

WARD'S SUPERVISION PLAN

Filing Instructions: Upon completion, the CFS 685 Ward's Supervision Plan is to be filed in Section VI Child Specific Section of the case record.

Date of Plan _____

WARD'S INFORMATION

Name of Ward _____ Date of Birth _____

Male Female Ward's ID# _____ R/S/F _____

Ward's Primary Language _____

CASEWORKER INFORMATION

Name _____ Agency _____

Phone _____ FAX _____

Supervisor's Name _____ R/S/F _____

Please check the behavior or condition that may create a risk for this ward or for others:

- | | | |
|--|---|--|
| <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Delinquent Behaviors | <input type="checkbox"/> Runaway |
| <input type="checkbox"/> Risk of Harm to Self | <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Homicidal Threats |
| <input type="checkbox"/> Fire Setting | <input type="checkbox"/> Psychiatric Condition | <input type="checkbox"/> Alcohol or Substance Misuse |
| <input type="checkbox"/> Level of Functioning/ Cognitive Problem | <input type="checkbox"/> Psychotropic Medication Use or Refusal | |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Medication refusal | <input type="checkbox"/> Gang Involvement |
| <input type="checkbox"/> Risk of Sexual Victimization | <input type="checkbox"/> Sexually Active | <input type="checkbox"/> Other: Describe _____ |

<input type="checkbox"/> Sexual Behavior Problem ***Note: Supervision Plan is not valid without the signature of the Sexual Abuse Services Coordinator when this box is checked. Is the ward pending legal charges for a sex offense? <input type="checkbox"/> yes <input type="checkbox"/> no Is the ward adjudicated/convicted of a sex offense? <input type="checkbox"/> yes <input type="checkbox"/> no Is sex offender registration required? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, a copy of the registration must be attached to this Plan.
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What is the risk to others?

- to other children to adults to property

Please detail: _____

What treatment and/or services are currently being provided to address these risks?

Please detail: _____

Ward's Name _____

PLACEMENT INFORMATION

Caregiver _____ Phone _____

Address _____

Placement Date _____

Type of Placement: Foster Home Specialized Foster Home Institution
 Group Home Foster Home Adoptive ERC/Shelter
 TLP ILO Other _____

List the names, ages, and sex of other wards and children in the home. If the child is not a ward, write the child's initials instead of his or her name.

Ward/Child's Name/Initials _____ Sex _____ Age _____ Ward

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Ward/Child's Name/Initials _____ Sex _____ Age _____ Ward

Ward/Child's Name/Initials _____ Sex _____ Age _____ Ward

Are any of the children in the home especially vulnerable because of one of the following factors?

- | | |
|---|---|
| <input type="checkbox"/> Physically handicapped | <input type="checkbox"/> Developmental disability |
| <input type="checkbox"/> History of sexual victimization | <input type="checkbox"/> Younger and/or smaller |
| <input type="checkbox"/> History of Sexually Problematic or Aggressive Behavior | <input type="checkbox"/> Other |

Check here if caseworkers of all other children in the home have been informed of this ward's risk behaviors.

TREATMENT PROVIDER INFORMATION

Name _____ Agency _____

Phone _____ FAX _____

Treatment Type: Outpatient Residential/Group Home

Is this provider a certified SBP provider? Yes No

Ward's Name _____

SUPERVISION

Describe in detail how an effective level of supervision will be provided to the ward during the following routine activities within the home:

Bedtime/Sleeping: _____

Bathing/Dressing: _____

Playtime/Leisure: _____

List any activities that have been disallowed, such as overnights with others, being unsupervised with younger children, etc.

1. _____
2. _____
3. _____
4. _____

Describe recreational activities and opportunities to socialize with peers that will be provided to this ward:

- | | |
|----------|------------------|
| 1. _____ | How often? _____ |
| 2. _____ | How often? _____ |
| 3. _____ | How often? _____ |
| 4. _____ | How often? _____ |
| 5. _____ | How often? _____ |

Ward's Name _____

* Are there other specific situations in the school where behavioral or safety concerns warrant notification and involvement with Supervision Planning in specific areas?

