management Intervention Manual;
- G. Will maintain confidentiality regarding family information as required by applicable federal, state and local statutes and regulations;

4. RESPONSIBILITY OF COUNTY

COUNTY SHALL:

- A. Make referrals to PROVIDER, through the COUNTY'S representative, for In-Home Safety Services; referrals will be sent out on a rotational basis without prejudice.
- B. Provide the following information upon referral of client to the PROVIDER:
 - 1) Name, address and contact information for client;
 - 2) Information on the child, when a specific child has been identified unsafe;
 - 3) Name of assigned case manager, supervisor and office location.
 - 4) The Nevada Initial Assessment findings to include pertinent data concerning family functioning, family network resources, status of caregiver protective capacities, any necessary documentation as appropriate to the safety plan;
 - 5) The Protective Capacity Progress Assessment, when necessary, to include pertinent data concerning family functioning, progress and change related to the case plan; status of impending danger;
- C. Serve as point of communication for the family through the COUNTY's case manager. The COUNTY's case manager will provide COUNTY's documentation and information and provide direction and guidance; communication; appropriate involvement to/with the PROVIDER's case manager;
- D. Maintain authority over and responsibility for each family case; for safety intervention and safety plans; and for decision making associated with safety management.

5. COMPENSATION/TERMS OF PAYMENT

- A. COUNTY agrees to compensate PROVIDER for the performance of services, subject to COUNTY's fiscal limitations, with the not-to-exceed amount, of appropriated funds issued via purchase order for the COUNTY's fiscal year.
- B. Rate per hour will be paid for actual hours at home not to exceed hours approved on Safety Plan Map Organizer (SPMO) Referral inclusive of all administrative services provided by PROVIDER including but not limited to training, travel time, documentation and communication requirements etc. Exceptions may be made to necessary case plan meetings or quarterly provider meetings upon notification and approval by COUNTY'S representative of In-Home Safety Services.

COUNTY agrees to compensate PROVIDER as follows:

| DECRPTION OF SERVICE | RATE |
|--|-------------------|
| In-Home Visit Impending Danger Plan | \$78.00 per hour |
| In-Home Virtual Visit Impending Danger Plans | \$40.00 per hour |
| In-Home Visit Present Danger Plans (3-hour paid minimum) | \$28.00 per hour |
| Phone Visit | \$20.00 per hour |
| Missed Visit | \$20.00 per visit |

- C. The Purchasing and Contracts Division will issue a purchase order(s) which will authorize the contractor to deliver and invoice for the product(s) and/or service(s) offered. A purchase order must be issued prior to the commencement of services. Purchase Order(s) issued shall be governed by the Clark County P.O. Terms and conditions located at www.clarkcountynv.gov/purchasing.

6. BACKGROUND CHECK

- A. PROVIDER agrees that the COUNTY shall complete a background check on all employees, volunteers, mentors, and new employees hired after the contract has been awarded as well as any contracted staff engaged in providing services under this SOW within thirty (30) days of the execution of this SOW and prior to any direct contact with children, and:
- 1) At the request of COUNTY
 - 2) Hired/Contracted in an employment capacity
- B. PROVIDER agrees to submit a completed Background Check Application, and a valid Drivers License or State Issued Identification to DFSHumanResources@ClarkCountyNV.gov. Electronic signatures are not accepted.
- C. A complete background check will include having the person's information (i.e. fingerprints) searched through the following databases:
- 1) NCIC (National Crime Information Center),
 - 2) NCJIS (Nevada Criminal Justice Information System)
 - 3) SCOPE II (Shared Computer Operation for Protection and Enforcement), and
 - 4) CANS (Child Abuse and Neglect Search in Nevada and in any other state the employee has resided during the last (5) years).
- D. COUNTY requires that a PROVIDER or an employee or agent of a PROVIDER shall not have any of the criminal convictions, charges or pending charges listed below:
- 1) Murder, voluntary manslaughter, involuntary manslaughter or mayhem;
 - 2) Any felony involving the use or threatened use of force or violence or the use of a firearm or other deadly weapon;
 - 3) Assault with intent to kill or to commit sexual assault or mayhem;
 - 4) Battery which results in substantial bodily harm to the victim;
 - 5) Battery that constitutes domestic violence that is punishable as a felony;
 - 6) Battery that constitutes domestic violence, other than a battery described in subparagraph (e), within the immediately preceding 3 years;
 - 7) Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or an offense involving pornography and a minor;
 - 8) A crime involving pandering or prostitution, including, without limitation, a violation of any provision of NRS 201.295 to 201.440, inclusive;
 - 9) Abuse or neglect of a child, including, without limitation, a violation of any provision of NRS 200.508 or 200.5083 or contributory delinquency;
 - 10) A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS;
 - 11) A violation of any federal or state law prohibiting driving or being in actual physical control of a vehicle while under the influence of intoxicating liquor or a controlled substance that is punishable as a felony;

