

Section 4 Overview

This section pertains to the policy and procedures necessary when an out-of-home placement of a child is imminent or has occurred.

Chapter 17 Overview

This chapter describes the Respite Care Program.

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Memoranda History:

CD04-68, CD07-52, CD09-07, CD14-17

17.1 Respite Care

Respite care is the provision of periodic and/or intermittent, temporary substitute care of children who are in the care and custody of the Children's Division (CD), placed in a licensed resource home (foster, relative or kinship, emergency). Respite care services may be approved as part of an adoption or guardianship agreement.

The Respite plan should serve equally the needs of both the foster youth and the foster caregivers. Respite is designed to provide relief for the resource provider from the stresses of the constant responsibilities of providing out-of-home care. The time the foster youth takes a break from the resource family should include planned opportunities for social activities and enrichment. Respite is a fun and rewarding time for foster youth while their placement providers are allowed to relax and have time to themselves for recharging.

Respite is not for use in regular child supervision situations when a parent would normally use ordinary child care, i.e., hiring a baby-sitter for an afternoon or evening outing, or for attending foster parent training or seminars. Refer to Subsection 10 of this chapter for supervision options. Respite care may be planned in advance or used in emergency situations. Respite care may be provided to licensed resource providers a minimum of 6 hours, daily, overnight or on a weekly basis. Respite care should be used to maintain stable placements, but should not be used to exclude foster children from ordinary and traditional family activities.

Using respite is important to reduce placement disruptions and to support safer and healthier homes.

Chapter Memoranda History: (prior to 01-31-07)

CD04-68

Memoranda History

[CD09-07](#), [CD10-123](#), CD14-17

17.2 Types of Respite Care:

1. In-home respite care is provided in the home of the licensed resource provider a minimum of six (6) hours up to 24 hours, overnight, daily or on a weekly basis.
2. Out-of-home respite care may include the substitute care of children a minimum of six (6) hours up to 24 hours, daily, overnight or on a weekly basis in an approved home or facility other than the current licensed resource provider's home. The resource worker will use the Foster Respite Care Provider Checklist, CS-RC2, to determine that the home is approved.
3. Respite for an unlicensed relative or kinship provider is available through the Children's Treatment Services, CTS, contract.
4. There are occasions when a resource parent requires supervision of the foster youth placed in their home which do not meet the definition of respite. Refer to subsection 10 of this chapter.

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CD04-68

Memoranda History

CD09-07, CD14-17

17.3 Recruitment and Retention

Respite care providers may be recruited by the resource provider, agency staff, and through the application process for foster/adoptive resource assessment.

Resource provider applicants are requested to provide respite as part of the assessment and training process. The resource applicant may not begin providing respite until all the following steps are completed:

- Completion of all respite forms;
 - Application to Provide Respite Care, CS-RC-1, including all required signatures
 - Sign a Respite Care Provider Approval ,CS-RC-3
 - Sign a Cooperative Agreement for the Purchase of Respite Care Services with the Children’s Division, CM-10
 - Read, agree to and sign the Resource Parent Discipline Agreement, CD-119
 - If there are smokers in the household, the Notice of Hazards, CD-101, must be completed
 - Read, agree to and sign the Safe Sleep Practices, CD-117
 - Foster Respite Care Provider Checklist, CS-RC-2, including all required signatures
- Completion of all background screenings ;
 - Fingerprint criminal check
 - Child Abuse and Neglect registry checks
 - Case.Net check
 - Family Care Safety Registry check
 - Sex Offender list check by provider residence address
- Completion of respite care training; and
- Open and approve a respite vendor type in FACES.

Resource providers shall be encouraged to recruit individual respite care providers with whom the child(ren) in their home are familiar. Staff are also encouraged to recruit previously licensed resource providers who are no longer actively providing care for children but left the agency in good standing. Resource worker staff will use the Resource Parent Exit Interview, CD-112, to facilitate recruitment of resource providers that are closing their license as well as former resource providers. The completed form

will be reviewed by the worker and used to encourage post-foster parent resource opportunities. The CD-112 will be retained in the form section of the case file.

