

## Section 3- Licensing Forms

**a) Foster Parent Agreement and Confidentiality Agreement**

This form is signed by foster parents on an annual basis stating that they share responsibility for the care of a child(ren) placed in their home. The confidentiality agreement is signed by foster parents on an annual basis in agreement that they are not going to share information about a foster child to unauthorized individuals.

**b) Disclosure Statement**

This form describes the minimal criteria for licensure and services.

**c) License Holder's Policy Regarding Chemical Use**

This form is to be completed by all caregivers and children living in the home over the age of 13.

**d) Discipline Policy**

This form sites the rule regarding the discipline of foster children and allows the foster parent to elaborate on their household policy.

**e) Grievance Policy**

Identifies how foster parents want foster children or parents to address grievances and a sample policy.

**f) Statement of Intended Use**

Summarizes licensing capacity and limitations in foster home

**g) Home Safety Checklist**

This checklist is reviewed with the foster parent on an annual basis or when a foster parent has moved to a new home that is being licensed for foster care.

# Agreement between Foster Parents and Child Foster Care Licensing Agency

In Minnesota, local county/tribal social service agencies are responsible for providing child welfare services. In many cases, the court system has oversight responsibility for foster care placement and permanency outcomes. When children are placed in foster care, their parent/s, the responsible agency (county or tribal agency that has responsibility for placement), licensing agency and foster parents, all must work together to ensure foster children's well-being, safety, and plan for permanency. This means all standards and policies in state law, and guidance from the commissioner of the Minnesota Department of Human Services, are understood and followed. In some cases, the responsible and licensing agencies are different. A summary of responsible agency requirements is explained in the DHS-0139A.

This agreement between foster parents and the licensing agency outlines respective responsibilities.

## Foster care licensing agency agrees to:

1. Assist prospective foster parents with the licensing process to:
  - Provide information about family foster care standards and licensing requirements.
  - Consider and process variance requests.
  - Help foster parents complete the background study process.
  - Make home visits to complete the home study assessment.
2. Provide orientation and ongoing opportunities for training of foster parents that prepares them to meet the needs of children.
3. Provide information and training for foster parents to gain skills and knowledge in applying the reasonable and prudent parent standard when considering a child's participation in age- or developmentally appropriate activities.
4. Describe the state's liability insurance coverage provided for all licensed foster parents caring for children.
5. Help foster parents make informed decisions as to the suitability of their home to care for a specific child before placement.
6. Discuss agency practices regarding assisting foster parents interested in becoming a permanency resource through adoption or transfer of permanent legal and physical custody (TPLPC) for children who cannot be reunified with their parents/guardians, including assistance with the matching process.
7. Help foster parents understand that a decision not to take a placement of a specific child will not jeopardize their license, or consideration of their home for other children.
8. Investigate licensing reports to determine adherence to requirements.
9. Provide foster parents with written and verbal opportunities to evaluate licensing agency practices.
10. Include foster families in annual evaluations regarding their roles and responsibilities, and their need for support, during and after children's placements.
11. Notify the commissioner immediately upon learning about safety concerns that may affect children.

## Foster parents agree to:

1. Allow representatives of the responsible social services or licensing agencies and/or commissioner of the Minnesota Department of Human Services access to their home and property for the purpose of licensing, placement and supervision.
2. Consider foster care a temporary living situation for children, and recognize that county or tribal agencies are responsible for making and carrying out the service and permanency plan for children. This includes supporting reunification and transition to a relative or non-relative foster home.
3. Accept children for foster care placement as described in the statement of intended use.

4. Notify licensing worker within 24 hours of accepting a placement.
5. Regularly engage with a child's parents/guardians to facilitate a co-parenting relationship when the goal is reunification, unless such a relationship poses a danger to the mental or physical health of child or foster parent/s.
6. Actively cooperate and participate with the responsible agency case manager and other appropriate professionals to develop and implement child's out-of-home placement plan (OHPP), including visitation and preserving family relationships.
7. Provide for child's needs, including food, clothing, shelter, daily supervision, school supplies, personal needs and, consistent with the OHPP, provide timely access to medical and dental care, including prescription medications and mental health services by qualified professionals.
8. Develop a plan for a smoke-free home environment for foster children.
9. Provide supervision in accordance with a child's age and needs, as assessed in the Minnesota Assessment of Parenting for Children and Youth (MAPCY).
10. Immediately report a missing foster child to the responsible county or tribal agency and provide information on when they left, what they were wearing, and other relevant information. If unable to contact county or tribal case manager immediately, call their agency's 24-hour coverage line.
11. Report to the responsible agency plans to take child out of state, when they will be away from the foster home for longer than three nights, any changes in household members or plans to move, any serious family illness, and any serious illness or accident involving a foster child.
12. Make every effort to increase understanding of, and respect for, the religious, racial, and cultural heritage, as well as sexual orientation and gender identity, of child and their family.
13. Acknowledge the effect of trauma and difficulties foster children may experience adjusting to a new environment. Make every effort to understand and be patient in addressing challenging behaviors of a child that result from the impact of trauma, separation, and the grieving process. This may include participation in therapy and other services, as directed by the OHPP, or arranged by the responsible county or tribal social service agency.
14. Ensure child's personal property and funds in the foster home are available for their use, unless restricted in their OHPP. If a child is removed from the home, their property and funds, including any that were accumulated during placement, are returned within three days of removal.
15. Support placement stability for foster child by asking for consultation and direction from the responsible agency if issues arise that cannot be resolved between foster parents and child. Prior to requesting removal of a child, foster parents must work with the responsible agency to determine if additional strategies or support services may resolve issues leading to a request for removal. When all resources are exhausted, provide the responsible agency with sufficient time (45 days, if possible) to plan for discharge.
16. Allow the responsible agency caseworker and child opportunities to meet alone.
17. Notify agency immediately of safety concerns that affect a child.
18. Comply with requirements of the Family Foster Care Confidentiality Agreement, Attachment A, incorporated in this agreement.

