

Sleeping Arrangement Documentation

Foster Care Provider Name

Date

Caseworker

Children in Home

Name(s) and Age(s)

Room Assignment(s)

Describe who sleeps where (include bedroom and bed assignments)

Arrangement Details

Number of children per room

Are any rooms shared? If yes, by whom?

Is anyone sleeping in a non-bedroom space?

Supervision and Safety

Describe any supervision plans at night

Notable safety concerns (windows, locks, exits, etc.)

Notes

Signature

Date