The resource worker will provide support and instruction to the respite provider regarding:

- Completion of the necessary paperwork/forms
- Amount of respite pay and the payment process
- Training opportunities

Individuals and families referred to the agency as potential respite care providers shall complete the appropriate approval process. If approved, the respite care provider shall be placed on a current, local list of respite care providers. Resource providers shall be given a copy of the list with updates provided on a regular basis or upon request.

The Children's Division resource worker will utilize but not be limited to the following to promote retention of respite providers:

- Invite all respite providers to the Resource Parent appreciation events
- Encourage the respite provider to participate with the organized Resource Provider support groups
- Provide information regarding web sites and materials to enhance the respite provider's parenting skills

17.3.1 Guidelines for Respite Selection

When selecting an individual to provide respite consider:

- Individuals who are familiar with the children in your home
- Individuals who are willing to complete the screening and training requirements
- Good communication skills
 - The respite provider and the resource parent should be able to discuss child related issues so that the respite time is successful. Information sharing and receiving is essential for the respite provider to know how the child is being parented.
- Individuals who demonstrate positive and effective parenting skills
- Understand loss, grief and attachment issues
 - Required training for respite providers includes information on these topics
- Individuals who demonstrate ability to protect and nurture children
- Individuals who present to be flexible with their time and availability
 - Respite providers must be flexible and prepared for unexpected emotional, medical and/or behavioral problems with the children, of which the foster parent may not yet be aware
- Individuals who demonstrate the ability to work as a member of a professional team

- Individuals who demonstrate the ability to follow rules and guidelines
- Disclosure by the selected individual of their motivation for providing respite services
 - Applicants for respite provider positions must be carefully screened about their motivations for providing respite. Some applicants may be interested in working with children in foster care because of their own personal experiences with foster care or with abusive or neglectful situations. While these experiences may sensitize the applicant to the trauma the children may be experiencing, they must be screened to ensure that they have processed any unresolved feelings. Potential providers need to understand that each child's experience is unique and cannot be compared to their own.
- Individuals who demonstrate the ability to meet the developmental needs of the children
- Individuals who demonstrate the ability to cooperate with Children's Division or private agency staff

Information resource parents may want to share with a provider:

- Sensitivities your child has to touch, teasing, sound, and light
- How your child best communicates with others
- Calming activities that soothe your child
- Past abuse experiences that may be triggered by specific activities; how to avoid such situations, and strategies for providers if your child becomes upset
- Your child's fears
- How you respond to your child's behaviors

Some questions respite providers may want to ask resource parents:

- What are four important things I should know about your child?
- Does your child have special routines and schedules?
- What are your child's likes and dislikes?
- What are the expectations at bedtime? When is bedtime? Are there special routines? Does the child wake up, sleep walk, and wander at night? Does the child wet the bed? How do you handle these issues?
- Does your child require special food preparation or have any food allergies?
- Is your child safe alone?
- Does your child play well with other children?
- Can your child be outside? Will your child wander?

For best practice in using respite, remember these:

- Have a scheduled pre-placement visit whenever possible. This makes the respite more "comfortable" for everyone involved.

- Use the same respite provider whenever possible. Consistency will be best for the child.
- Give ample notice to your worker for approving respite and in helping you locate respite for you. Your worker can also assist you in locating a respite provider.
- When you have agreed to provide respite care—make it a commitment!
- Be Prepared!! Give to the Respite provider:
 - All contact information (resource parent/workers)
 - Schedules for child and birth parent visits or appointments
 - Medications/allergies of child & any additional important info

Chapter Memoranda History: (prior to 01-31-07)

CD04-68

Memoranda History

[CD09-07](#), CD15-75

17.4 Approval Process of Respite Care Providers

Respite care providers must be approved in order to provide contracted respite care services. To ensure an understanding of the program, the Resource Development Worker shall provide an explanation of respite care services to the applicant prior to beginning the approval process.