**By signing below, I, as the applicant or licensed foster parent, acknowledge that I have read this document and understand my responsibility to maintain confidentiality of information provided to me regarding foster child/ren in my care. I also acknowledge receiving a copy of this document.**

**We understand the policies and practices, and our respective roles. We agree to carry out our responsibilities and comply with requirements in Minnesota Statutes and Rules at all times, while providing foster care to children.**

\_\_\_\_\_  
FOSTER PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FOSTER PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD FOSTER CARE LICENSING WORKER

\_\_\_\_\_  
DATE

# Attachment A: Child Foster Care Confidentiality Agreement

- A. Foster parents, having access to not public information\* about a foster child and their family agrees not to discuss or otherwise disclose that information to any other person prior to the child's placement in foster care, while they are in a foster home, or after they leave a foster home, except to the following:
1. **The licensing agency.**
  2. **The responsible social services agency.**
  3. **Those involved in the child's treatment plan.** Foster parents must identify and share information, if appropriate, with persons who are directly involved in the child's treatment plan. A treatment plan is a written plan for intervention, treatment, and services for children in a foster setting.
  4. **Child's respite care and substitute care providers, and short-term babysitters.** Foster parents must give these providers information needed to care for children, including their emotional, behavioral, medical and physical health conditions; medications child takes; and names and telephone numbers of individuals to contact in case of an emergency, including how to obtain medical care.
  5. **Child's medical and dental care providers.** When foster parents obtain either routine medical and dental care for child, or emergency care, they may share or obtain necessary information.
  6. **Foster child's child care providers.** When foster parents enroll a child in a child care program, they may communicate to providers necessary information to care for them, including information required in an application for a child care program.
  7. **Child's education professionals.** When foster parents enroll a child in school according to their OHPP, foster parents may communicate to school staff necessary information to educate children, including information required for enrollment in school.
  8. **Child's extracurricular, social, or cultural activity programs.** When foster parents sign up a child for extracurricular, social, or cultural activities under the reasonable and prudent parenting standard, they may communicate to organization staff necessary information for a child to get signed up for and participate in activities.
- B. Foster parents agree not to share any not public information about a foster child and their family with neighbors, family members of foster parents not approved by the responsible agency to receive information, or others who do not provide services or care to foster children. Foster parents agree not to share not public information about foster children and their family on social media, unless otherwise approved by the responsible agency.
- C. Foster parents agree that if they are unsure about any restriction of information, how to maintain written records related to foster children and record retention, they will discuss these questions with the county or tribal agency that has responsibility for placement.

\*As defined by Minnesota Statutes, Chapter 13.

## Civil Rights Notice

**Discrimination is against the law.** The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- political beliefs

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a social services agency.

Contact **DHS** directly only if you have a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

### Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
Freeman Building, 625 North Robert Street  
St. Paul, MN 55155  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Director  
U.S. Department of Health and Human Services'  
Office for Civil Rights  
200 Independence Avenue SW, Room 509F  
HHH Building  
Washington, DC 20201  
800-368-1019 (voice)  
800-537-7697 (TDD)  
Complaint Portal:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Agency Use: Enter a contact number that can assist with a request to interpret this document.

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟံသုင်ဟံသးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိင်္ဂဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လၢ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ်လိတံစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປຣໂທໂພາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (10-20)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. (ADA4 [2-18])

# DISCLOSURE STATEMENT

## FOSTER CARE, ADOPTION, & CONCURRENT PLANNING

### DEFINITIONS:

- FOSTER CARE - Providing short term, substitute care to children who will likely return to their birth families.
- CONCURRENT PLANNING - Providing foster care to children while joining with the agency to help reunify these children with their birth families. If reunification is not possible, your family is willing to adopt the children so they do not have to move to another placement. Your role will include active contact with the child's birth family.
- ADOPTION - Olmsted County Community Services works with children who had parental rights terminated as a result of abuse or neglect or sometimes other situations. These children are committed to state guardianship, and our goal is to find them a permanent home where there is a legal bond with the parents. You may be referred to a private agency (see attached list) to complete your home study.

### MINIMAL CRITERIA FOR COMPLETION OF A HOME STUDY:

- All applicants must attend an Informational Session.
- Prior to licensure all applicants must complete the following training:
  1. **Sudden Unexpected Infant Death Syndrome**
  2. **Abusive Head Trauma**
  3. **Child Restraint Systems**
  4. **Mental Health**
  5. **Fetal Alcohol Spectrum Disorders**
  6. **Normalcy, Reasonable and Prudent Parent Standard**
  7. **Comfort Calls**
  8. **Mandated Reporting**
  9. **An additional 4 hours of training in the following areas:**
    - *Attachment*
    - *Trauma*
- All applicants must complete **Minnesota Foster Care/Adoption Education Class**. The training must be completed within the first year of licensure. This is a two day training (8:00 AM to 5:30 PM). Applicants must attend both days. The training will be offered quarterly in Olmsted County.
- All applicants must complete 4 hours of training (in addition to the informational session) before the home study is initiated.
- Must reside in Olmsted County.
- Must be at least 21 years of age at the time of application. There is no upper age limit.
- A request for licensure cannot be denied based on marital status.
- Applicants can work outside the home.

