

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

Prevention Plan Review

Identifying Information

Family Name:	Case ID:
Agency:	Caseworker/Phone Number:

Service Review

Case Member:	Person ID:
Provider: <i>Pulled from case services</i>	Provider Contact:

PROVIDER PARTICIPATION and RECOMMENDATION COMMENTS: <any new safety/risk info> <i>CW completes based on information received/discussed with service provider</i>
BARRIER COMMENTS: <i>CW completes based on information obtained from service provider and conversation with family</i>
SERVICE OUTCOME: <dropdown: continue/modify/terminate>

+ *click here to add additional service provider*
(duplicate information above for each new provider)

FAMILY'S PERCEPTION OF SERVICE(S) and WILLINGNESS TO CONTINUE SERVICES:
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SAFETY REASSESSMENT

+ Enter Safety Reassessment Here

Safety Factors

Child Vulnerability

Adult Protective Capacity

Safety Response

Safety Response Based on Assessment

RISK REASSESSMENT

Scores

R1. Number of Prior Reports

None Specified

a. None

b. One or Two

c. Three or More

R2. Number of Children in the Home (at the time of most recent report)

None Specified

a. Two or Fewer

b. Three or More

R3. Number of Adults in the Home (at the time of most recent report)

None Specified

a. Two or more

b. One/none

R4. Current Age of Primary Caregiver

None Specified

a. 28 or older

b. 27 or younger

R5. Either Caregiver Currently has Major Parenting Skills Problem (Excessive Discipline, Over-Controlling, Other Major Problem)

None Specified

a. No

b. Yes

R6. Either Caregiver is Currently Involved in Harmful Relationships

None Specified

a. No

b. Yes (some problems, major problem and/or domestic violence)

R7. Either Caregiver has a Current Substance Abuse Problem

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- None Specified
 - a. No
 - b. Yes, alcohol and/or drug
 - c. Yes, and refuses treatment
- R8. New Complaints of Abuse/Neglect Since Last Assessment
- None Specified
 - a. No, or complaint was unsubstantiated and screened out
 - b. Yes, complaint was substantiated or indicated
- R9. Primary Caregiver(s) Progress Towards Case Plan Goals Since Last Assessment
- None Specified
 - a. Successfully completed all programs recommended or actively participating in programs; pursuing case plan objectives; usually demonstrates desired behavior
 - b. Moderate participation in pursuing case plan objectives; occasionally demonstrates desired behavior
 - c. Minimal participation or refuses involvement; rarely or never demonstrates desired behavior
- R10. Secondary Caregiver(s) Progress Towards Case Plan Goals Since Last Assessment
- None Specified
 - a. Not applicable, only one caregiver in home
 - b. Successfully completed all programs recommended or actively participating in programs; pursuing case plan objectives; usually demonstrates desired behavior
 - c. Moderate participation in pursuing case plan objectives; occasionally demonstrates desired behavior
 - d. Minimal participation or refuses involvement; rarely or never demonstrates desired behavior

Actual Risk Level Summary

Actual Risk Level:
LOW

Will services be discontinued as a result of this review? <yes/no dropdown>

Review outcome: <continue prevention services>, <modify prevention services> or
<terminate prevention services>

CASE ANALYSIS

Describe the reasons for the case status selected above. Discuss how the service review, safety reassessment, risk reassessment, and family perception inform the need for continued services.

If the case is being closed, provide a summary justifying case closure.

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SIGNATURES

Caseworker Print: [Redacted]	Caseworker Signature:	Date: [Redacted]
Supervisor Print: [Redacted]	Supervisor Signature:	Date: [Redacted]

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