All resource provider applicants are required to complete respite care training and are requested to be available to provide respite care services as part of the assessment and training process to be a licensed or approved resource provider.

To be approved as a provider of out-of-home or in-home respite care, a respite care provider must complete the following:

- Application to Provide Respite Care, CS-RC-1
- Submit fingerprints every two years
- Submit to CA/N and criminal checks
- Submit to Case.Net check
- Complete Family Care Safety Registry form
- Submit to Sex Offender list check
- Sign a Respite Care Provider Approval ,CS-RC-3
- Sign a Cooperative Agreement for the Purchase of Respite Care Services with the Children's Division, CM-10
- Read, agree to and sign the Resource Parent Discipline Agreement, CD-119
- Read, agree to and sign the Safe Sleep Practices, CD-117
- Respite Care Provider Training

For out-of-home providers **only**, the provider must also meet the licensing requirements as set forth in CSR 40-60.040 Physical Standards for Foster Homes:

- (1) General Requirements, Sections (A) through (G);
- (2) Sleeping Arrangements, Sections (A) through (I); and
- (3) Fire and Safety Requirements, Sections (A) through (I).

The Resource Development Worker shall make at least one home visit prior to the contract being signed and use the Foster Respite Care Provider Checklist, CS-RC-2, to document that the respite care home meets these requirements and to determine placement capacity.

Respite providers are required to be fingerprinted. The Children's Division will pay for the costs of the respite providers to be fingerprinted. Refer to [Section 6 Chapter 3 Attachment A](#) for the fingerprinting process. Respite care providers are required to be fingerprinted every two years.

Staff may not approve the application or renewal of any person in which a record check reveals that a felony conviction for child abuse or neglect, spousal abuse, a crime

against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery as determined by a court of competent jurisdiction.

Staff may also not approve the application or renewal of any person who in the past five years has had a court of competent jurisdiction determine a felony conviction for physical assault, battery, or a drug-related offense.

Workers must follow the guidelines in policy and not make any additional requirements beyond what policy requires. The Respite application must be processed within 90 days.

Currently open vendors who may be approved and contracted to provide respite care include licensed child care homes, licensed foster and kinship homes and residential facilities. Licensed child care group homes and licensed child care centers may provide respite care up to 23 hours.

Prior to placing a child(ren) in a licensed child care home/facility, licensed foster, relative, or kinship home and/or a residential facility, the Resource Development Worker and provider shall ensure that licensing capacities and other licensing regulations are met and that the provider is able to adequately supervise all children in their care.

The capacity of placements the respite provider can have is determined using the information from the CS-RC-2. The resource provider that is only contracted as a respite parent will only provide respite services for a maximum of 5 placements at one time or less depending on the information on the CS-RC-2

17.4.1 Respite Care Provider Training

[Introduction to Foster Care and Respite Care Provider Training](#) must be completed prior to providing any respite care services.

All respite care providers may attend regular foster parent training and any in-service training.

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CD04-68

Memoranda History:

CD09-07, CD14-17

17.5 Approval Renewal Process of Respite Care Providers

Respite care providers must have their approval status renewed every two years.

Prior to the respite provider approval renewal, the resource worker will:

A. Prepare a summary to be placed in the narrative section of the case file (Blue):

- 1) Document number and types of respite placements made
- 2) Document contacts with the family
- 3) Document staff concerns with the family
- 4) Document any trainings attended
- 5) Document any discussion of contract/qualification issues, placement concerns, and any other issues/concerns noted by staff.
- 6) Document changes in the household composition (i.e. divorce, death, illnesses, adoptions, births, etc.)
- 7) Document changes to the physical environment (moves, additions, remodels, etc.).
- 8) Document any hotlines reports, incidents, issues or concerns involving the respite resource family and any action taken. It should also be noted if no action was taken and why.