## **MINIMAL CRITERIA FOR COMPLETION OF A HOME STUDY (CONT.):**

- The applicant and all household members must provide a signed statement which indicates that they are receiving all necessary medical care, do not pose a risk to the child's health, and are physically able to care for foster children. They must also indicate any limitations that the applicant and/or household members may have that would impact their parenting abilities.  
**NOTE: This information is requested on the "Individual Fact Sheet" which is part of the application packet. Please do not answer these questions with "none" or "not applicable". Please answer these questions with a statement such as:  
"My husband, my children and I have no diagnosed health concerns or conditions."  
"I have high blood pressure which is controlled by medication and diet."**
- The applicant and adult household members must sign a statement, indicating that they have been free of chemical use problems for the past two years.  
**NOTE: This information is requested on the "Individual Fact Sheet" which is part of the application packet. Please do not answer these questions with "none" or "not applicable". Please answer these questions with a statement such as:  
"I do not and have never used or abused chemicals."  
"I have been free of any chemical use issues for 15 years."**
- The licensing agency may consult with a specialist in such areas as health, mental health, or chemical dependency to evaluate the abilities of the applicant to provide a safe environment for foster/Concurrent Planning children. An independent evaluation may be recommended in some cases and would be at the family's expense.
- All household members who are 13 years of age or older must pass a criminal background check. They must also pass a social service check (no history of abuse or neglect of children or vulnerable adults). Foster children or adults who have been placed in your home are exempt from a background check.
- Must provide the licensing agency with the names and addresses of three references (non-relatives), and the agency will send the reference letters/questionnaires.
- There should be no major changes within the household in the past year.
- Provide the licensing agency with any previous foster care or adoption studies that were completed by other agencies for which the applicant applied for foster care licensure or adoption.
- A license holder/adoptive parent may be licensed through only one Minnesota-licensed child placing agency or county social services agency at a time.
- The licensing agency must make a determination as to whether a prospective license holder and foster parent can provide appropriate structure and is suitable to be licensed if a prospective license holder or foster parent has had either of the following:
  - 1) A child for whom the applicant is legally responsible was removed from the applicant's home and placed in foster care, a correctional facility, or a residential treatment center for severe emotional disturbance under Minnesota Statutes, chapter 260C, within one year prior to the date of application; or
  - 2) The applicant has a child in voluntary foster care under Minnesota Statutes, section 260C.212, subdivision 8, 260C.193, 260C.201, or 260C.205.



- Physical Home
  - 3) Must comply with fire, health, building, and zoning codes.
  - 4) The licensing agency will inspect the home for compliance with licensing standards.
  - 5) Each foster child must be provided with a separate, suitably sized bed. Two siblings of the same gender may share a double bed.
  - 6) Children of the same gender may share a bedroom.
  - 7) Sleeping space must be in an area of the home that is not used for a second purpose (i.e., a family room).
  - 8) The foster child must have an identified space for clothing and personal belongings. This space may be shared with other children.
  - 9) The dining area must be able to accommodate all persons residing in the home at one time.

## **FEES:**

Olmsted County Community Services does not charge a home study fee for county residents:

1. Who are requesting a child foster care license,
2. Who desire to adopt children from the Child Welfare System that are legally free and waiting for adoption, or
3. Who desire to participate in Concurrent Planning.

The client/applicant will be responsible for the payment of other services such as the following:

- Psychological and/or chemical dependency evaluations if recommended
- State Fire Marshall inspection
 

The foster home may need to be inspected by the State Fire Marshall (\$50 fee) if:

  - a) The foster home contains a freestanding solid fuel heating appliance;
  - b) The foster home is a manufactured home as defined in Minnesota Statutes, section 327B.01, subdivision 13, and was manufactured before June 15, 1976;
  - c) The licensing agency identifies a potential hazard in a single-family detached home, or a mixed or multiple-occupancy building;
  - d) The home is licensed for four or more foster children; or
  - e) The foster home has a foster child sleeping in a room that is 50% or more below ground level.
- Families may request information on attorney referral services. The fees assessed by an attorney are the responsibility of the adoptive family. If the child qualifies for a subsidy, the adoptive family can be reimbursed for those attorney fees.

There are no agency fees following placement.

The family is responsible for all fees associated with finalizing an adoption. In cases of subsidized adoption, these fees will be reimbursed up to \$2000.

## **PLACEMENTS:**

- All placements must be mutually agreed upon by the family and the agency.
- If any member of the household has admitted to, been convicted of, or substantial evidence exists of certain criminal activities and/or the abuse or neglect of children/vulnerable adults:
  1. The foster care license may be denied, suspended, or revoked;
  2. The foster child may be removed from the home; and
  3. The adoption may be suspended or terminated.
- No guarantees can be made to an adoptive couple regarding the length of time they may wait for a placement. Placements have been made by this agency anywhere from a few days after the home study has been completed up to 5 years later. There is no guarantee that an adoptive placement will ever be made.
- Licensure under parts 2960.3000 to 2960.3340 is not an entitlement, a right, or a guarantee that children will be placed in the foster home. The agency responsible for the child retains the right to choose which licensed foster home is best suited for an individual child in need of foster care placement. The focus is on finding a home for the child, not a child for the home.
- Foster care placement is governed by the statement of intended use developed by the licensing agency and the license holder. The license holder may decline to accept a foster child without a stated reason.

## **THE AGENCY SERVICES WILL INCLUDE:**

1. Completing all the requirements for a home study,
2. Adequately preparing the family for all placements,
3. Answering questions that the family may have regarding billing, etc,
4. Assisting the family in accessing agency and community resources that will meet the needs of the child and family, and
5. Providing post-placement and finalization services in the case of adoption.

THE HOME STUDY BECOMES THE PROPERTY OF OLMSTED COUNTY COMMUNITY SERVICES. UNDER MINNESOTA LAW, THIS FAMILY PROFILE WILL BE USED FOR THE PURPOSE MUTUALLY AGREED UPON BY OLMSTED COUNTY AND THE FAMILY.

We acknowledge we have received and read the above statement. We also had the opportunity to ask questions about these statements. We understand that a copy of the completed home study will be sent to us. We also understand that the home study will include information/statements shared by all parties during the interview process.

