The intent of the Shelter Foster Parent Handbook is not to replace the Foster Parent Guide, but rather to discuss the differences between regular foster care and shelter foster care. This handbook also addresses issues and situations unique to shelter foster care. Information in this handbook supersedes any prior information, written or verbal, given to you about shelter foster care. If the issue or situation is not addressed in the handbook, it should be assumed that the policy or procedure in the Foster Parent Guide should be followed.

The Shelter Handbook discusses as simply and accurately as possible several laws governing foster care and child protection. If there is any discrepancy between this publication and the actual law, the provisions of the law govern.

St. Joseph’s Home for Children will be referred to as St. Joe’s throughout this publication. In general, the word child refers to shelter child.

The following staff worked on this Shelter Handbook revision: Lois Nilson, Terryl Gordon, Martha Waldemar, Sue Macek and Dian Norcutt. Input regarding content was solicited from Child Services workers and Child Protection workers and their supervisors, Hennepin County Attorney’s Office and shelter foster parents.
The Shelter Team

Hennepin County’s emergency shelter system is a response to the community’s need for resources available 24 hours a day, seven days a week, to receive children who are at risk and in surroundings or conditions that endanger the child’s health.

The shelter foster home is an integral part of the Hennepin County emergency shelter system. Shelter homes are licensed family foster homes designated to receive emergency placements expected to last no longer than 30 days. They provide physical and emotional care to shelter children who come with a variety of needs. Shelter foster parents generally have had previous experience as a regular foster home. Their licensing workers refer them to the shelter program. They are then selected for the shelter program based on the needs of the shelter program at that time. This includes the home’s willingness to care for the ages and types of children needing service by the shelter system. They complete a shelter training program, and thereafter must complete 12 hours of training per year. Shelter parents must have a car, must have bedroom space to care for at least two shelter children at a time, and must have a parent home full time. Shelter parents are expected to utilize electronic technology such as cell phones and computers to more efficiently conduct shelter business. They must be knowledgeable and sensitive to the diversity of children. They must be able to maintain a neutral attitude about each child’s family. Shelter foster parents are expected to know and follow the foster care rules and policies. These include Rule 2960, the Agreement between Foster Parent and Agency, the Shelter Handbook, Shelter Home Page, the Foster Parent Guide, and the Essentials e-mail newsletter.

Shelter co-coordinators, the length of stay worker and their supervisor also serve as part of the shelter team.

Shelter children entering shelter foster care are in a state of crisis. There is often little or no background information about them. It is important that the shelter parent be able to assess and respond to the needs of each child.

Shelter licensing workers evaluate shelter homes for compliance with licensing rules and department policies. They provide support and training to shelter parents. They also recruit and train new shelter parents when needed. Additionally, they visit shelter foster homes on a regular basis to provide support and to assure that they are following shelter policies and procedures.

The shelter foster co-coordinators also manage shelter home space availability and train new agency staff regarding the shelter foster home program.

The length of stay worker is responsible for assuring that children move through the shelter system in a timely manner. This worker may call you if you have had a particular shelter child in your home for more than 30 days.
Hennepin County Social Workers

There may be several Hennepin County social workers involved with a shelter child. They may include social workers from Child Protection, Child Case Manager, Shelter Child Services, Kinship, Indian Child Welfare Act (ICWA) unit, or other areas.

**Child Case Manager Social workers:**
- Coordinate visits, discharges, and case plans.
- May obtain clothing for the child from the birth family, or authorize a partial clothing allowance if needed for school clothing, shoes, boots, unusual clothing needs, or winter outer garments. All clothing will be sent with the shelter child when the child is discharged from the shelter home.
- Provides information regarding the child’s medical needs and medical coverage.
- Approves school enrollment and arranges for the transfer of school records.
- Selects the foster homes for children and arranges preplacement visits.

**Child Protection Social workers:**
- Contact the shelter home following a child’s admission to the home. If a shelter home does not hear from the assigned worker within the first week, the shelter parent may want to call the social worker. If the social worker’s name is unknown, the shelter parent can contact the licensing social worker.
- Arranges transportation to appointments and visits other than what is required of shelter foster parents.
- Approves who the child may visit. Consults with the shelter parent before scheduling visits to determine the shelter parent’s availability, and to schedule up to three visits per week for which the shelter parent will be providing the transportation.
- Approves who the child has phone contact with and arranges for phone contacts between parent and child. Workers may not release a shelter parent’s phone number without the shelter parent’s permission.

**Shelter Child Services Social workers:**
- Visit the child following admission and weekly thereafter while the child remains in shelter.
- Coordinates children’s immediate needs.
- Initiates placement request on the Placement Request System.
Accounting
Be certain to review your reimbursement checks carefully. If your check is missing reimbursements for one or more of your shelter children, notify your licensing worker right away. Your licensing worker will contact accounting to get the issue resolved.
If you have not received your check after 10 business days, please notify your licensing social worker.