B. Complete Background Checks

- 1) Fingerprints
- 2) CA/N Check
- 2) Case.Net Check
- 3) Family Care Safety Registry Check
- 4) Sex Offender List Check

C. Complete a new CS-RC-2

MEMORANDA HISTORY:

[CD09-07](#)

17.6 Guidelines for Use

Respite care is designed to provide temporary relief from stressful situations. Respite care may be planned in advance or used due to an immediate family need. Respite care will be available to resource providers based on the needs of the family. These needs may include, but are not limited to, illness, death in the family, hospitalization, or imminent risk of removal of the child where "time out" would stabilize the placement. Respite care should not be used for regular child care purposes. Respite care for children in specialized foster care, such as youth with elevated needs foster homes, will be provided per the respective program guidelines.

Related Subject: Section 4 Chapter 17.8 [Respite for Youth with Elevated Needs-Level B Resource Providers](#)

- Licensed resource providers must notify the worker or their supervisor in their county of residence prior to using respite care.
- Together with the licensed resource provider, the worker will assess the appropriateness of the selected respite care provider for the child(ren). Caution should be exercised when using currently licensed homes and facilities to assure that license capacities are not exceeded and the provider is able to adequately supervise all children in their care.
- If the child is identified in FACES to be in a youth with elevated needs- Level A placement, another trained Level A resource provider must be used for respite services.
- The worker must determine the balance of respite care units available to the licensed resource parent. This will be done on the Respite Unit Tracking Log, CD-113.
- Upon approval from the worker or supervisor, the licensed resource provider will be responsible for making all necessary arrangements for a child's placement in respite care.
- The licensed resource provider must provide the worker the completed Respite Provider Evaluation/Payment Invoice, CD-111 documenting the number of units used. The resource parent must submit the invoice within five (5) working days of receiving the respite service.
- The worker will process payment via the FACES Payment Request by the last day of the month that the service occurred in order for the payment to be timely. The worker will make only one payment entry for the respite services for the resource provider provided that month.

The capacity of placements the respite provider can have is determined using the information from the CS-RC-2. Resource providers contracted as a respite parent only will provide respite services for a maximum of 5 placements at one time or less depending on the information on the CS-RC-2.

A unit of respite care for licensed traditional, relative, kinship, medical, emergency, and Level A providers is defined as a minimum of 12 hours up to a maximum of 24 hours. Use of respite care is not to exceed 12 units per child during a 12 month period of time. The 12 month period will begin on the date that the child was placed in the resource provider's home. The 12 units will reset upon the anniversary date of the child's placement. Unused units for the previous 12 month period are not rolled over to the new 12 month period. At any time a child is placed in a new provider's home, the respite units reset for that child at the new placement. Local staff will be responsible for tracking the number of units utilized by the licensed resource parents. Tracking will be done on the CD-113. Respite care providers will be reimbursed \$20.00 per unit per child.

A provider may also use a half unit of respite care. A half unit is a minimum of six (6) hours up to 12 hours and is reimbursed with payment code FPPR at \$10.00 a unit.

The payment exception is that Level B respite care providers will be reimbursed \$40.00 per unit, \$20.00 for a half unit (CPPR) per child for those children that are classified on the Alternative Care Client Information screen, SS-61, as a level B child.

Licensed resource providers shall prepare children for respite placement by:

- Arranging pre-placement visits (for planned respite care) and by being sensitive to the child's needs.
- The licensed resource provider shall provide the respite care provider with a copy of the Child/Family Health and Developmental Assessment, CW-103, and the child's MO HealthNet card.
- The licensed resource provider shall provide the respite providers with a completed Child Information Form, CD-110, for each child. The CD-110 includes emergency numbers, number where the foster parent can be reached, the number for the child's worker, child's physician and the hospital of choice.

