

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

**SECTION 1: SAFETY PLAN DETAILS**

Case Name: Scenario 3 Tammy Agency: IHS Training  
 Case ID #: 2670017 Worker: User Training01  
 Safety Plan ID #: 4039793 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
Stacey Scenario 3	01/25/2011	3	Female
Matthew Scenario 3	06/21/2013	1	Male
Adam Scenario 3	11/11/2014	0	Male

PARENT/GUARDIAN/CUSTODIAN NAME(S)	DATE OF BIRTH	AGE	GENDER
Mary Scenario 3	08/10/1962	52	Female
Tammy Scenario 3	12/21/1989	24	Female
Brian Scenario 3	12/15/1989	24	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 #: 1

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

A child has received serious, inflicted, physical harm. Caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child. The behavior of any member of the family or other person having access to the child is violent and/or out of control. Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.

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

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ACTIVITY(IES)	RESPONSIBLE PARTY	PHONE
1 Tammy agreed to not allow Brian to have contact with Matthew. Tammy will notify law enforcement if Brian arrives at the residence. Mary will contact CSB if the Safety Plan is violated.	Mary Scenario 3	

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

Dad being out of the home will minimize the risk of harm.

**MONITORING PLAN**

How will the activity(ies) be monitored?	How often will the activity(ies) be monitored?	Who will monitor the activity(ies)?
Mary	Daily	Mary

**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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Tammy Scenario 3

Mary Scenario 3

Brian Scenario 3

*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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Tammy Scenario 3

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Mary Scenario 3

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Brian Scenario 3

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Supervisor

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User Training01

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