- 12) A violation of any federal or state law prohibiting driving or being in actual physical control of a vehicle while under the influence of intoxicating liquor or a controlled substance, other than a violation described in subparagraph (k), within the immediately preceding 3 years;
- 13) Abuse, neglect, exploitation, isolation or abandonment of older persons or vulnerable persons, including, without limitation, a violation of any provision of NRS 200.5091 to 200.50995, inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct; or
- 14) Any offense involving arson, fraud, theft, embezzlement, burglary, robbery, fraudulent conversion, misappropriation of property or perjury within the immediately preceding 7 years.

In addition, the COUNTY will check the Nevada Statewide Central Registry as established by NRS 432.100 and any other state's central registry where the provider or provider's employee or agent has resided in the last five (5) years to determine whether there has been a substantiated report of child abuse or neglect made against the provider or the provider's employee or agent within the immediately preceding 5 years.

- E. PROVIDER will provide COUNTY with a list of all current Employee(s) and new Employee(s) assigned to perform the task outlined in this SOW within fourteen (14) calendar days from written notice of award. This list shall be e-mailed and scheduled with the COUNTY's Human Resources at DFShumanresources@clarkcountynv.gov and copied to dfssafetyservicesreferrals@clarkcountynv.gov and dfscontracts@clarkcountynv.gov.
- F. PROVIDER is fiscally responsible for the costs of processing the Background Check at the rate stated in Attachment 5, Out of State Child Abuse and Neglect Search Fees & Requirements. The fee rates may vary and are subject to change without notice.
- G. Should there be a negative result of unsatisfactory outcome of the criminal records check, COUNTY reserves the right to either waive that person, or not allow that person to interact with the children, nor provide services to COUNTY.
- H. PROVIDER shall be required to have their staff self-disclose if arrested, under child abuse investigations, and any 432B items.

The COUNTY requires background checks every 5 years. Failure to complete background checks on all employees engaged in providing services under this agreement will result in suspension of services and or termination of agreement.

**REVISED EXHIBIT A
SCOPE OF WORK
ATTACHMENT 1
IN-HOME SAFETY INTERVENTION**

A. BEHAVIOR MANAGEMENT

1. Referral and linkage to outpatient or inpatient medical treatment to control chronic physical conditions that effect behavior associated with impending danger (e.g. scheduling and transportation);
2. Referral and linkage of substance abuse intervention, detoxification or management that controls intake, sobriety, monitors substance abusing behavior and addiction (e.g. scheduling and transportation);
3. In-home health care that manages health issues affecting caregiver behavior health concerns affecting vulnerable children (both as it relates to impending danger) (e.g. linkage to home health or other alternative);
4. Supervision and monitoring of caregiver behavior and stress and circumstances that influence caregiver behavior; Supervision and monitoring that occurs within routine in-home contacts, within social conversations;

B. CRISIS MANAGEMENT

1. Referral or linkage of emergency medical care that treats immediate physical conditions that affect behavior associated with impending danger (e.g. scheduling or transportation);
2. Referral or linkage to emergency medical health care that treats and manages acute medical health conditions that result in behavior associated with impending danger (e.g. scheduling or transportation);
3. Crisis intervention and safety management specifically focused on a crisis that is associated with or creating impending danger to child (e.g. assuring the children are taken to a designated and/or appropriate caregiver at identified times);
4. Provide after-hours telephone support in order to (1) respond to non-emergency, but urgent concerns; and (2) as dictated in the in-home safety plan by PROVIDER in relationship to required need of family members and safety services providers as specified in safety plans.

