

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

SECTION 1: SAFETY PLAN DETAILS

Case Name: Scenario 1 Jean Agency: IHS Training
 Case ID #: 2662016 Worker: User Training01
 Safety Plan ID #: 4039790 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
Sally Scenario 1	02/21/2010	4	Female
Courtney Scenario 1	11/02/2013	1	Female

PARENT/GUARDIAN/CUSTODIAN NAME(S)	DATE OF BIRTH	AGE	GENDER
Jean Scenario 1	03/29/1991	23	Female

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 #: 1

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

There have been increasing concerns for Jean's ability to provide for the basic needs of her children as evidenced by both children being behind on their immunizations as well as obtaining benefits for them. There have also been increasing substance abuse concerns, as Jean has failed to complete several drug screens as well as allegations from several sources. Jean has moved 4 times in the past 3 months and there are concerns about the stability of her housing.

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

ACTIVITY(IES)	RESPONSIBLE PARTY	PHONE
1 Jean will complete random drug screens given to her and will not be in charge of supervising her children while under the influence.	Jean Scenario 1	
2 Jean will make herself and her children available to the caseworker weekly.	Jean Scenario 1	(888) 961-2500

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ACTIVITY(IES)	RESPONSIBLE PARTY	PHONE
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3 Jean will notify the caseworker of her whereabouts, providing the caseworker with an address and working phone number.	Jean Scenario 1	(888) 961-2500
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Explain how each activity will control the occurrence of serious harm:

Drug screens will monitor drug use; weekly visits will ensure the safety of the children as well as ensure their basic needs are being met.

MONITORING PLAN

How will the activity(ies) be monitored?	How often will the activity(ies) be monitored?	Who will monitor the activity(ies)?
through face to face visits with Jean and her children.	Weekly	Caseworker or other CPS personnel.

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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Jean Scenario 1

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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Jean Scenario 1

Supervisor

User Training01