Address Disclosure
Social workers will not release the shelter foster home's address or phone number or bring a child's family members to the shelter home without the shelter parents' permission.

Age Range of Shelter Children
Shelter families may choose a preferred age range or sex of child they will accept into their home. Occasionally, if other resources have been exhausted, a family may be referred a child outside their indicated age preference. Shelter parents are under no obligation to accept a child into their home if they do not feel the child will be a good match for their family or other children in their care.
If a shelter family narrows the age range of children they will accept to the point that their home does not meet the needs of the children coming into the shelter system, the shelter family may be asked to return to providing general foster care.

After Hours Emergencies
If an emergency arises outside of normal business hours, call 612-348-3552.
Babysitters

Shelter parents are ultimately responsible for what happens to the children placed in their care, so they must choose their babysitters (teen or adult) wisely. Babysitting is defined as care less than 24 hours with no overnight care, and must be provided in the foster home. Foster parents may use babysitters to care for their foster children based on their discretion.

Babysitters:

- Do not need a background study or screening because they are providing care for less than 24 hours. However, if the baby-sitting arrangement is regular/ongoing or for long periods of time (summer child care, evening work shifts) the babysitter will need to have an Adam Walsh background study completed.

- Providers need to use good judgment when choosing babysitters. If there is reasonable cause to request a background check on a potential babysitter, that person probably should not be used as a babysitter. It is the responsibility of the provider to choose good babysitters. Foster care providers keep the child case managers informed regarding the use of babysitters.

- Babysitters may be under 18 years old; providers can use their discretion regarding the age of the babysitter, considering the special needs of the child. Per child protection and the Red Cross, children younger than 11 years old cannot baby-sit.


- Always practice the standard precautions of care as recommended by the Hennepin County Health Department, including protective gloving while changing diapers or handling bodily fluids.

- Must have completed all necessary trainings prior to babysitting as follows:
  1. Car Seat if they will be transporting children nine years old or younger
  2. SUID/AHT if they will be caring for children six years old or younger
  3. Medical Equipment training if caring for a child that has medical needs that require the use of special equipment

All babysitters for your foster children must be trained by a qualified source on life sustaining medical equipment used by a foster child in your care. A qualified source is a person with medical training or vendor of the equipment. A foster parent is not considered a qualified source to train a babysitter.

In the event of an unavoidable emergency requiring substitute care overnight or for more than 24 hours, immediately contact your licensing social worker. Your licensing social worker will determine if the children need to be moved.
Babysitters must **NEVER:**

- Conduct any shelter business. Babysitters should let incoming calls go to voicemail while you are not home, preventing them from taking shelter business calls.
- Receive or accept children from a social worker transporting a child.
- Allow any visits, admissions, releases or discharges from a shelter home during the time a babysitter is in charge.
- Be responsible for more than the total number of children the shelter home is licensed for, including the babysitter’s own children.
- Transport shelter children for shelter business (including, but not limited to visits, medical appointments, etc).

Call your licensing worker if you need clarification on what is or is not shelter business.

**Important Reminders**

If you should decide to let a babysitter drive your shelter children to **non-shelter events**, such as to the playground, here are some things you must keep in mind:

- You are the person who is responsible for the care of children in your home. If something occurs (such as physical aggression between children, running away, riding without a seat belt, etc.), you are the person who will be held responsible.
- Use good judgment choosing a sitter. Consider the ages and behaviors of the children. If you have any concerns, do the transporting yourself.
- The person doing the transporting must complete car seat training. A seatbelt must be used for every child in the car. Each child (under age 9 and shorter than 4 feet 9 inches) must be in a car seat that meets federal motor vehicle safety standards. If the car has air bags on the passenger side, children should not be in that passenger seat.
- The total number of children in the car may not exceed your licensed capacity. Your babysitter may not transport or supervise more children than your license capacity allows.
- The shelter parent is responsible for making sure the children are at all times closely supervised.

See *Car Seats, Medical Equipment Training, Sudden Unexpected Infant Death/Abusive Head Trauma*

**Babysitting and Mileage Expenses**

Shelter parents may bill the county for babysitting expenses for shelter children in their home if using a babysitter while on shelter business. Shelter business includes:

- picking up shelter children from St. Joe’s
- discharging shelter children
- transferring shelter children to another shelter home
- transporting shelter children to medical appointments
- transporting shelter children to visits
- transporting shelter children to court appearances
- transporting shelter children to Cornerhouse interviews
- registering shelter children at school
- attending shelter group meetings

List these expenses directly on your voucher. See sample Voucher in the forms section at the end of this handbook. Consult with your licensing social worker before requesting babysitting reimbursement for activities not listed here, to assure that the agency considers the activity to be shelter business.