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NAME

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DATE

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NAME

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DATE

# Foster Care Drug and Alcohol Policy

Minnesota Statutes, section 245A.04, subd. 1. C

License Holder(s): \_\_\_\_\_ Date \_\_\_\_\_

Child and adult foster care license holders must have and follow a drug and alcohol use policy. The policy must be in place at initial licensure and reviewed annually with any changes noted. License holders must discuss the drug and alcohol policy with caregivers and all caregivers must agree to follow the policy.

By initialing below, I/we agree to:

\_\_\_\_\_ take prescription medications as prescribed and not abuse them.

\_\_\_\_\_ not be impaired by controlled substances, alcohol, or illegal drugs that will affect my/our ability to provide care.

\_\_\_\_\_ review and discuss, each child/adult's history related to chemical use, as well as the effect exposure to alcohol or drug use may have on them.

\_\_\_\_\_ (other) \_\_\_\_\_

\_\_\_\_\_ (other) \_\_\_\_\_

Alcohol will be stored \_\_\_\_\_

Medication will be stored \_\_\_\_\_

By signing below, I/we agree to follow this drug and alcohol policy. I/we will talk with the licenser and the placing worker as needed and tell them about any changes to this policy.

\_\_\_\_\_  
License Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Holder Signature

\_\_\_\_\_  
Date

# Child Foster Care Discipline Policy

Minnesota Rules, part 2960.3080, Subp. 8

License Holder(s): \_\_\_\_\_ Date: \_\_\_\_\_

Child foster care license holders must have and follow a discipline policy. In developing this policy, license holders must consider the child/youth's abuse history and needs relating to their developmental, cultural, disability, and gender needs. License holders should discuss the discipline policy with all caregivers.

I/we plan to:

- Praise and encourage the child/youth when \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Use a time-out, depending on their age and stage of development, when \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Give rewards, such as \_\_\_\_\_, when \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Take away privileges, such as \_\_\_\_\_, when \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By initialing below, I/we agree to **NEVER**:

- \_\_\_ \_\_\_ use **corporal punishment**, such as spanking, rough handling, shoving, ear/hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects at the child.
- \_\_\_ \_\_\_ use **verbal abuse**, such as name calling; disrespectful statements about the child or child's family, race, gender, disability, sexual orientation, religion, or culture; statements meant to shame, threaten, humiliate, or frighten the child.
- \_\_\_ \_\_\_ punish a child for **mistakes with toilet habits**, such as bed wetting, soiling.
- \_\_\_ \_\_\_ withhold **basic needs**, such as a healthy diet, water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation, proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care.
- \_\_\_ \_\_\_ assign **work that is dangerous** or is not in agreement with the child's case plan.
- \_\_\_ \_\_\_ discipline a child for the **unrelated behavior or action** of another child.
- \_\_\_ \_\_\_ restrict a child's **communications** beyond what is allowed in the child's case plan.
- \_\_\_ \_\_\_ require a child to assume **uncomfortable or fixed positions** for an extended length of time or to march, stand, or kneel as punishment.
- \_\_\_ \_\_\_ require a child to **punish other children**.
- \_\_\_ \_\_\_ use **mechanical restraints** or confining a child in a locked room

By signing below, I/we agree to follow this discipline policy and each child/youth's case plan regarding discipline. I/we will talk with the licensor and each child/youth's case manager as needed and tell them about any changes to this policy.

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Signature of Applicant/License Holder

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Signature of Applicant/License Holder

# Complaint and Grievance Procedures for Foster Children

Minnesota Statutes, section 245A.04, subd. 1(d); Minnesota Rules, part 2960.3080, subp. 10

License Holder(s): \_\_\_\_\_ Date: \_\_\_\_\_

Child foster care license holders must work with the licensing agency to develop written complaint and grievance procedures for foster children. The grievance procedures must allow children/youth and their parent(s) or guardian to bring their grievance to the highest level of authority in the home. In a child foster care home, the highest level of authority is the foster parent(s). The policy must be reviewed with the child/youth and parent(s) or guardian, and a copy must be provided, if requested.

The complaint and grievance procedure for this child foster care home is as follows:

- If there is something about the foster home that you do not like or if the care and services you need are not being provided, you may either talk to us or write a description of your concerns on the attached form. I/we will respond to you immediately if possible, but no longer than \_\_\_\_\_ days after receiving the complaint to work on resolving the issue.
- If the problem or complaint cannot be resolved, or if you do not feel comfortable talking to me/us about your concerns, you can talk to:  
\_\_\_\_\_
- If there is anything occurring that the parent(s) or guardian does not believe is meeting the needs of their child/ren they may either talk to me/us or write a description of their concerns on the attached form. I/we will respond to the parent(s) or guardian as soon as possible, but no longer than \_\_\_\_\_ days after receiving the complaint.
- If the problem or complaint cannot be resolved between the parent(s) or guardians, or if they do not feel comfortable talking to me/us, the parent(s) or guardian can talk to:  
\_\_\_\_\_

By initialing the statements below, I/we acknowledge the responsibility to:

\_\_\_\_\_ \_\_\_\_\_ notify the above named individuals that they have been listed as the contact person(s) for assistance in resolving a complaint or grievance of the foster child/youth or parent.

\_\_\_\_\_ \_\_\_\_\_ notify the placing agency and the licensing agency about a complaint or grievance and how it was resolved.

By signing below, I/we agree to follow these complaint and grievance procedures. I/we will talk with the licenser and each child/youth's case manager as needed and tell them about any changes to this policy.

\_\_\_\_\_  
Signature of Applicant/License Holder

\_\_\_\_\_  
Signature of Applicant/License Holder

## Complaint Form

Name of child/youth: \_\_\_\_\_

Name(s) of foster parent(s): \_\_\_\_\_

Name of child/youth case manager: \_\_\_\_\_

To be completed by child/youth/parent or guardian

Name of person completing form: \_\_\_\_\_

What is your complaint/concern? \_\_\_\_\_

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How have you or the foster parents tried to resolve the problem? \_\_\_\_\_

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Action you would like taken to resolve the problem: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by foster parents

Were you able to resolve the issue?     Yes     No

Explain how the issue was resolved. If it wasn't what are the next steps? \_\_\_\_\_

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# 2020 Minnesota Statutes

## 245D.06 PROTECTION STANDARDS.

Subd. 5.**Prohibited procedures.** The license holder is prohibited from using chemical restraints, mechanical restraints, manual restraints, time out, seclusion, or any other aversive or deprivation procedure, as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.

