

### 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 _____       |

**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?     yes     no

Is the ward adjudicated/convicted of a sex offense?     yes     no

Is sex offender registration required?     yes     no

If yes, a copy of the registration must be attached to this Plan.

**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 \_\_\_\_\_

**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** \_\_\_\_\_