PROTECTIVE PLAN FOR WARDS WITH CRIMINAL HISTORIES AND INDICATED ABUSE/NEGLECT REPORTS

Name of	of Ward:		CYCIS #:					
Name of Caregiver:				Provider ID #:				
A. Type of Protective Plan. This Protective Plan was developed to address conditions observed and documented during: (select one)								
	Initial Plan Ward has criminal history that includes crimes against persons and/or has indicated report for abuse/neglect							
	Amended Plan- Ward has changed placement							
	Plan Review date: Every six months or more frequently as needed							
(Spe and/	ntify Issue. ecify crime (or indicated gation)	C. Protective Action. (List specific actions to address safety and supervision issues identified)	D. Frequency of Action (daily, weekly,	E. Persons Responsible to Perform Action (use full names)	F. Start Date of Action (date/time)	G. End Date of Action (date/time)		

H. Conditions That Must Exist for Protective Plan to End

Notice to Licensed/Unlicensed Caregiver:

This Protective Plan is effective immediately. Unannounced monitoring visits may be conducted to assure compliance with this Protective Plan.

We, the undersigned, acknowledge that this written Protective Plan is notification of expectations in order to meet the needs of this child as well as to support, protect and maintain placement of this child and any other child placed in the home. Failure to comply with this Protective Plan may result in further action which may include the ability of child(ren) remaining in foster home and further licensing enforcement action.

Date:	
	Licensing Representative*
Date:	
	DCFS/POS Case Worker
Date:	Client
Date:	Caregiver
I have reviewed the Protective Plan:	□ Approved □ Disapproved
Date:	Licensing Supervisor*
Date:	
	DCFS/POS Supervisor
*Not required for Unlicensed Home of F	Relative

Page 2 of 2

INSTRUCTIONS FOR COMPLETING THIS FORM

Column A.	Select whether the Protective Plan was developed:			
	 Initial Plan - Ward has criminal history that includes crimes against persons and/or has indicated report for abuse/neglect Amended Plan- Ward has changed placement Plan Review- review every six months or more frequently as needed 			
Column B.	Identify Issue (specify crime committed and/or Child abuse/neglect allegation indicated			
Column C.	Describe the specific protective action that shall be taken (List specific actions to address safety and supervision issues identified)			
Column D.	Indicate the frequency with which the protective action shall be taken (at least weekly - every 7 days)			
Column E.	List, by name, the person or persons who are responsible to perform the protective action.			
Column F.	List the date and time that the protective action will start.			
Column G.	List the date and time that the protective action will end, if possible			
Column H.	Identify with as much specificity as possible the conditions that must exist for the Protective Plan to end.			

Applicability

Any ward that has a criminal history that includes crimes against persons (homicide, kidnapping, sex offenses and bodily harm) or indicated report of abuse/neglect **must have a Safety/Supervision Plan**. This plan will be part of the licensing file as well as the ward's case file. Case management, licensing, foster parent and ward must participate in developing and reviewing this plan and it must take into account any of the following: a) court provisions, such as home monitoring, terms of probation, any orders of protection, etc. b) the nature of the offense and how it affects other members of the household, c) what steps will be taken to ensure safety in the home and who is responsible for monitoring, d) what level of supervision is needed, indicators to support supervision level and who will be responsible for monitoring the indicators and levels of supervision. This plan must be reviewed every six months or more frequently as needed.

All information regarding wards will be kept under a separate Tab to make a clear distinction in the licensing file.