Subd. 6.**Restricted procedures.** (a) The following procedures are allowed when the procedures are implemented in compliance with the standards governing their use as identified in clauses (1) to (3). Allowed but restricted procedures include:

(1) permitted actions and procedures subject to the requirements in subdivision 7;

(2) procedures identified in a positive support transition plan subject to the requirements in subdivision 8; or

(3) emergency use of manual restraint subject to the requirements in section [245D.061](#).

(b) A restricted procedure identified in paragraph (a) must not:

(1) be implemented with a child in a manner that constitutes sexual abuse, neglect, physical abuse, or mental injury, as defined in section [260E.03](#);

(2) be implemented with an adult in a manner that constitutes abuse or neglect as defined in section [626.5572, subdivision 2](#) or 17;

(3) be implemented in a manner that violates a person's rights identified in section [245D.04](#);

(4) restrict a person's normal access to a nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, necessary clothing, or any protection required by state licensing standards or federal regulations governing the program;

(5) deny the person visitation or ordinary contact with legal counsel, a legal representative, or next of kin;

(6) be used for the convenience of staff, as punishment, as a substitute for adequate staffing, or as a consequence if the person refuses to participate in the treatment or services provided by the program;

(7) use prone restraint. For purposes of this section, "prone restraint" means use of manual restraint that places a person in a face-down position. Prone restraint does not include brief physical holding of a person who, during an emergency use of manual restraint, rolls into a prone position, if the person is restored to a standing, sitting, or side-lying position as quickly as possible;

(8) apply back or chest pressure while a person is in a prone position as identified in clause (7), supine position, or side-lying position; or

(9) be implemented in a manner that is contraindicated for any of the person's known medical or psychological limitations.

Subd. 7.**Permitted actions and procedures.** (a) Use of the instructional techniques and intervention procedures as identified in paragraphs (b) and (c) is permitted when used on an intermittent or continuous basis. When used on a continuous basis, it must be addressed in a



person's coordinated service and support plan addendum as identified in sections [245D.07](#) and [245D.071](#).

(b) Physical contact or instructional techniques must use the least restrictive alternative possible to meet the needs of the person and may be used:

(1) to calm or comfort a person by holding that person with no resistance from that person;

(2) to protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;

(3) to facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration;

(4) to block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others with less than 60 seconds of physical contact by staff; or

(5) to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.

(c) Restraint may be used as an intervention procedure to:

(1) allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional;

(2) assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or

(3) position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.

Any use of manual restraint as allowed in this paragraph must comply with the restrictions identified in subdivision 6, paragraph (b).

(d) Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

**Subd. 8. Positive support transition plan.** (a) License holders must develop a positive support transition plan on the forms and in the manner prescribed by the commissioner for a person who requires intervention in order to maintain safety when it is known that the person's behavior poses an immediate risk of physical harm to self or others. The positive support transition plan must phase out any existing plans for the emergency or programmatic use of restrictive interventions prohibited under this chapter within the following timelines:

(1) for persons receiving services from the license holder before January 1, 2014, the plan must be developed and implemented by February 1, 2014, and phased out no later than December 31, 2014; and

(2) for persons admitted to the program on or after January 1, 2014, the plan must be developed and implemented within 30 calendar days of service initiation and phased out no later than 11 months from the date of plan implementation.

(b) The commissioner has limited authority to grant approval for the emergency use of procedures identified in subdivision 6 that had been part of an approved positive support

transition plan when a person is at imminent risk of serious injury as defined in section [245.91, subdivision 6](#), due to self-injurious behavior and the following conditions are met:

(1) the person's expanded support team approves the emergency use of the procedures; and  
(2) the interim review panel established in section [245.8251, subdivision 4](#), recommends commissioner approval of the emergency use of the procedures.

(c) Written requests for the emergency use of the procedures must be developed and submitted to the commissioner by the designated coordinator with input from the person's expanded support team in accordance with the requirements set by the interim review panel, in addition to the following:

(1) a copy of the person's current positive support transition plan and copies of each positive support transition plan review containing data on the progress of the plan from the previous year;  
(2) documentation of a good faith effort to eliminate the use of the procedures that had been part of an approved positive support transition plan;  
(3) justification for the continued use of the procedures that identifies the imminent risk of serious injury due to the person's self-injurious behavior if the procedures were eliminated;  
(4) documentation of the clinicians consulted in creating and maintaining the positive support transition plan; and  
(5) documentation of the expanded support team's approval and the recommendation from the interim panel required under paragraph (b).

(d) A copy of the written request, supporting documentation, and the commissioner's final determination on the request must be maintained in the person's service recipient record.

## **245D.061 EMERGENCY USE OF MANUAL RESTRAINTS.**

Subd 1.**Standards for emergency use of manual restraints.** The license holder must ensure that emergency use of manual restraints complies with the requirements of this chapter and the license holder's policy and procedures as required under subdivision 9.

Subd. 2.**Conditions for emergency use of manual restraint.** Emergency use of manual restraint must meet the following conditions:

(1) immediate intervention must be needed to protect the person or others from imminent risk of physical harm; and

(2) the type of manual restraint used must be the least restrictive intervention to eliminate the immediate risk of harm and effectively achieve safety. The manual restraint must end when the threat of harm ends.