C. SOCIAL CONNECTION

1. In-home visitation with children and families;
2. Basic parenting assistance and teaching fundamental parenting skills related to immediate basic care and protection (e.g. homemaker/cleaning, referral and linkage to the Parenting Project program services, Quality Parenting Initiative Website, etc.) that are associated with impending danger;
3. Home management services to provide social outlet for family members and are pertinent to family or home issues that are associated with impending danger;
4. Social support using various forms of social contact both formal and informal, with focused and purposeful individuals and groups (e.g. allows for social contact, conversation and support with faith-based organizations, recovery groups, parks and recreation facilities, etc.)
5. Stress reduction with social support and contact.

D. RESOURCE SUPPORT

1. Resource acquisition that relates specifically to the lack of something that affects child safety (e.g. referral and linkage to housing assistance, homemaker services, filling out paperwork, making referral telephone calls, filling out application paperwork, etc.);
2. Transportation services that are required to fulfill the safety plan;
3. Referral and linkage to temporary housing assistance when the current residence is directly associated with impending danger to a child's safety;
4. Resource provision when the lack of resources creates a crisis; prevents the resolution of a crisis associated with impending danger; or negatively influences the implementation of the safety plan.

E. SEPARATION

1. Referral and linkage of planned activities for the children that take them out of the home for designated periods of time;
2. Refer to and obtain approval from COUNTY to place children in short term, respite or other out-of-home placement when there is impending danger to the child's safety;
3. Referral and linkage babysitting that allows for social contact, conversation and support;
4. Referral and linkage of COUNTY approved daycare that occurs periodically or daily for short periods or all day;
5. Referral and linkage of after school care.

F. CONDITIONS OF RETURN

1. Scheduled meetings with caregivers in cases that involves placement for purposes of discussing and considering conditions for return;
2. Facilitation related to compliance and achievement of conditions for return;
3. Case management and activities to support and assist caregivers to meet conditions for return (e.g. assistance in acquiring a stable living arrangement).

**REVISED EXHIBIT A
SCOPE OF WORK
ATTACHMENT 2
SAFE@HOME REFERRAL**

| | | | | | | | |
|---------------------|------------------|------------------------|--------------|--|--|---------------|----------------|
| Case Name: | Bates, Catherine | Case Number: | 131000 | Address: | 4355 Stay Safe Drive. #0429 LV, NV 89147 Gate code #XXXX | Phone: | (702) XXX-XXXX |
| Case Worker: | Bruce Wayne | Contact Number: | 702-455-XXXX | Safety Plan Effective/ Period of Performance: 4/16/2020-7/16/2020 | | | |

Please indicate times of impending danger when safety services need to be in the home to mitigate the threat:

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|------------------------------------|---------------------------------------|---|---|---|----------|--------|---------------------------------------|
| Morning (6am-9am) | | | | | | | |
| Mid-Morning (9am-12pm) | SCM: Supervision & Monitoring (10-12) | | | | | | SCM: Supervision & Monitoring (10-12) |
| Early Afternoon (12pm-3pm) | | | | | | | |
| Afternoon (3pm-6pm) | SCM: Supervision & Monitoring (S-7) | SCM: Supervision & Monitoring Phone Visit (S-7) | SCM: Supervision & Monitoring Phone Visit (S-7) | SCM: Supervision & Monitoring Phone Visit (S-7) | | | SCM: Supervision & Monitoring (5-7) |
| Evenings (6pm-Bedtime) | | | | | | | |
| Nighttime (Bedtime-Morning) | | | | | | | |

| | |
|---|-----------|
| Total In-Home Hours Authorized | 48 hours |
| Total Phone-Visits Authorized per month | 36 visits |
| Referred by Safe@Home Administrator: | |
| Date Referred: | |



REVISED EXHIBIT A
SCOPE OF WORK
ATTACHMENT 3
PRESENT DANGER PLAN
CLARK COUNTY

RFQ 605645-20
IN-HOME SAFETY SERVICES



DEPARTMENT OF FAMILY SERVICES

121 South Martin Luther King Blvd
Las Vegas, Nevada 89106
(702) 455-7200

PRESENT DANGER PLAN (PDP) / NRS 432B.360 Agreement

CASE NAME: _____

CASE NUMBER: _____

Describe how Present Danger will be managed. Provide specific agreements, time frames, tasks or activities and responsible parties.