**Basement Bedrooms**
Shelter children may not sleep in basement bedrooms unless the room is at least 50% above ground and has two means of exit. Bedrooms more than 50% below ground must have an egress window and must have an approved State Fire Marshall Inspection.

**Bedroom Space**
- By age five, children of opposite sex may not share bedrooms. This includes siblings.
- Each child must have his own bed/crib.
- Shelter foster children may not share a bedroom with foster children.

**Behavior Concerns/Issues**
Shelter children often demonstrate regressive and acting-out or inappropriate behaviors. As you are frequently the first to observe these behaviors, it is important for you to share your observations with the child’s social worker and your licensing social worker. Document the behavior with an Incident Report.

If you have accepted a child into your home but find that you cannot manage the child's behavior, contact your licensing social worker immediately. Our goal is to avoid placement disruption. Resources are available to help you manage challenging behaviors.

See *Child Crisis Team, Transfers*
Board List
Basic identifying information about each shelter foster family is maintained on a “Board.” This is a paper list which is updated throughout the week by Intake staff and the shelter placement co-coordinators as children enter and leave shelter foster homes. The Board indicates the special considerations of each shelter family (i.e. ages of children they take, special medical skills, etc). It is used as a reference for Intake to determine how many shelter spaces are available in each shelter home at any given time.

Burn Out
Shelter parenting is a demanding, high-stress, high burn out role. Shelter parents’ attitudes toward agency workers, birth parents, and shelter children may change after experiencing the stress of the position. You may notice yourself less attentive to shelter business, filing fewer Incident Reports, getting short-tempered with children, or turning down more shelter referrals. Know when it is time to take a break or leave the shelter care program. As one shelter parent said when she decided to leave the program, “I wanted to leave while I was still smiling at the children from my heart and while the joy was still there.”

Car Seats, Seat Belts & Car Safety
Refer to the Foster Parent A-Z Guide.

Case Plans
You must follow the case plan as developed by the social worker in accordance with shelter rules and policies. The child’s worker must give permission for a shelter child to be involved in a community, park or church program.

Child Body Diagram
This form provides you with a way to record any marks that are on a child. Attach this form to an Incident Report form to indicate injuries or concerns. See a copy of the Child Body Diagram in the forms section at the end of this book.

Clothing
Every shelter home will have a supply of serviceable clothing in order to adequately dress every child while in shelter. The clothing must be clean, fit well, be in good repair and be appropriate for the weather and occasion.
School clothing:
If a shelter child attends school, the child’s worker will provide school clothing for the child by either obtaining it from the child’s parent or authorizing its purchase. For reimbursement, prior approval must be received from the child’s worker.

Large or handicapped children’s clothing:
If a child wears an unusual size of clothing for his/her age or wears adaptive clothing, the child’s worker will provide the shelter parent with clothing either by obtaining it from the child’s parent or authorizing its purchase. For reimbursement, prior approval must be obtained from the child’s worker.

Shoes and winter outerwear:
Shoes and winter outerwear, including coats, jackets, hats, mittens and boots, need to be provided for all children while they are in a shelter home. Shelter homes must have a supply on hand for use until they receive these items for each child. If a child is in need of any of these items, the shelter parent should immediately notify the child’s worker. The social worker must then either obtain the items from the child’s family or arrange for a partial clothing allowance so that the shelter parent may purchase these items for the child. When a child is discharged from a shelter home, the shelter home’s supply of coats, boots and shoes stays in the shelter home, but anything that was purchased specifically for that child needs to be sent along with the child.

For a weekend preplacement, the shelter home should send enough clothing for the weekend, and enough diapers and formula for 24 hours. Make a list of the clothing you are sending along and make sure you get the clothing back. If any is missing, immediately notify the child’s worker and your licensing worker. The workers will make sure you get your clothing back or are reimbursed for it.

Sometimes a birth parent will change the child’s clothing during a visit. There have been occasions where a shelter parent has sent a child for a visit and the birth parent has changed the clothing and kept it. If this occurs, the shelter parent should call the child’s worker and licensing worker. The agency workers will make sure you get your clothing back or will reimburse you for it.

At the time of discharge from a shelter home, make sure the child leaves in a serviceable outfit. This can either be the outfit the child came in or, if needed, an outfit provided by the shelter foster parent. Be sure that any clothing that came with the child also leaves with the child.
Communicable Diseases

If Intake refers you a child with a communicable disease, assess your ability to provide care to the child. Also consider the needs of this child and other children in your home.

