



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

ACTIVITY(IES)	RESPONSIBLE PARTY	PHONE
2 Margie and Melany.	Michelle Scenario 2	(888) 888-8888
3 Michelle will refrain from drug use 100% of the time. Michelle will not expose her children to other drug users. Michelle will continue drug treatment and drug screening.	Michelle Scenario 2	(888) 888-8888

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

The children will no longer be exposed to drug abuse or violence or emotional abuse.

**MONITORING PLAN**

How will the activity(ies) be monitored?	How often will the activity(ies) be monitored?	Who will monitor the activity(ies)?
Activities will be monitored by reports from the family members and service providers & meetings with the case parties.	Caseworkers will meet with Michelle and children	CPS and Family Members

**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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Michelle Scenario 2

Margie Scott

Melany Cooper

*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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Michelle Scenario 2 \_\_\_\_\_

Margie Scott \_\_\_\_\_

Melany Cooper \_\_\_\_\_

Supervisor \_\_\_\_\_

User Training01 \_\_\_\_\_