



FOSTER FAMILY SETTING

Child Foster Care

RESPITE AND SUBSTITUTE CARE REQUIREMENTS

2960.3090 RESPITE AND SUBSTITUTE CARE FOR FAMILY SETTINGS.

Respite care means

temporary care of foster children
in a licensed foster home
other than the foster home the
child was placed in.

Substitute care means

temporary care of foster children
inside the foster home
by someone other than the
foster parent for overnight or longer.

1. In non-emergency situations, the license holder, parent, and placing agency must agree on arrangements by written agreement or within ten working days prior to its use.
2. In an emergency, the license holder must notify the placing agency of its use as soon as possible.
3. License holder must notify the agency when respite long-term substitute care is being provided.

Long-term Substitute Caregiver:

- be at least 18 years of age;
- have completed a background study within the past 12 months;
- have no disqualification;
- if providing more than 30 cumulative days of substitute care in a 12-month period:
 - ▶ submit a signed statement of good health and being able to care for foster children;
 - ▶ have at least 6 hours of training or 20 hours of experience in caring for children with the particular needs of the foster children to be cared for; and
- provide documentation of medical equipment training on the equipment used to care for the foster child from an appropriate training source.

Short-term Substitute Caregiver:

- provides less than 72 hours of continuous care for a child.
- does not have to meet the requirements of a long-term substitute caregiver.
- must be approved by the agency.
- be able to meet the needs of the foster child.
- provide documentation of medical equipment training on the equipment used to care for the foster child from an appropriate training source.

PROVIDER RESPITE/SUBSTITUTE CARE GIVER PLAN

Provider Name: _____ Date: _____

Respite Caregiver/Substitute Caregiver (circle one)

Name: _____ Phone: _____ (H)

Address: _____ (W)

City/State/Zip: _____ (C)

Circumstances which may required Provider to use Respite/Substitute Care:

I, _____, hereby agree to provide training and orientation regarding my foster
Foster Parent
children and foster home according to the Minnesota Statutes 2990.3090, Subparts 4 & 5 to _____
prior to requesting respite/substitute care.

Signed

I, _____, certify that I meet the qualifications to be a Substitute Caregiver according
Substitute Caregiver
to Minnesota Statutes 2960.3090, Subparts 2 & 3, including good health and physical ability to care for foster
children, and hereby agree to provide substitute care for _____ with the
training/orientation identified above.

Signed

I, _____, will be sure that all appropriate criminal background check forms are
Foster Parent
completed in the appropriate time lines.

Signed

We agree with the above plan.

Agency Representative

Date

Parent of child in care

Date



Information to Respite and Substitute Caregivers

Child's Name: _____ Date of Birth: _____
 Emergency Contact: _____ Phone: _____
 Physician's/Clinic Name: _____ Phone: _____

Child's Emotional Diagnoses/Needs: _____

Child's Behavior Diagnoses/Needs: _____

Child's Medical Diagnoses/Needs: _____

Child's Physical Diagnoses/Needs: _____

MEDICATION NAME	DOSAGE AMOUNT	DOSAGE TIMES

Daily Routine and Schedule

Child normally rises at:	Homework routine:
Dressing/Bathing/Grooming:	Dinner:
Breakfast:	Undressing/Bathing/Grooming:
School schedule:	Bedtime routine:
Transportation:	Weekend activities/bedtimes/religious activities:
Activities:	Other:

OVER

ADDITIONAL INFORMATION FOR SUBSTITUTE CAREGIVERS:

Location of fire extinguisher:

Location of First Aide supplies:

Emergency, Storm, and Fire Evacuation Plan:

All Substitute caregivers are considered Mandatory Reporters for child abuse and neglect, and any occurrences must be reported to Social Services. Also, please notify Social Services as soon as possible of any emergency which involves the foster child during the time you provide care. 763-682-7400

Foster Parent Signature

Date Given

Respite/Substitute Care giver

Date Received