If your home is exposed to a communicable disease such as hepatitis A or chicken pox, contact your licensing worker immediately. If you need to be taken off-call, the length of time you are off-call will be determined in consultation with the Hennepin County Community Health Department. You must also follow the standard precautions as indicated by the Hennepin County Community Health Department. Standard precautions are defined as follows:

“Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infections. Standard precautions applies to blood, all body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes. These precautions include the use of hand-washing and methods to prevent exposure of one’s non-intact skin and mucous membranes to another’s body or body fluids. It also includes the use of safety needle/sharp devices and proper disposal of used needles and sharps.”

See Gloving

Complaints

Due to the crisis nature of these placements, shelter foster parents tend to be more vulnerable to having complaints filed against them. If you receive a complaint that is being investigated by Child Protection, you will be taken off-call. A complaint that does not meet Child Protection criteria will be investigated by your licensing social worker.

Here are some suggestions on how to help avoid complaints:

- Communicate with your licensing worker about any concerns or questions. No question is too trivial.
- Carefully review all St Joe’s Intake & nursing information before leaving Intake with the child.
- Provide close supervision.
- Complete Incident Report within 24 hours of the incident. If a child returns to your home with a new mark or bruise, complete an Incident Report immediately. (See Incident Reports section for specific examples)
- Maintain your home in a clean, orderly manner.
- Be cautious about who provides care relating to bathing, dressing, toileting and bedtime. Be alert to and avoid physical contact that an abused child may interpret as being sexual.
• If you are experiencing problems with an agency worker and cannot seem to resolve them, discuss this with your licensing worker.
• Maintain a respectful and nonjudgmental attitude, working cooperatively with other people involved with the shelter foster children.
• Continue to develop your knowledge and understanding of different cultures, lifestyles and traditions.
• Be professional in your communications and interactions with others who are working with the child.
• Dress children appropriately for their age, sex, size, weather, and occasion.
• Provide for the hair and skin care of each child according to their specific needs.
• Discussions about a child or the child’s family should never be held in the child’s presence or that of other children, unless the child is involved in discussions for case planning.
• Know your responsibilities and be sure to fulfill them.
• Agency policies are frequently updated. It is your responsibility to stay current on policy changes. Resources include: Shelter meetings, Hennepin County mailings, Shelter Home Page, the Essentials newsletter, and the Foster Parent Guide.
• Be knowledgeable about Rule 2960 (Minnesota Foster Care Licensing Rule), especially the section on discipline.
• Report to your licensing worker any changes in your household such as, people moving in or out, physical or mental health concerns, legal issues, or anything else that might impact quality of care.

Confidentiality

Any verbal or written communication about a child in shelter foster care is private. You must comply with the Minnesota Government Data Practices Act. Sharing information about a child is only acceptable when it facilitates the best interest of the child, such as discussing a child with potential foster parents; the child’s relatives, parents, or guardian; or other shelter foster parents in the case of a transfer. If you are asked questions that do not involve the direct care you provide to the child, redirect the questioning person to the child’s worker.

Only necessary information should be shared with your own children and babysitters. It is expected that those persons will also comply with the Minnesota Government Data Practices Act.

Phone calls or discussions about a child should never be held in the presence of children, unless the child is specifically involved in discussions for case planning. You should keep
records on the child only during the time the child is in placement in your home. When a child is discharged from your home, give your Licensing Social Worker the St. Joe’s Intake and nursing information, the Shelter Home Placement/Discharge Summary, and any copies of Incident Reports that you have filed regarding the child. All other records must be given to the child’s worker. The only form that you may keep is a copy of the payment voucher.

Your first source of information about a child in your care should be the child’s worker, who is authorized to give you information that will help you to best care for the child. If you have concerns about a child in your care and you believe a previous shelter provider may have information about that child which would be helpful for you to know, call your licensing worker. Your licensing worker will decide how to transfer information from one shelter home to another.

Contact between Shelter Child and Parents

Contact between a child and parents are determined by court order and/or the child’s social worker.

See Court Orders, Voluntary Placements, & Police Holds

Court Orders

There are different types of legal authority that govern the placement of children in shelter:

- 72-hour Police Health and Welfare Hold
- Juvenile Warrant
- Juvenile Court Order – or an Order for Immediate Custody (OIC)
- Voluntary Placement Agreement

St. Joe’s Intake will advise you at the time of placement of the type of authority being used. Carefully read St. Joe’s Intake information for each child and ask any questions before you leave St. Joe’s.

You need to know the child’s legal status. If any questions arise regarding a child’s legal placement, call either the child’s worker or St. Joe’s Intake for assistance. The child’s worker will keep you informed of any changes in the legal status for the placement.

