

24 HOUR AWAKE CAREGIVER SUPERVISION PLAN

Purpose: Use this form to identify the 24 hour awake caregiver supervision plan in a foster home.

Directions: The Child Placing Agency (CPA) completes and emails the form to the <u>Residential Contract Manager</u> assigned to the CPA.

CHILD PLACING AGENGY INFORMATION				
Child Placing Agency Name:				
		Phone:	none:	
Agency Contact:				
FOSTER HOME INFORMATION				
Foster Parents' Names:		Home Phone:	ome Phone:	
Address: Pri		Primary Medical Need	mary Medical Needs Home: Yes 🗌 No 🗌	
Do both foster parents work outside the home? Yes No				
FOSTER CHILDREN INFORMATION				
NAME	DOB	AGE	SEX	
BIOLOGICAL & ADOPTIVE CHILDREN INFORMATION				
NAME	AGE	SEX	SEX	



٦

OTHER ADULT HOUSEHOLD MEMBER INFORMATION			
NAME	AGE	RELATIONSHIP	

24 HOUR AWAKE SUPERVISION PLAN

Please describe in detail the foster home's plan to provide 24 Hour Awake Supervision for the foster children placed in the home. The plan should include:

- The name of the person(s) who is responsible for providing 24 hour awake supervision for the children; and
- The person's relationship to the children (i.e. foster parent, a relative of the foster parent, or an outside caregiver).