Subd. 3. [Repealed, [2015 c 78 art 6 s 32](#)]

Subd. 4.**Monitoring emergency use of manual restraint.** The license holder shall monitor a person's health and welfare during an emergency use of a manual restraint. Staff monitoring the procedure must not be the staff implementing the procedure when possible. The license holder shall complete a monitoring form, approved by the commissioner, for each incident involving the emergency use of a manual restraint.

Subd. 5.**Reporting emergency use of manual restraint incident.**

(a) Within three calendar days after an emergency use of a manual restraint, the staff person who implemented the emergency use must report in writing to the designated coordinator the following information about the emergency use:

(1) the staff and persons receiving services who were involved in the incident leading up to the emergency use of manual restraint;

(2) a description of the physical and social environment, including who was present before and during the incident leading up to the emergency use of manual restraint;

(3) a description of what less restrictive alternative measures were attempted to de-escalate the incident and maintain safety before the manual restraint was implemented that identifies when, how, and how long the alternative measures were attempted before manual restraint was implemented;

(4) a description of the mental, physical, and emotional condition of the person who was restrained, and other persons involved in the incident leading up to, during, and following the manual restraint;

(5) whether there was any injury to the person who was restrained or other persons involved in the incident, including staff, before or as a result of the use of manual restraint;

(6) whether there was a debriefing with the staff, and, if not contraindicated, with the person who was restrained and other persons who were involved in or who witnessed the restraint, following the incident and the outcome of the debriefing. If the debriefing was not conducted at the time the incident report was made, the report should identify whether a debriefing is planned; and

(7) a copy of the report must be maintained in the person's service recipient record.

(b) Each single incident of emergency use of manual restraint must be reported separately. For the purposes of this subdivision, an incident of emergency use of manual restraint is a single incident when the following conditions have been met:

- (1) after implementing the manual restraint, staff attempt to release the person at the moment staff believe the person's conduct no longer poses an imminent risk of physical harm to self or others and less restrictive strategies can be implemented to maintain safety;
- (2) upon the attempt to release the restraint, the person's behavior immediately re-escalates; and
- (3) staff must immediately reimplement the restraint in order to maintain safety.

**Subd. 6. Internal review of emergency use of manual restraint.** (a) Within five working days of the emergency use of manual restraint, the license holder must complete and document an internal review of each report of emergency use of manual restraint. The review must include an evaluation of whether:

- (1) the person's service and support strategies developed according to sections [245D.07](#) and [245D.071](#) need to be revised;
- (2) related policies and procedures were followed;
- (3) the policies and procedures were adequate;
- (4) there is a need for additional staff training;
- (5) the reported event is similar to past events with the persons, staff, or the services involved; and
- (6) there is a need for corrective action by the license holder to protect the health and welfare of persons.

(b) Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan for the program designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any. The corrective action plan, if any, must be implemented within 30 days of the internal review being completed.

(c) The license holder must maintain a copy of the internal review and the corrective action plan, if any, in the person's service recipient record.

**Subd. 7. Expanded support team review.** (a) Within five working days after the completion of the internal review required in subdivision 6, the license holder must consult with the expanded support team following the emergency use of manual restraint to:

- (1) discuss the incident reported in subdivision 5, to define the antecedent or event that gave rise to the behavior resulting in the manual restraint and identify the perceived function the behavior served; and
- (2) determine whether the person's coordinated service and support plan addendum needs to be revised according to sections [245D.07](#) and [245D.071](#) to positively and effectively help the person maintain stability and to reduce or eliminate future occurrences requiring emergency use of manual restraint.

(b) The license holder must maintain a written summary of the expanded support team's discussion and decisions required in paragraph (a) in the person's service recipient record.

**Subd. 8. External review and reporting.** Within five working days of the expanded support

team review, the license holder must submit the following to the Department of Human Services, and the Office of the Ombudsman for Mental Health and Developmental Disabilities, as required under section [245.94, subdivision 2a](#):

- (1) the report required under subdivision 5;
- (2) the internal review and the corrective action plan required under subdivision 6; and
- (3) the summary of the expanded support team review required under subdivision 7.

**Subd. 9. Emergency use of manual restraints policy and procedures.** The license holder must develop, document, and implement a policy and procedures that promote service recipient rights and protect health and welfare during the emergency use of manual restraints. The policy and procedures must comply with the requirements of this section and must specify the following:

(1) a description of the positive support strategies and techniques staff must use to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others;

(2) a description of the types of manual restraints the license holder allows staff to use on an emergency basis, if any. If the license holder will not allow the emergency use of manual restraint, the policy and procedure must identify the alternative measures the license holder will require staff to use when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety;

(3) instructions for safe and correct implementation of the allowed manual restraint procedures;

(4) the training that staff must complete and the timelines for completion, before they may implement an emergency use of manual restraint. In addition to the training on this policy and procedure and the orientation and annual training required in section [245D.09](#), subdivision 4, the training for emergency use of manual restraint must incorporate the following subjects:

(i) alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;

(ii) de-escalation methods, positive support strategies, and how to avoid power struggles;

(iii) simulated experiences of administering and receiving manual restraint procedures allowed by the license holder on an emergency basis;

(iv) how to properly identify thresholds for implementing and ceasing restrictive procedures;

(v) how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;

(vi) the physiological and psychological impact on the person and the staff when restrictive procedures are used;

(vii) the communicative intent of behaviors; and

(viii) relationship building;

(5) the procedures and forms to be used to monitor the emergency use of manual restraints, including what must be monitored and the frequency of monitoring per each incident of emergency use of manual restraint, and the person or position who is responsible for monitoring the use;

(6) the instructions, forms, and timelines required for completing and submitting an incident report by the person or persons who implemented the manual restraint; and

(7) the procedures and timelines for conducting the internal review and the expanded support team review, and the person or position responsible for completing the reviews and for ensuring that corrective action is taken or the person's coordinated service and support plan addendum is revised, when determined necessary.

## Child Foster Care Statement of Intended Use

License Holder Name(s): \_\_\_\_\_

1) The number of foster children our home is licensed for is \_\_\_\_\_ foster children.

