CFS 596-G-W
9/2011

State of Illinois
Department of Children and Family Services

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

Name 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					
B. Identify Issue. (Specify crime and/or indicated allegation)	**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 Relative

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.