A child who is placed with the authority of the court may have contact with his parents according to the terms of the court order. St. Joe’s Intake and the child’s worker will have copies of the order and will provide direction to you regarding what, if any, family contacts are permitted.

If a court order is issued, that order takes precedence over any previous order.

See Voluntary Placement and Police Holds for other guidelines.
**Child Crisis Team**

If a shelter child’s behavior is out of control, help is available 24 hours per day by calling the Hennepin County Child Crisis Services at (612) 348-2233.

A mental health professional may help you to de-escalate the situation over the phone, or may come to your home to calm down the conflict and make sure the child and your family are safe. They may provide a preliminary mental health assessment and may also involve the shelter child’s social worker in the development of a stabilization plan to help prevent future crises.

**Discharges**

A discharge is a permanent release of a child from the shelter foster home.

You may discharge a child only to the child’s worker, a case management assistant, or the child’s parent or legal guardian. You may not discharge a child to a foster home, relative or kin.

If you are discharging the child to a parent or guardian, you must see a picture identification and have the person receiving the child sign the Shelter Home Placement/Discharge Summary.

To minimize possible complaints, it is best if the child’s worker is present if you discharge to a parent. This should take place at a safe and neutral public setting.

The shelter foster parent must be the one to discharge a shelter child from a shelter home. No one else, including a babysitter, may discharge a shelter child.

On the day of the discharge, call St. Joe’s Intake at (612) 204-8222 to report the discharge. Spell the child’s name and indicate where the child was discharged to (a foster home, home, a relative, etc. If discharged to a relative foster home, report it as a relative discharge.) Also update your space at this time. Tell the Intake person how many spaces you have available after the discharge, and also how many children under the age of two you can now take.

Call St. Joe’s intake to report a discharge of a child who has run away or who has been transferred. Complete a Shelter Home Placement/Discharge Summary each time you discharge a child. The person to whom you are releasing the child must sign the discharge summary form. This signature documents the release of the child from your care. See a sample of this form at the end of this handbook.

Send the following items with a child at the time of discharge:

- clothing and belongings that the child came with or received while in your care, including WIC coupons
• a diaper, if appropriate
• the child’s toothbrush

**Discipline**

Upon licensing and relicensing, you will be asked to sign and abide by the Child Safety Agreement.

**Child Safety Agreement:**
The license holder must consider the child’s abuse history and development, cultural, disability, and gender needs when deciding the disciplinary action to be taken with the child. Disciplinary action must be in keeping with license holder’s discipline policy. The discipline policy must include the requirements in items A and B.

**A. Children must not be subjected to:**

1. corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects at the child or spanking;

2. verbal abuse, including, but not limited to: name calling; derogatory statements about the child or the child’s family, race, gender, disability, sexual orientation, religion or culture; or statements intended to shame, threaten, humiliate, or frighten the child;

3. punishment for lapses in toilet habits, including bed wetting and soiling;

4. withholding of basic needs, including, but not limited to: a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care. However, a child who destroys bedding or clothing, or uses these items to hurt himself or others, may be deprived of such articles according to the child’s case plan;

5. assigning work that is dangerous or not consistent with the child’s case plan;

6. disciplining one child for the unrelated behavior or action of another; except for the imposition of restrictions on the child’s peer group as part of a recognized treatment program;

7. restrictions on a child’s communications beyond the restrictions specified in the child’s treatment plan or case plan, unless the restriction is approved by the child’s case manager; and requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, stand, or kneel in punishment.
B. The license holder:

1. must not require a child to punish other children;
2. must follow the child’s case plan regarding discipline;
3. must not use mechanical restraints or seclusion, as defined in part 2960.3010, subpart 38, with a foster child;
4. must ensure that the duration of time-outs is appropriate to the age of the child; and
5. must meet the requirements of part 9525.2700, subpart 2, item F, regarding the use of aversive or deprivation procedures with a foster child who has mental retardation or a related condition.

If you are able to anticipate that a child may need physical restraint, get written approval from the child’s worker. This is for your protection. You may use physical restraint (hold a child) when a child is out of control and in danger of hurting himself, others or property. If you use any restraint, file an Incident Report. If you are caring for a child who is prone to violent outbursts, make sure to discuss this with the child’s worker.

**Emergencies**

If the child’s behavior is harmful to the child or others, contact your licensing worker immediately. If you have an emergency after 4:30 on weekdays, or on weekends or holidays, call After Hours at 612-348-3552 for assistance. If there is a life-threatening emergency, call 911.