2) We will provide foster care to children, age \_\_\_\_\_ through age \_\_\_\_\_

3) The following limitations will affect the placement of children in our home:

\_\_\_\_\_  
\_\_\_\_\_

4) Circumstances under which the adult to child ratio of 1-to-5 does not need to be maintained:

\_\_\_\_\_

5) Our home serves as:

**An emergency shelter home**

Yes  No

A program offering short-term, time-limited placements of 90 days or less to children who are in a behavioral or situational crisis, need out-of-home placement in a protective environment, and have an immediate need for services. (Minnesota Rules, part 2960.3010 subp. 39.)

**A treatment foster care home**

Yes  No

A culturally relevant, community-based and family-based method by which planned, integrated treatment services are provided to foster children and their parents by foster parents who are qualified to deliver treatment services. . . (Minnesota Rules, part 2960.3010 subp. 43.)

**A home for medically fragile children.**

Yes  No

A person who has chronic or acute health condition which requires the routine use of a medical device to assist or maintain a life-sustaining body function and requires ongoing care of monitoring by trained personnel on at least a daily basis. (Minnesota Rules, part 2960.3010 subp. 32.)

**THIS SECTION MUST BE COMPLETED BY FAMILY CHILD FOSTER CARE PROGRAMS ONLY**

6) Our family child foster care home provides out-of-home respite services to individuals with brain injury, community alternatives for disabled individuals, and/or developmental disability waiver plans.  Yes  No

- If you checked "No" above, skip the information below this and go directly to the signatures.
- If you have a 245D – Home and Community Based Services (HCBS) license, initial here \_\_\_\_\_ and go directly to the signatures.
- If you checked "Yes" above, and you do not have a 245D-HCBS license, you must complete the following in order to provide respite services without a 245D-HCBS license.

By initialing below, I assure compliance with the following when providing out-of-home respite services in my child foster care program:

\_\_\_\_\_ I will comply with the requirements under section 245D.06, subdivisions 5, 6, 7, and 8, regarding prohibited and restricted procedures, permitted actions and procedures, and positive support transition plans.

\_\_\_\_\_ I will comply with the requirements under section 245D.061, regarding emergency use of manual restraint.

License Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensors: \_\_\_\_\_ Approval Date: \_\_\_\_\_

## Instructions for completing the Child Foster Care Statement of Intended Use

*The child foster care rule requires that the license-holder must work with the licensing agency to develop a statement of intended use. The statement of intended use must be approved by the licensing agency, but it may be changed at any time by agreement with you and the licensing agency in order to reflect any changes that affect the placement of children in your home.*

- 1) Write the number of children you are allowed to care for according to the capacity of your child foster care license. Please note that to provide care for 4 or more children, a fire marshal inspection is required to be completed before you are licensed.
- 2) Write in the age range of the children for whom you will provide care. Please note that before you transport children under the age of 9, you must complete child passenger restraint training. Also, before you may provide care to children through age 5, you must complete training to reduce the risk of sudden unexpected infant death and training to reduce the risk of abusive head trauma. If you do not plan to provide care for children under these ages, make sure the age range you write on the statement shows that.
- 3) Write in anything you believe may limit who is placed in your home. An example may be that your home is not handicap accessible. If you cannot think of any limitations, please write in "none."
- 4) Typically, the adult to child ratio does need to be maintained; however, if there is a reason why it does not need to be maintained, please write in the reason. An example may be that a variance has been granted for a one hour period in the afternoon, when six children will be home with one adult. If there is not a specific reason why the ratio will not be maintained, please write in "none" or "ratio will always be maintained."
- 5) Please read this item carefully and check yes or no according to whether or not you will provide any of these types of care in your home.
- 6) This section only needs to be completed by family child foster care license-holders. The purpose of this area is to comply with requirements that determine whether or not you need to also obtain a 245D – Home and Community Based Services (HCBS) license in order to provide respite services. If you provide respite care to children who receive funding under any of the listed waiver plans check "YES" and complete the section below this. If you comply with the two requirements listed, you do not need to also have a 245D – HCBS license to provide out-of-home respite services. You and your licenser should review the parts of 245D that are referenced, and if you agree to comply, then initial each of the two statements on the form.

**Signatures:** Each applicant or license-holder must sign and date the form. The licenser signs and dates the form also, to show that they have approved the statement of intended use. Remember that the statement can be changed at any time there are changes in the information that is required.



## Child Foster Care - Home Safety Checklist

Prior to licensure the foster home must be inspected by a licensing agency employee using the home safety checklist from the Commissioner of human services (Minnesota Rules, part 2960.3050, subpart 1)

Name of License Holder/Program: \_\_\_\_\_

### Emergency Procedures

The following items must be posted and/or readily accessible in a prominent location in a common area of the home where they can be easily observed by a person responding to an incident.

- |     |    |  |
|-----|----|--|
| Yes | No | 1. A list of emergency phone numbers.  |
| Yes | No | 2. A written fire/emergency escape plan.   |
| Yes | No | 3. An operable flashlight and radio or television set that does not require electricity. |
| Yes | No | 4. Accessible first-aid supplies.  |
| Yes | No | 5. An operable telephone.  |

### Physical Environment

- |     |    |   |
|-----|----|---|
| Yes | No | 1. Exit doors and windows are not obstructed and are easily opened from the inside.                                       |
| Yes | No | 2. The wiring appears safe; no known hazards exist.   |
| Yes | No | 3. Extension cords are appropriately used and are not used in place of permanent wiring.                                  |
| Yes | No | 4. A fire extinguisher with a minimum rating of 2A:10BC is maintained in the home.  |
| Yes | No | 5. All smoke detectors work and are properly installed on all levels of the home.   |
| Yes | No | 6. All interior doors can be unlocked from the outside and the opening device is readily accessible in case of emergency. |
| Yes | No | 7. The home is clean and free from accumulations of dirt, grease, garbage, peeling paint, vermin and insects.             |
| Yes | No | 8. Outside property is free from debris and safety hazards. Exterior stairs and walkways are free of ice and snow.        |
| Yes | No | 9. When in use, fireplaces, wood burning stoves, and hot surfaces that could cause burns are protected by guards.         |
| Yes | No | 10. The heating system in the home is maintained in good working condition.   |