| Describe Present Danger. | Describe safety action or task selected to control the safety threat. | When will it occur? | Who will complete the task and where will it occur? | Describe method for monitoring safety action or task. |
|--|---|---------------------|---|---|
| | 1. | | | |
| | 2. | | | |
| | 3. | | | |
| Describe how the safety provider is confirmed suitable to participate in the identified safety plan/agreement. | | | | |

NOTICE: Pursuant to NRS 432B.360, the child may be placed into protective custody if the participants in this plan/agreement are unwilling or unable to carry out the plan activities.

Caregiver Signature _____

Date _____

Caregiver Signature _____

Date _____

Specialist Signature _____

Telephone Number _____

Date _____

Supervisory Review _____

Signature (For file) _____

Date _____

For all Present Danger Plan/Agreement Participants: By signing this plan you are acknowledging that (1) you were informed of the action or task you have agreed to perform; (2) you understand and are in agreement with the requirements and will fulfill them to the best of your ability; (3) you agree to contact the caseworker if you are unable to perform your responsibilities. (4) A parent who voluntarily agrees to place a child with an agency is entitled to have the child returned to their physical custody within 48 hours of a written request to the agency. If DFS determines that it would be unsafe and/or detrimental to the best interest of the child to return the child, this could result in further action including but not limited to a petition being filed. You have received a copy of this plan or one will be mailed to you within the next 48 hours.

Name of Adult Responsible for Protecting Child (Safety Provider) _____

Relationship to Child(ren) _____

Telephone _____

Name of Adult Responsible for Protecting Child (Safety Provider) _____

Relationship to Child(ren) _____

Telephone _____

Present Danger Plan will be reviewed on: _____

REVISED EXHIBIT A
SCOPE OF WORK
ATTACHMENT 4A
INVOICE

INVOICE
IN-HOME SAFETY SERVICES

BILL TO:
CLARK COUNTY FAMILY SERVICES
ATTN: ACCOUNTS PAYABLE
121 S. MARTIN LUTHER KING BLVD
LAS VEGAS, NV 89106

INVOICE DATE

BILL FROM
PROVIDER NAME
CONTACT
ADDRESS
CITY, STATE
PHONE
MONTH OF SERVICE:

April

| | Case Name | Case Number | No. of Hours in Home | Missed Visit/ Phone Visit | Cost Per Hour | Total |
|---|------------------|-------------|-------------------------|------------------------------|------------------|-----------------|
| 1 | Bates, Catherine | 1310000 | 8.00 | | \$85.00 | \$680.00 |
| 2 | Bates, Catherine | 1310000 | | 6.00 | \$22.00 | \$182.00 |
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| | TOTAL | | 8 | | | \$812.00 |

| | | | | | | |
|-----------|-----------------|-----------------|----------|----------|--------------|-----------------|
| OR | Per Case | \$850.00 | x | 1 | Cases | \$850.00 |
|-----------|-----------------|-----------------|----------|----------|--------------|-----------------|