Chapter Memoranda History: (prior to 01-31-07)

[CD04-68](#)

Memoranda History:

[CD07-52](#), [CD09-07](#), [CD09-50](#), [CD10-08](#) , [CD10-123](#), CD14-17

17.7 Reimbursement for Respite Care

1. Respite care services for all Legal Status 1 children except youth with elevated needs-level B, will be reimbursed \$20.00 per unit per child. Reimbursement rate for level B children is \$40.00 per unit.
2. A unit of Respite is a minimum of 12 hours up to 24 hours.
3. A half unit of Respite is a minimum of six (6) hours up to 12 hours and is reimbursed at \$10.00, and at \$20.00 for level B.
4. The licensed resource home shall continue to receive the regular foster care payment only while the child is in policy defined respite care units; 12 units per year or 14 units plus one weekend a month for elevated needs level B.
5. If extenuating situations necessitate additional respite units. Regional Director or designee approval is required. Documentation of the approval must be maintained by attaching it to the Respite Unit Tracking Log, CD-113, and a Payment Request.
6. Local staff are responsible for tracking the number of units utilized by the licensed resource providers. Tracking is done on the CD-113
7. The licensed resource provider will submit the completed Respite Provider Evaluation/Payment Invoice, CD-111, to the worker within 5 working days of receiving the respite service.
8. The worker will process payment by the last day of the month that the service occurred in order for the payment to be timely. The worker will make only one payment entry for the respite services for the resource parent provided that month.
9. A copy of the CD-111 will be retained in the respite care provider's case file in the forms section.
10. Respite Providers are eligible to receive mileage reimbursement as outlined in policy, [Section 4 Chapter 11 Attachment C](#).

Chapter Memoranda History: (prior to 01-31-07)

[CD04-68](#)

Memoranda History

[CD09-07](#), [CD10-08](#), [CD10-20](#), [CD10-89](#), CD14-17

17.8 Respite for Youth with Elevated Needs-Level B Resource Providers

- Level B resource providers are encouraged to use respite care a minimum of one (1) weekend per month plus 14 days per year (12 month period). The one weekend per month does not carry over to the next month. The 14 days per year reset upon the anniversary of the placement of the foster youth in the home.
- Respite care will be provided for all foster youth in the Level B resource provider home at the same frequency regardless of level of care, i.e., traditional, youth with elevated needs, etc.
- Respite care does not have to be provided for all youth in the Level B home at the same time.
- Level B resource providers may determine the actual time(s) to use respite based on the individual needs of the child(ren) in their home and family.
- Respite care for the children that are identified as Level B on their Alternative Care Client Information screen, SS-61, is to be provided by Level B respite trained provider under contract with an active Level B Respite Cooperative Agreement, CM-9. Both the Level B resource provider and the Level B respite provider will continue to receive their annual reimbursement during periods of respite.
- A Level B respite provider may provide care for a maximum of 2 Level B children simultaneously.
- Licensed Level B resource providers may not be contracted as Level B respite providers unless a waiver has been granted by the Regional Director or designee.
- A Level B licensed provider who has an active Level B Respite Cooperative Agreement, CM-9 may provide care for up to two (2) additional Level B children on a case-by-case basis provided that the following is in place:
 - a) The total capacity **does not exceed four (4)** placements.
 - b) Regional Director or Designee **approval**.
 - c) The respite care is for a period of **48 hours or less**.
 - d) A **back-up plan** is in place in the event of a placement disruption during the respite period.
 - e) Consideration is given to: the behaviors, health, and elevated needs of each individual foster youth; the age and sex of each foster youth; how each individual child interacts with the other youth in the home.

All of the criteria and information listed above must be clearly documented in the Level B respite provider's licensing record.

