

**OHIO DEPARTMENT OF JOB & FAMILY SERVICES
 COMPREHENSIVE ASSESSMENT PLANNING MODEL - I.S.
 ODJFS 01409 SAFETY PLAN**

SECTION 1: SAFETY PLAN DETAILS

Case Name: Villa Mercedes Agency: IHS Training
 Case ID #: 2652016 Worker: User Training01
 Safety Plan ID #: 4031724 Supervisor:
 Safety Plan Status: In Progress Effective Date:

ASSOCIATED WORK

Safety Assessment ID #: Safety Response(s):
 Approval Date:

SAFETY PLAN PARTICIPANTS

CHILD(REN) NAME(S)	DATE OF BIRTH	AGE	GENDER
Braydon Roberts	07/04/2011	3	Male

PARENT/GUARDIAN/CUSTODIAN NAME(S)	DATE OF BIRTH	AGE	GENDER
Mercedes Villa	05/05/1990	24	Female
Lowell Roberts	12/31/1990	23	Male

IMPORTANT INFORMATION ABOUT SAFETY PLANS

This safety plan is a specific agreement to help ensure your child(ren)'s safety. Your decision to sign this safety plan is voluntary. The custody of your child(ren) does not change under this safety plan. Children Services is here to help you protect your child(ren) when you may not be able to do it on your own.

Signing this safety plan shows your agreement to follow the safety plan. You will be notified by the caseworker when the safety plan ends. The safety plan may also be changed if new or different activities are necessary.

You must contact your caseworker immediately if you decide that you will not or cannot continue following the plan. If you cannot or will not continue following the plan, Children Services may have to take other action(s) to keep your child(ren) safe.

You may contact User Training01 at if you have any questions about this safety plan.

Parent/Guardian/Custodian(s) read or was read "Important Information About Safety Plans".

YES Parent/Guardian/Custodian Initials: _____
 NO _____

SECTION 2: SAFETY PLAN ACTIVITIES

ACTION STEP #: 0

Identify the safety threats and serious harm from which the child(ren) needs protection:

Mercedes Villa fails to provide adequate supervision for Braydon Roberts, her three-year old son who is unable to provide for his own basic needs or protect himself from harm due to his young age. Mercedes lack of supervision of Braydon is likely a result of her mental health concerns and use of marijuana. The lack of supervision of Braydon is also concerning because there are many hazards in the home from which Braydon needs protection. For example, the home is littered with trash and debris, hunting knives, arrows and other hunting paraphenalia. There is a pond and old trampoline on the property and a rusty wheelbarrow and other miscellaneous tools around the external premises of the home-- all of which present hazards to Braydon.

Describe the specific activity(ies) necessary to protect the child(ren):

	ACTIVITY(IES)	RESPONSIBLE PARTY	PHONE
0			

Explain how each activity will control the occurrence of serious harm:

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MONITORING PLAN

How will the activity(ies) be monitored?	How often will the activity(ies) be monitored?	Who will monitor the activity(ies)?
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SECTION 3: VERBAL APPROVAL/SIGNATURES

Parent/Guardian/Custodian(s)/Responsible Party(s) provided verbal approval of the Safety Plan (due to being physically unavailable to sign at the time of implementation) :

PARENT/GUARDIAN/CUSTODIAN & RESPONSIBLE PARTY	VERBAL APPROVAL RECEIVED	DATE PROVIDED	TIME PROVIDED
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Lowell Roberts

Mercedes Villa

Any questions I had about this safety plan were answered by Children Services. I understand and agree to follow the safety plan and have received a copy of the plan.

PARENT/GUARDIAN/CUSTODIAN & RESPONSIBLE PARTY SIGNATURES	SIGNATURES	SIGNATURE RECEIVED	DATE PROVIDED
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Lowell Roberts

Mercedes Villa

Supervisor

User Training01
