

3.19 Respite Care Policy

Effective July 1, 2012

Philosophy

Respite care is the provision of periodic and/or intermittent, temporary care of the children who are in the care and custody of or adopted through the State of Maine Department of Health & Human Services. It is designed to provide relief from the stresses of constant responsibilities of providing out-of-home care. It is an opportunity for families to refresh and children to have opportunity to have new and safe experiences.

Legal Base

Title 22, Chapter 1071, Subchapter VII, §4061 and §4062.

Purpose

Respite care should be used to maintain stable placements and allow caregivers the opportunity to refresh, but should not be used to exclude foster children from ordinary and traditional family activities, such as family vacations.

Respite is not used for regular child care situations when a parent would normally use ordinary child care, i.e., hiring a baby-sitter for an afternoon or evening outing. Respite care should be planned in advance, but may be used in emergency situations. Respite care may be utilized by licensed resource families for a daily, overnight, or weekly basis.

Procedures

When resource families wish to use respite, the families will in coordination with and with approval from the child's caseworker, arrange for the child to go to an approved respite placement. If the Department is funding the respite placement at the child's level of care daily rate, the approved respite placement must be licensed as a resource home. If the resource family is affiliated with a child placing agency, the agency, in collaboration with the Department, will assist the family in arranging respite.

If the respite provider is an unlicensed provider, the Department must ensure that the informal respite provider is a safe caretaker and the home is an appropriate place for a child. An informal respite provider must meet the following safety requirements:

1. A home assessment to determine the suitability of the family's home , resources and capacity by Department of Health & Human Services staff included the following:

Home visit checklist:

- a.) No blocked exits: No doors covered by plastic, nailed or painted shut or furniture or any other barriers blocking exits.
- b.) Child has adequate sleeping area that meets the age and developmental needs of the child.

- c.) No combustible materials near a fire source.
 - d.) No exposed, live electrical wires.
 - e.) No unsafe clutter.
 - f.) Working smoke detectors are in place.
2. At least one interview with the prospective applicants in their home, by the Department of Health & Human Services staff.
 3. SBI Criminal records, child/adult protective services checks, Bureau of Motor Vehicle checks and Sex Offender Registry must be reviewed to assure that the individual does not have a criminal or abusive background.

When respite care is to be provided within the foster home, the worker shall meet the potential respite provider and gather information to document their appropriateness to provide care for the child. The worker will request the provider sign a release to complete the above background checks. A respite provider who comes into the home must be licensed in order to receive the full level of care rate for the child.

Regulations regarding smoking must be adhered to. Respite providers must use appropriate infant car seats, enforce use of seat belts and follow other transportation guidelines.

With the exception of emergency respite, resource families will inform the child's caseworker of the need for respite. The Department of Health & Human Services staff and resource families will work together to select and initially screen the respite care provider to determine the most appropriate provider to meet the individual child's needs. Respite providers should be familiar with the child's daily routine, preferred foods and activities and needed therapeutic or medical care. The respite provider will be made aware of and respect any issues related to culture, race/ethnicity, language, religion and sexual orientation.

When respite care is provided in emergency situations, the caseworker will work with resource families and respite providers to help the child cope with any trauma or stress associated with the crisis.

Respite will follow the existing licensing rules regarding number and ages of children in the home. All efforts will be made to ensure that once a respite provider is selected, the same respite provider is used on an ongoing basis to maintain the child's sense of safety, consistency and security.

Respite is designed to provide relief from the stresses of constant responsibilities of providing care for children. It should be used to maintain stable placements but should not be used to exclude children from ordinary and traditional family activities, such as family vacations.

Resource parents cannot accept respite placements during periods of time when they themselves are utilizing respite.

When children are prescribed medication, the respite caregiver will be provided with the medication in its original container; with information about administering the medication; and with information about any possible side-effects which need to be reported to the child's prescribing physician.

Resource parents shall prepare children for respite placement by arranging pre-placement visits (for planned respite care) and being sensitive to the child's needs. The resource parent shall provide the respite care provider with a copy of the ***Foster Child Identification and Information Sheet*** (See Appendix 10) and the child's MaineCare card. Periodically, the caseworker will discuss with the child his/her experiences in respite care to ensure they are receiving appropriate care and are safe in that environment.