- The Level B respite provider will receive \$40.00 a unit and \$20.00 a half unit for providing respite services to a Level B child.
- A respite unit is a minimum of 12 hours up to a maximum of 24 hours.
- A half unit of respite care is defined as a minimum of six (6) hours up to a maximum of 12 hours.
- The 12 month period will begin on the date that the child was placed in the resource provider's home. The 14 units for a Level B child will reset upon the anniversary date of the child's placement. Unused units for the previous 12 month period are not rolled over to the new 12 month period. At any time a child is placed in a new provider's home, the respite units reset for that child at the new placement. Local staff will be responsible for tracking the number of units.
- The Level B resource provider will submit the completed Respite Provider Evaluation & Invoice, CD-111, within five (5) working days of receiving the respite service.
- The worker will process payment utilizing a Payment Request by the last day of the month that the service occurred in order for the payment to be timely. The worker will make only one payment entry for the respite services to the resource provider provided that month.
- A copy of the CD-111 will be retained in the respite provider's case file in the forms section.

17.8.1 Level B Respite Training

- Level B respite providers require CPR and First Aid Training in accordance with policy for licensed resource providers.
- Level B Respite training will consist of a total of 8 hours
- Level B Respite training curriculum will be developed locally
- Level B Respite training curriculum must include the following:
 - a) An overview of skills needed for parenting abuse/neglected children including issues related to physical/emotional development of children in foster care including:
 - Communication Skills
 - Building self-esteem

- Caring for children with inappropriate or destructive behavior such as lying, physical aggression, property destruction, and sexual acting out.
- b) Agency rules, regulations, policy and forms
- c) Behavioral management techniques including appropriate discipline techniques
- d) Techniques for caring for a child with serious behavior/emotional problems. This training should include crisis intervention, suicide management, and local protocol for handling emergency situations.
- In addition to the 8 hours of Level B Respite training, child specific training for each new child placed in the home will be done by the Level B resource provider prior to the child receiving the respite services.

Level B Respite providers will be encouraged to participate with on-going child care training to remain current on caring for children with physical/emotional development issues.

Chapter Memoranda History: (prior to 01-31-07)

CS94-17, CS95-34, [CD04-68](#)

Memoranda History

[CD09-07](#), [CD09-50](#), [CD10-08](#), CD14-17

17.9 Case Recording

A case file will be maintained for individuals who provide respite care only. If the respite care resource has a foster care license, documentation specific to respite services are maintained in their licensing case file under a cover sheet labeled Respite. Respite care is a contracted service. An active foster care license is not necessary in order for an individual to be awarded a cooperative agreement for Respite services.

17.9.1 Composition

The composition of the Respite Care Provider case file should include the following:

Forms Section (Yellow)

- Application to Provide Respite Care, CS-RC-1
- Respite Care Provider Approval, CS-RC-3
- Foster Respite Care Provider Checklist, CS-RC-2
- Respite Provider Evaluation/Payment Invoices, CD-111
- Resource Parent Discipline Agreement, CD119
- Safe Sleep Practices, CD-117
- Notification of Hazards, CD-101, if applicable

HIPAA (White)

Correspondence (White)

- Letters to Respite Provider Family
- Any other written correspondence (including business e-mail)

Training (Buff)

- Training record screens (this is only applicable to the Elevated Needs Level B Respite Providers who are required to complete eight (8) hours of Elevated Needs Level B respite training.)

Contracts (Yellow)

- Cooperative Agreement for the Purchase of Respite Care Services with the Children's Division, CM-10
- Cooperative Agreement for the Purchase of Respite Care for Elevated Needs Level B Foster Parents, CM-9

OHI Reports (Pink)

The cover sheet should include:

- Case Name
- Date of Report
- Incident Number
- Expungement Date

Narrative (Blue)

- Dictate when a family is awarded or renewed a cooperative agreement for respite care services.
- Record background screenings were completed
- Record all home visits and meetings with Respite Resource family
- Record when training notices for Elevated Needs Level B Respite Providers have been mailed
- Record when Elevated Needs Level B Resource Provider has participated in training
- Record any cooperate agreement or qualifications concerns noted and action taken
- Document closing narrative

Placed Inside and attached to the front flap of the file folder:

- Placement Report for Foster Home Record, CD104

17.9.2 Initial Recording

The initial recording should document the date the CM-10 was signed by the family and worker. The worker should also meet with the family's biological/adopted children separate from the parents to discuss their feelings on sharing their household. The date the vendor was opened in the system should also be noted. Document that the background screenings were completed for all household members age 17 and older:

- Fingerprints
- CA/N Check
- Case.Net Check
- Family Care Safety Registry
- Sex Offender List

17.9.3 Subsequent Recording

Subsequent recording will include:

- Document respite placements made utilizing the CD-104
- Document contacts with the family
- Document any staff concerns with the family
- Document any trainings attended.