Yes No If yes, attach the DCFS Ward's Supervision Plan – Educational Addendum and the consent for Release of Information.

*****Note:** *Supervision Planning in the school for wards with sexual behavior problems must have prior approval by the Sexual Abuse Services Coordinator.*

* Are there other specific situations in the community where behavioral or safety concerns warrant notification and involvement with Supervision Planning in specific areas?

Yes No If yes, attach the DCFS Ward's Supervision Plan – Community Addendum and the consent for Release of Information.

*****Note:** *Supervision Planning in the community for wards with sexual behavior problems must have prior approval by the Sexual Abuse Services Coordinator.*

Signatures

I am responsible for the Supervision Plan for this ward. I have been informed of the reasons this ward requires special supervision. I agree to provide or arrange for this supervision as needed:

Signature of Caregiver or Provider _____ Date _____

Other _____ Relationship _____ Date _____

Other _____ Relationship _____ Date _____

Other _____ Relationship _____ Date _____

Other _____ Relationship _____ Date _____

Other _____ Relationship _____ Date _____

Signature of Ward, if age 12 or older

Date _____

Ward refused to sign Supervision Plan, but is aware of its existence.

This is the Supervision Plan that is in place for this ward. I have reviewed this information with the above persons.

Caseworker _____ Date _____

Supervisor _____ Date _____

Other _____ Relationship _____ Date _____

Other _____ Relationship _____ Date _____

Other _____ Relationship _____ Date _____

Sexual Abuse Services Coordinator

Date _____

DCFS WARD'S SUPERVISION PLAN

Ward's Name _____

Review Dates

Quarterly reviews will be conducted and signed off by the ward's caseworker and casework supervisor.

Quarterly reviews occurred on the following dates:

Date _____ Caseworker's Signature _____

Supervisor's Signature _____

Date _____ Caseworker's Signature _____

Supervisor's Signature _____

Date _____ Caseworker's Signature _____

Supervisor's Signature _____

Date _____ Caseworker's Signature _____

Supervisor's Signature _____

DCFS WARD'S SUPERVISION PLAN – EDUCATIONAL ADDENDUM

Ward's Name _____

Supervision Needs in the School

Give details of the **specific** safety and/or behavioral concerns the ward presents.

Detail the Supervision Interventions for:

Classroom Supervision _____

Effective Date _____

Hallway Supervision _____

Effective Date _____

Bathroom Supervision _____

Effective Date _____

Recess and Cafeteria Supervision _____

Effective Date _____

Before/After School Supervision _____

Effective Date _____

Bus/Transportation Supervision _____

Effective Date _____

Physical Education/Locker Room Supervision _____

Effective Date _____

Other school situations that require specific arrangements to minimize risk _____

Effective Date _____

Provider _____ **Date** _____

Provider _____ **Date** _____

Provider _____ **Date** _____

Caseworker _____ **Date** _____

Supervisor _____ **Date** _____

Ward, if age 12 or older _____ **Date** _____

Sexual Abuse Services Coordinator _____ **Date** _____

DCFS WARD'S SUPERVISION PLAN – COMMUNITY ADDENDUM

Ward's Name _____

Supervision Needs in the Community

Give details of the **specific** safety and/or behavioral concerns the ward presents.

Detail the Supervisory Interventions for:

Home Visits/Sibling Visits _____

Child Care/Day Camp _____

Church and Church Activities _____

Recreational Activities _____

Other Activities in the Community, and specific arrangements _____

Provider _____ **Date** _____

Provider _____ **Date** _____

Provider _____ **Date** _____

Caseworker _____ **Date** _____

Supervisor _____ **Date** _____

Ward, if age 12 or older _____ **Date** _____

Sexual Abuse Services Coordinator _____ **Date** _____