

# Community Protection Treatment Worksheet

## Quarterly Review

TEAM MEETING DATE

Participation in the Community Protection Program requires cooperation with the Treatment Plan and program guidelines. The restrictions / limitations identified below will be in place for (client name): \_\_\_\_\_.

### Residence

- Housing location to restrict access to vulnerable populations.
- Alarms on windows and doors. Motion detectors and other monitoring devices (specify):
- Not to be alone with other residents/line of sight in-home.
- Restricted use/access to incendiary devices / combustibles.
- Room searches for:
- Restrict/Monitored: Circuit breaker, stove, BBQ grill, other environmental changes (specify):
- Pets/Animals:
- Personal boundaries/horseplay.
- Weapons (guns, swords, knives, kitchen knives, etc.):

### Supervision

- 24 hour supervision which includes line of sight at all times in the community.
- Restroom Checks:
- Disclosure of risk to others (employment / chaperone / dating)
- Restricted access to places/areas  
Restricted Places:
  - Places catering to children
  - Places where children congregate
  - Bars/taverns and places with the presence of alcohol or drugs

Other:

**Media / Communication**

Restricted access to television, magazines, Internet/computer

Restricted Themes:

Child oriented/child as main character

Domestic/sexual violence

Gratuitous violence (graphic / excessive)

Pornography (specify):

Other:

Restricted telephone use

**Other**

No drug or alcohol use

Participation in therapy:

Weekly    Semi-Monthly    Monthly    Group

Other:

COMMENTS: (INCLUDE PROGRESS HERE)

These current restrictions/limitations were reviewed with the treatment team members below. **Note:** This document is not a change in the client's Treatment Plan. Any changes to the Treatment Plan must be documented in a revised Treatment Plan and discussed and reviewed with the treatment team per DDA Policy 15.05.

|           |                      |                                   |
|-----------|----------------------|-----------------------------------|
| CLIENT    | LEGAL REPRESENTATIVE | RESIDENTIAL PROGRAM MANAGER       |
| THERAPIST | DDA RESOURCE MANAGER | VOCATIONAL PROGRAM REPRESENTATIVE |
| OTHER     | OTHER                | OTHER                             |
| OTHER     | OTHER                | OTHER                             |