



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).