When a child is invited to a friend's home for a sleepover or pajama party it is not considered respite and background checks do not need to be completed. Foster parents are trusted to make sound judgments regarding the safety and appropriateness of the home by meeting the parents, bringing the child to the home, and inquiring about the level of supervision. Foster children need to participate in normal childhood experiences without additional barriers. An occasional babysitter may be hired, who has been approved by the resource parent and that is separate from a formal respite plan.

Reimbursement for Respite Care:

1. The Department will provide funding for up to 14 days of respite each calendar year for each resource family caring for a child in custody of the Department.
2. Both the primary resource parent and the respite care providers will be reimbursed at the daily board rate associated with the child's current level of care.
3. If respite is provided by an unlicensed provider, the Department will fund the respite at the unlicensed daily rate.
4. The funded 14 days of respite per year is connected to the family. If a child transitions to a new placement, the new provider will be afforded with 14 days of respite per year. This circumstance holds true even if in the child's former placement, the previous resource care providers also utilized respite services in their care of this child. It is important to recognize the impact on the child if respite is utilized shortly after placement in a new home.
5. If a child moves to a new placement as a calendar year approaches an ending, the caseworker and resource family should consider the child's needs to adjust to the new primary placement without added challenges presented in needing to adjust to a respite placement.

Recruitment of Respite Homes

As new families are licensed, the licensing worker will inform resource parents of the benefits of periodic respite. Resource parents shall be encouraged to recruit individual respite care providers with whom the children in their home are familiar. Staff is also encouraged to recruit previously licensed foster and kinship parents who are no longer actively providing care for children, but left the agency in good standing. Licensed waiting adoptive families may be a good resource well.

Individuals and families referred to the agency as potential respite care providers will complete the normal licensing approval process. If licensed as a resource family, the respite care providers will be placed on a current, local list of respite providers. Resource families will be given a list of respite providers with updates on a regular basis.

Incident Report

If a child in respite care experiences an accident, health problem, or significant changes in appearance or behavior the information needs to be shared with both the resource parent and the Department of Health & Human Services caseworker for the child. Information should be reported to the caseworker as soon as possible during normal business hours. Any situations requiring emergency medical care, crisis intervention services, missing or runaway children, or police involvement need to be reported to the 24-hour emergency number.

Disaster Planning

Respite providers should have listed with the department an emergency contact and location of where they might go in the event of a disaster.

Summer Camp

Children in foster care may still be eligible for up to two weeks of summer camp that is designed to improve social, emotional and/or physical well-being for the child. This is considered separate from the 14 days of respite care throughout the year. Consideration especially should be made for children who are not placed with siblings that they are afforded the opportunity to attend Camp To Belong to facilitate sibling connections. Camp decisions should be made within the team context with child involvement in the decision making.

Appendix 10

Respite Care Foster Child Identification and Information Sheet

Child's Name:

DOB:

Respite Dates:

MaineCare #:

to

Drop off time:

Pick up Time:

Emergency Numbers:

Phone #

(Foster Parent)

Email Address:

Phone #

(Caseworker)

Phone #

(Child's Physician)

D.H.H.S. 24 HOUR EMERGENCY NUMBER Phone # 1-800-452-1999

Child's positive social skills:

Behavioral issues to be aware of:

Effective ways to successfully deal with negative behaviors:

Special Medical/Mental Health needs or concerns (allergies, dietary restrictions, etc):

Medication: Yes or No

Name of Medication:

Dosage:

Name of Medication:

Dosage:

Name of Medication:

Dosage:

Bedtime Routine:

Food & Activity Preferences:

Birth Family Information:

Family Members Name(s):

Visitation Schedule:

Other information helpful to respite provider:

Resource Parent's Signature

Date

Caseworker Signature

Date

Incident Reports & Emergencies

If a child in respite care experiences an accident, health problem, or significant changes in appearance or behavior the information needs to be shared with both the resource parent and the Department of Health & Human Services caseworker for the child. Information should be reported to the caseworker as soon as possible during normal business hours. Any situations requiring emergency medical care, crisis intervention services, missing or runaway child, or police involvement need to be reported to the 24-hour emergency number: **1-800-452-1999**.

If upon returning a child to their resource parents you are concerned for the immediate safety of the child call the 24-Hour emergency number for assistance and if necessary contact your local police department. The emotional and physical safety of the child is vital and your intervention should seek to minimize the impact on the child.

You may call the local office during business hours or **1-800-452-1999** after-hours for any support/questions while providing respite.