A summary should be completed yearly and prior to issuance of a new cooperative agreement. The summary will include:

- Any concerns or issues noted during the past year
- Number and types of placements made
- Changes in household composition (i.e. divorce, death, illnesses, adoptions, births, etc.)
- Changes to the physical environment (moves, additions, remodels, etc)
- Training attended
- Background screenings to be completed every two years
- The date of the licensing worker's home visits (which must occur a minimum of once a year prior to the new cooperative agreement being issued)
- Contact with the family's biological/adopted children (separate from the parents)
- Document discussion of any cooperative agreement or qualification issues, placement concerns, and any other issues/concerns noted by the Resource Development Worker
- Discussion of any hotline reports, incidents, issues or concerns involving the Respite Resource family and any action taken. It should also be noted if no action was taken and why
- If there are concerns and reasons to close the respite provider, the contract unit must be contacted to close the respite care cooperative agreement for services, CM-9 or CM-10. Request to close the cooperative agreement must occur prior to June 30; the end of fiscal year

17.9.4 Documentation of Contact with Children in Division Custody

When a staff member makes a visit at the respite provider's home, contact with all household members should be documented. However, only initials should be utilized when making reference to children in Division custody. This is true of all current and previous placements in the household. Resource family records are not confidential and may be requested by the public. Using initials only will maintain confidentiality of the children in Division custody.

The Placement Report for Foster Home Record, CD-104, shall be maintained in the forms section of the file with the names, placement and removal dates of all children in the resource family home. This form will be removed prior to the records being made public.

17.9.5 Documentation of Criminal History

Staff should not list specifics in the narrative section of the file when documenting criminal history. The narrative should simply reflect one of the following:

- History is present and the Division is denying/suspending/revoking the cooperative agreement based on the criminal history;
- History was present but will not result in an adverse action to the cooperative agreement; or
- No criminal record found.

17.9.6 Closing Summary

There should be a summary completed whenever a respite resource home is closed. For those closed voluntarily, the narrative should include why the family chose to close/not have their cooperative agreement renewed as well as any concerns or strengths of the family noted by staff. For those closed due a cooperative agreement or qualification issues that led to not renewing the cooperative agreement and any other concerns, the information should be documented clearly. The date of the exit interview and the discussion with the family should be documented in the closing summary also.

The contract unit must be contacted to close a cooperative agreement for respite services; CM-9 and CM-10 prior to June 30, end of fiscal year.

Memoranda History: (prior to 01-31-07)

Memoranda History:

[CD09-07](#), [CD10-20](#), CD14-17, CD15-75

17.10 Additional Supervision Options

There are occasions when a resource parent requires supervision of the foster youth placed in their home which do not meet the definition of respite. These events can be for an hour or several hours. Some examples include but are not limited to:

- Community foster youth/family events
- Unscheduled/emergency appointments
- Scheduled appointments
- Emergency situations
- Funerals

Per Foster Home Licensing Rule 13 CSR 35-60.010, adults with supervision responsibility of foster youth must complete all required background screening. Refer to Section 6 Chapter 3 Attachment A for background screening.

Supervision of the foster youth in these situations is not considered respite and therefore there is no monetary reimbursement and with no respite units used.

Chapter Memoranda History: (prior to 01-31-07)

CD04-68, CD09-07, CD10-08, CD10-20, CD10-89

Memoranda History

CD14-17