Things to immediately report:

- An injury to a child that requires emergency medical treatment.
- Hospitalization of a child.
- A child whose behavior is injurious to self or others. If you cannot control the child, you will need to call the police first.
- A child returned to you from a parental visit with unexplained injuries.
- A child telling you of alleged abuse or neglect.
- Failure of a birth parent to return a child from a visit.
- A lost or runaway child.
- The above is not a complete list. If in doubt about calling, it is better to do so.
- Occasionally it is necessary to transfer a child out of a shelter home due to an emergency in the shelter home (hospitalization of the shelter parent, etc). A shelter licensing worker must approve this transfer and will work with St. Joe’s Intake to facilitate the transfer.
**Family Changes**

You are required by Rule 2960 to discuss with your licensing worker the changes in your family and how they affect your family functioning and your role as a shelter parent. Report to your licensing worker any changes in your family (including someone moving in or out of your home). Consult your licensing worker before allowing any children, grandchildren, other relatives or friends to stay in your home. Also, immediately report any medical conditions or hospitalizations including therapy or chemical dependency treatment of anyone living in your home. Report any new stresses for any family members, or anything that impacts how your family functions.

**Former Foster or Shelter Children**

Before having contact with former foster or shelter children or their family members, clear any contact with the child’s worker. You want to be sure that your involvement will not interfere with the case planning for the family. The child’s worker will need to pre-approve any visits.

Never take a shelter referral from a social worker, even if it is a child you have previously cared for. Tell the worker to call St. Joe’s. You may only take children who are referred to you from St. Joe’s.

**Forms**

Shelter parents are expected to submit all forms as required by the agency. These include Incident Report forms, Shelter Home Placement/Discharge Summaries, documentation of medical treatment, licensing forms, etc. See samples of forms at the end of this handbook.

**Foster Care Placements**

Shelter foster parents must agree to take only emergency shelter foster care placements. No additional foster care placements are to be made in shelter homes. The only exception to this policy is in a situation where the shelter providers have agreed to take the child(ren) as a permanency resource.

In order for the shelter home to be considered a permanency resource for the child, the shelter foster parent must either:

- Sign an adoption placement agreement (APA) in which they agree to adopt the child, or
- Meet the criteria for a transfer of legal custody (be a relative or kin to the child) and agree to accept a transfer of legal custody of the child.
If a social worker asks you to take a shelter foster child as a foster care placement without a permanency agreement, be aware it will affect your shelter status.

**Gloving**
You must use disposable gloves, and follow other appropriate hygiene methods, when changing diapers or providing other care that exposes you and others to body fluids. This is to reduce the risk of transmitting infectious/contagious diseases. Be certain to share this, and all hygiene practices, with your babysitters. You must follow the standard precautions of care, including hand washing, as recommended by the Hennepin County Community Health Department. Because we often do not have complete medical histories of children in placement, it is necessary for you to handle all shelter children as though they may have an infectious/contagious disease.

*See* Communicable Diseases

**Grooming**
One of the biggest sources of complaints against foster parents relates to grooming issues. Children of different races have different grooming needs. Have a variety of grooming products on hand. Be sure that the child is bathing and has hair washed as appropriate for the child’s skin and hair type. If you take a child whose hair or skin is in bad condition, complete and mail an Incident Report, documenting the condition of the skin or hair when the child entered your home. In addition, keep a running documentation of the care you provide and the products you use to care for the skin and hair while the child is in your home. Attach this documentation to an Incident Report when the child is discharged from your home, and note the condition of the child’s skin or hair when he left your home.

**Guardians Ad Litem (GAL)**
A guardian ad litem is an individual appointed by the court to advocate for and make recommendations to the court based on the best interests of children.

- Shelter parents may share information about a child with the guardian.
- Questions about the child’s history or family should be directed to the child’s worker.
- Guardians ad litem may transport shelter children, and may take them from your home to activities.

Guardians ad litem are not familiar with all the shelter policies, so you will need to share policies with them as the need arises.

*Refer to Foster Parent Guide section Guardian ad litem.*
Guns
Guns and ammunition must be locked and stored separately from one another. They must be unloaded. Weapons and ammunition must not be visible and must be stored separately in locked areas. Report to your licensing worker if you have a permit to carry a gun.

Hair & Hygiene
Before you have a shelter child’s hair cut or trimmed, you must have the parent’s permission. You should obtain this through the child’s worker. You must have prior approval from the child’s worker for reimbursement.

- Combs, brushes and hair accessories should not be shared.
- Children must be bathed regularly. Provide age appropriate assistance with bathing.
- Each child needs their own toothbrush -- demonstrate how to brush if necessary.
- Know how to care for hair and skin of all races of children, including how frequently hair should be washed.
- Have a variety of products that are effective with a variety of skin and hair types.

Immunizations
See Medical Care

Incident Reports
You are expected to file Incident Reports within 24 hours of the incident. Not only can they be a safeguard against complaint investigations, they also are a reflection that you are doing a conscientious job of communicating with social workers.

