



## 24 HOUR AWAKE CAREGIVER SUPERVISION PLAN

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

**Directions:** The Child Placing Agency (CPA) completes and emails the form to the [Residential Contract Manager](#) assigned to the CPA.

### CHILD PLACING AGENCY INFORMATION

Child Placing Agency Name:	
Address:	Phone:
Agency Contact:	

### FOSTER HOME INFORMATION

Foster Parents' Names:	Home Phone:
Address:	Primary Medical Needs Home: Yes <input type="checkbox"/> No <input type="checkbox"/>
Do both foster parents work outside the home? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### FOSTER CHILDREN INFORMATION

NAME	DOB	AGE	SEX

### BIOLOGICAL & ADOPTIVE CHILDREN INFORMATION

NAME	AGE	SEX




**OTHER ADULT HOUSEHOLD MEMBER INFORMATION**

NAME	AGE	RELATIONSHIP

**24 HOUR AWAKE SUPERVISION PLAN**

Please describe in detail the foster group 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).