

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

**SECTION 1: SAFETY PLAN DETAILS**

Case Name:	Scenario 4 Kathy	Agency:	IHS Training
Case ID #:	2670018	Worker:	User Training01
Safety Plan ID #:	4039794	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
Christina Scenario 4	11/19/2009	5	Female
Kyle Scenario 4	03/17/2012	2	Male
Kristen Scenario 4	11/08/2013	1	Female

  

PARENT/GUARDIAN/CUSTODIAN NAME(S)	DATE OF BIRTH	AGE	GENDER
Kathy Scenario 4	01/13/1993	21	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:*

Supervision

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

#	ACTIVITY(IES)	RESPONSIBLE PARTY	PHONE
1	Kathy will not leave her child unsupervised at any time.	Kathy Scenario 4	

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

Supervision will reduce the risk of harm.

**MONITORING PLAN**

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How will the activity(ies) be monitored?	How often will the activity(ies) be monitored?	Who will monitor the activity(ies)?
Report by mom. Report by agency.	At least weekly. Face to face and or phone calls.	Mom Agency Police if necessary

**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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Kathy Scenario 4

*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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Kathy Scenario 4

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Supervisor

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User Training01

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