You must file Incident Reports for:

- Medical issues or injuries – diaper rashes, heat rashes, toothaches, fevers, ringworm, lice, scabies, hair or skin problems, medical visits, any undocumented marks on children not noted in the nursing assessment, bruises, scratches, scabs, blisters or sores
- Behavioral concerns – threatening behavior by children or parents, children running away from your home, stealing or shoplifting, lying, fighting, biting, swearing, bedwetting or soiling, sexual behavior, feces smearing, unusual eating habits, sleep problems
- Case management issues – problems with visits or at discharge, problems with school enrollment, bussing or other school issues, missed phone contacts, missed visits by parents, children placed in your home prior to having the nursing screening completed by St. Joe’s
Incident Reports need to be completed for these issues and for anything else you think the child’s worker and your licensing worker should know about. If you are in doubt as to whether an Incident Report should be filed for an incident, call your licensing worker. Time and time again, Incident Reports have proven to be one of the best protections shelter parents have against lengthy complaint investigations. You need to make them a priority!

**Documenting an incident is a two-part process:**

- Call the child’s social worker and your licensing social worker to report the incident. If the call goes to voicemail, leave a message.
- Complete the Incident Report form, mail within 24 hours of the incident and attach a Child Body Diagram form if there are marks on the child. Failure to do so may result in a Correction Order.

*See a sample Incident Report form and Child Body Diagram form at the end of this handbook.*

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**Infectious Diseases**

See Communicable Diseases

**Interviews**

Phone calls or discussions about a child should never be held in the presence of that child or other children, unless the child is specifically involved in discussions for case planning. When a child is on a Hold, you must be available by telephone and the child must be available to be interviewed.

Children must also be available for interviews requested by the agency, the police, Guardians ad litem, Cornerhouse, etc. Establish with workers and Guardians ad litem a time, location and the length of the interview that is mutually agreed upon. Interviews may be held outside of your home. If they are held in your home, provide a private place for the interview.

**Jury Duty**

If you are notified of jury duty, call your licensing worker.

**Lice**

Shelter parents may not turn down a referral from St. Joe’s Intake based solely on the fact that a child has lice. If children enter St. Joe’s Intake with lice, they will be treated before they come to your home.
For head lice treatment, you must follow the recommendations of the Hennepin County Community Health Department. A child may not be chemically treated for head lice more than twice without a doctor’s recommendation. Check St. Joe’s Nursing Summary and call St. Joe’s nursing staff to determine whether the child has received previous treatments. Submit an Incident Report for each treatment. You will be reimbursed for lice treatment products by listing the expense on your voucher and attaching the receipt.

If you or any of your family members contract lice from a shelter child, you may be reimbursed for the cost of the lice treatment product. Complete a Miscellaneous Expenditure Voucher and send it to your licensing worker. Remember to attach a receipt.

**Medical Care**

**Urgent or Emergency Medical Care:**
When an illness or medical situation requires urgent or emergency medical care, you are responsible for obtaining medical care and transporting the child. This would include sudden fever, symptoms of an ear infection, or if a physician’s prescription or order requires follow-up on a weekend or holiday. If there is a life-threatening illness, call 911.

If a child in your care has received urgent or emergency medical care, notify your licensing worker and the child’s worker. If you are unable to reach the social worker and it is after hours, call 612-348-3552. Follow up by completing an Incident Report.

**Routine Medical Care:**
You may give consent for a shelter foster child to have routine medical and dental care, including necessary tests and/or immunizations after the Hold Order has been signed by a judge. A doctor will determine what is considered routine medical care. If the doctor or a medical facility recommends procedures beyond routine medical care, contact the child’s social worker to obtain permission. If the child needs medical care while on the 72 hour hold, or Voluntary Placement Agreement, you must contact the child’s social worker to obtain permission.

The child’s worker is responsible for arranging transportation for routine medical care, including well baby check ups, immunizations, etc. Consult with the child’s social worker regarding any concerns about a child’s need for medical attention.

You must follow the written and verbal orders for administering a medication. You may not decide on your own to stop giving a medication or to administer it differently from the prescription or doctor’s orders. Prescriptions can not be shared.

**Documentation of Medication and Medical Equipment Used:**
You are required to document all medications and/or medical treatment that you provide a shelter child.
Carefully review the St Joe’s Physical Health Screen and the nurse’s recommendations. If you provide a child with medication or medical treatment, document that ongoing activity. Write down the dates, times and action taken for each child receiving medical treatment. For example, if the child has a fever, write down the dates and times you take the child’s temperature, the child’s temperature, and amount of Tylenol given.

If the need for treatment/medications arises during the placement, immediately notify the child’s social worker and document the doctor visit on an Incident Report form.