## Home Safety & Health

- Yes No 1. Knives, tools, matches, and other potentially hazardous materials are not accessible based on age, and identified safety concerns and behaviors specific to each foster child in care.
- Yes No 2. Chemicals, detergents, and other toxic substances are not stored with food products or accessible in any way that poses a risk to children.
- Yes No 3. Combustible items are properly stored at least 36" from any heating sources.
- Yes No 4. Individual clean bed linens, towels, and wash cloths are provided for each foster child.
- Yes No 5. Food is handled and properly stored to prevent contamination, spoilage, or a threat to the health of children.
- Yes No 6. Medication is not accessible to children based on age and/or identified safety concerns.
- Yes No 7. Schedule II controlled substances are stored in a locked area.  
If there are no Schedule II controlled substances in the home, check here:
- Yes No 8. There is a safe water supply in the home.
- Yes No 9. The water temperature does not exceed 120 degrees Fahrenheit in order to prevent scalding.
- Yes No 10. Weapons and ammunition are stored separately in locked areas that are not accessible or visible to foster children. Weapons include firearms and other instruments or devices designed for and capable of producing bodily harm.  
If there are no weapons in the home, check here:

## Sleeping Space for Foster Children & Reduction of Risk of Sudden Unexpected Infant Death

- Yes No 1. The sleeping space for foster children has two exits. If sleeping space for foster children is in an area not normally used for sleeping, describe the alternative sleeping arrangements:  
If a variance has been approved for an alternative sleeping arrangement, check here:
- 
- 

### Will care be provided to infants? Yes No If no, do not complete the items below.

- Yes No 2. A safe crib is available and used for each infant in care. (Before placing an infant in foster care, the agency must verify that there is a safe crib in the home).
- Yes No 3. Infants younger than one year of age in care will be placed to sleep on their back, in a crib, directly on a firm mattress.
- Yes No 4. If an infant will not be placed to sleep on their back, there is documentation from the infant's physician directing an alternative sleeping position for the infant. The physician directive must be on a form approved by the commissioner.

- |     |    |  |
|-----|----|--|
| Yes | No | 5. The crib's firm mattress has a fitted sheet, appropriate to the mattress size that fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. |
| Yes | No | 6. Nothing will be placed in the crib with the infant except for the infant's pacifier.  |
| Yes | No | 7. Minnesota Statutes, section 245A.1435 Reduction of Risk of Sudden Unexpected Infant Death in Licensed Programs has been reviewed by all caregivers. All caregivers agree to comply with the requirements of this section.                           |

**If applicable, document obvious safety hazards or concerns and any follow-up required. Include the date each item was corrected for a new application or the date a correction order was issued for an existing license:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Items on this home safety checklist must not be altered or deleted.*

## ADDITIONAL HOME SAFETY ITEMS

### Fire Marshal Inspection Triggers

- The foster home has a foster child sleeping in a room that is 50 percent or more below ground level.
- The foster home is a manufactured home and was manufactured before June 15, 1976.
- The foster home contains a freestanding solid fuel heating appliance.
- The home is to be licensed for 4 or more foster children
- The licensing agency identifies a potential hazard in a single-family detached home, or a mixed or multiple-occupancy building, including but not limited to the following:

YES	NO	NA	Potential Hazards
			<i>Egress windows meet minimum size requirements</i>
			<i>Attached garage has proper separation</i>
			<i>House number is clearly visible from the street.</i>
			<i>Deck/Railings (4" new construction, 6" old construction). Stairways shall have handrails on at least one side.</i>
			<i>Storage under stairways – Enclosed usable spaces under stairways must be protected on the enclosed side with at least 1/2 inch thick gypsum.</i>
			<i>Paneling (Class A, B, C, or I, II, III)</i>
			<i>A carbon monoxide detector is located within 10 feet of every bedroom and replaced per manufacturer's recommendation. Date replaced</i>
			<i>Other potential hazard (loose wiring, etc.): _____</i>

### **Additional Items:**

COM	NC	NA		
			<i>Does anyone in the home smoke? If so, what is the plan for providing a smoke free environment for foster children in their home, garage, surrounding area and cars? _____</i>	2960.3060, Subp. 4(C).
			<b>HAS ANYONE TURNED 13 THIS YEAR? IF SO COMPLETE A BACKGROUND STUDY.</b>	2960.3060 Subp. 2
			<i>Training (12 hours per provider) – Provide copies of training certificates for child passenger restraint, SUIDS, AHT, annual mental health training, Normalcy, Reasonable and Prudent Parent Standards and annual Fetal Alcohol Spectrum Disorder</i>	2960.3070 Subp. 2
			<i>Family Disaster Plan Posted</i>	MN Statutes, section 245A.04
			<i>Grievance Policy Posted</i>	MN Statutes, section 245A.04, subd 1 (d).
			<i>Pets in family residences must be immunized and maintained as required by local ordinances and state law.</i> 1) Expiration date _____  2) Expiration date _____	2960.3050 Subp. 4
			<i>A foster home serving children less than six years of age must not keep reptiles, chickens, or ducks as pets. A foster home serving children six years of age and older that keeps reptiles, chickens, or ducks as pets must require a thorough hand washing following the handling of the animal, its food, and anything the animal has touched.</i>	2960.3050 Subp. 4
			<i>Provider is caring for a youth in extended foster care. <b>Individual Abuse Prevention Plan</b> must be updated yearly.</i>	MN Statute, sections 626.557 and 245A.65