**REVISED EXHIBIT A
SCOPE OF WORK
ATTACHMENT 4B
SUPPORTING DOCUMENTATION**

**In-Home Safety Services Monthly Invoice
Supporting Documentation – Actual Hours in Home**

| Case Name | Case Number | Staff Name | Date | Time in Home | Hours in Home | Missed or Phone Visit |
|-----------|-------------|--------------|----------------|---------------------|---------------|-----------------------|
| BATES | 1310000 | John DoRight | April 18, 2025 | 10:00 am – 11:00 am | 1.00 | |
| BATES | 1310000 | John DoRight | April 18, 2025 | 5:00 pm – 6:00 pm | 1.00 | |
| BATES | 1310000 | John DoRight | April 19, 2025 | 10:00 am – 11:00 am | 1.00 | |
| BATES | 1310000 | John DoRight | April 19, 2025 | 5:00 pm – 6:00 pm | 1.00 | |
| BATES | 1310000 | John DoRight | April 20, 2025 | 5:00 pm – 5:20 pm | | 1.00 |
| BATES | 1310000 | John DoRight | April 21, 2025 | 5:00 pm – 5:20 pm | | 1.00 |
| BATES | 1310000 | John DoRight | April 22, 2025 | 5:00 pm – 5:20 pm | | 1.00 |
| BATES | 1310000 | John DoRight | April 25, 2025 | 10:00 am – 11:00 am | 1.00 | |
| BATES | 1310000 | John DoRight | April 25, 2025 | 5:00 pm – 6:00 pm | 1.00 | |
| BATES | 1310000 | John DoRight | April 26, 2025 | 10:00 am – 11:00 am | 1.00 | |
| BATES | 1310000 | John DoRight | April 26, 2025 | 5:00 pm – 6:00 pm | 1.00 | |
| BATES | 1310000 | John DoRight | April 27, 2025 | 5:00 pm – 5:20 pm | | 1.00 |
| BATES | 1310000 | John DoRight | April 28, 2025 | 5:00 pm – 5:20 pm | | 1.00 |
| BATES | 1310000 | John DoRight | April 29, 2025 | 5:00 pm – 5:20 pm | | 1.00 |
| | | | | | | |
| | | | | | 8.00 | 6.00 |

Provider Name: _____
 Signer Name & Title: _____
 Mailing Address: _____
 Phone Number: _____
 Fax Number: _____
 Email Address: _____

Signature: _____

REVISED EXHIBIT A
SCOPE OF WORK
ATTACHMENT 4C

IN-HOME SAFETY SERVICE CENSUS

| | |
|--|--------------|
| CONTRACTING AGENCY: | Kiddos First |
| MONTH/YEAR: | April 2025 |
| NUMBER OF CASES CARRIED FORWARD FROM PREVIOUS MONTH: | 0 |
| NUMBER OF CASES REFERRED THIS MONTH: | 1 |
| NUMBER OF CASES CLOSED THIS MONTH: | 0 |

CASES CURRENTLY RECEIVING SERVICES

| | CASE NAME | CASE NUMBER | CCFS WORKER | SAFETY SERVICES | DATE OPEN | STAFF ASSIGNED | DATE SM SIGNED THE SAFETY PLAN |
|---|------------------|-------------|-------------|----------------------------|----------------|----------------|--------------------------------|
| 1 | Bates, Catherine | 1310000 | Bruce Wayne | Supervision and Monitoring | April 16, 2025 | John DoRight | April 18, 2025 |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

CASES CLOSED THIS MONTH

| | CASE NAME | CASE NUMBER | CCFS WORKER | SAFETY SERVICES | DATE CLOSED | REASON FOR CLOSURE |
|---|-----------|-------------|-------------|-----------------|-------------|--------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

REVISED EXHIBIT A
SCOPE OF WORK
ATTACHMENT 5

Out of State Child Abuse and Neglect Search Fees & Requirements
The cost of Background Check processed by Clark County is \$45 plus any applicable fees below.
Rates may vary and are subject to change.

OOS CANS Fees & Requirements

FEES:

| | | | |
|----------------|------|--------------|--------|
| California | \$15 | Colorado | \$35 |
| Delaware | \$14 | Idaho | \$20 |
| Minnesota | \$20 | Nebraska | \$2.50 |
| Pennsylvania | \$13 | Rhode Island | \$10 |
| South Carolina | \$8 | Virginia | \$10 |
| Washington | \$20 | Missouri | \$14 |

NOTARIZE:

| | | | | |
|--------------|----------------------|---------------|----------|----------------|
| Arkansas | District of Columbia | Idaho | Maryland | Massachusetts |
| Montana | Nebraska | New Hampshire | New York | South Carolina |
| South Dakota | Texas | Vermont | Virginia | |

TYPE – ALL CAPS:

| | |
|-------------|--------------|
| California | North Dakota |
| Colorado | Ohio |
| Georgia | Oregon |
| Maryland | Tennessee |
| Mississippi | Washington |
| New Mexico | Wisconsin |
| New York | |

WITNESS REQUIRED:

| |
|--------------|
| Alabama |
| Kentucky |
| Mississippi |
| Rhode Island |

2nd ID (Must be SSN CARD):

| | |
|------|----------|
| Ohio | Missouri |
|------|----------|