When the child is discharged, attach your record of medical treatment documentation to the Physical Health Screen form and send it to your Licensing Social Worker. By documenting medical care, you are protecting the children as well as yourself.

**Medical/Prescription Coverage:**
The child’s worker provides you with information regarding the child’s medical needs and medical coverage.

If you are not able to access a child’s Medical Assistance number through the child’s worker or supervisor, call the state’s Eligibility Verification System (EVS) at (651) 431-2670. If they are not able to help you, call the Hennepin County Managed Health Care Advocate hotline at (612) 596-8860. The advocates who answer the hotline may also help you if you are having difficulties getting medical services for your shelter foster child through a Health Maintenance Office (HMO).

**Medical Equipment Training:**
Before you accept a shelter child who relies on medical equipment to sustain life or monitor a medical condition, you and all caregivers must be trained to operate such equipment by a qualified source. Refer to the Foster Parent A-Z Guide.

**Meetings**
Shelter meetings may be held throughout the year. It is important to attend these meetings, as they will provide essential information and policy updates to your role as a shelter foster parent. You are responsible for knowing this information even if you choose not to attend the meetings. If you attend, you earn shelter-specific training credits.

**Miscellaneous Expenditure Vouchers**
Miscellaneous Expenditure Vouchers are used for reimbursement for items not provided by shelter foster parents. For items, such as shoes, winter coats, boots, mittens, hats, school supplies, and partial clothing orders, prior authorization must be obtained from the child’s worker. Send the completed voucher with attached receipts to the child’s worker. At the time of discharge, remember to send along with the child anything you have purchased with a Miscellaneous Expenditure Voucher.
Miscellaneous Expenditure Vouchers may also be used for reimbursement for any prescriptions not covered by insurance, lice treatment supplies, or other items outside of normal care. Attach the receipts and then file an Incident Report for lice treatment. Because you must get medical approval for more than two chemical lice treatments, you can then also get a prescription for products and use the child’s Medical Assistance number.

See a sample Miscellaneous Expenditure Voucher form at the end of this handbook.

Nebulizers

If a child receives a nebulizer for use in your home, make sure to send it along with the child when she is discharged from your home.

See Medical Equipment Training

Nutrition

Each child needs to be provided with a nutritional diet sensitive to the child’s cultural and special needs. Shelter children under the age of five are generally eligible for Women, Infants and Children (WIC) program. The program provides you with vouchers for free food including formula, cereal, juice, milk, cheese, eggs, and beans or peanut butter. Call the WIC office at (612) 348-6100 for more information.

Off-Call

To assure that adequate shelter space is available, it is necessary for you to plan your time off ahead of time. Be aware that you may not be gone overnight or for a weekend if you have a child in care who is on a Hold or a Voluntary Placement Agreement.

• To go off-call for part of a day, call Intake to let them know you are going off-call.
• To request to go off-call for a weekend or more than just part of a day, call your licensing worker. She will assess whether there is enough shelter space available at that time to grant your time off request.
• If your home is exposed to a communicable disease such as hepatitis A or chicken pox, contact your licensing worker immediately. If you need to be taken off-call, the length of time you are off-call will be determined in consultation with the Hennepin County Community Health Department.
• If you have a child protection complaint investigation, your home will be put off-call until the investigation has been completed.

See Vacations
On-Call

When you are on-call, you must be available from 7:00 a.m. to 11:00 p.m. to accept a shelter referral, and available to pick up children from St. Joe’s Intake between 8:00 a.m. and 10:00 p.m. Picking a child up outside of these hours is at your discretion. If you cannot be reached by phone, Intake will wait ten minutes before referring the child to a different shelter home. Once you have accepted a referral, it is important that you make every effort to pick up the child as soon as possible, preferably within two to four hours.

Overnight Trips

If you are planning to take shelter children with you on an overnight trip or out of state, you need to get prior permission from their workers. Give workers as much notice as possible (at least a couple of days). Depending upon the court order, the worker may need to make a progress report to the court before authorizing the trip.

Phone Contact

- State law requires that parents of children in shelter placement must have access to their children, unless “no contact” is stipulated. When children are initially placed in shelter, parents will be given the address and telephone number of St. Joe’s Intake and contact can be made through that office.

- Visits and phone calls after the initial visit or call must be discussed with the child’s worker and follow shelter policies.

- If the Hold states “no contact” this applies to contact with the child. The parent may still have contact with the shelter parent by phone. You may not permit the parent or other family members or friends to see or speak to the child until the child’s worker allows it.

- You are not expected to give your phone number to parents. Obtain a phone number where you can reach the parent for phone calls.

- You are encouraged to arrange for a block for Caller ID purposes. You do not need to lift your phone block.

- You are expected to make twice per week phone contact with the child’s family at a time that accommodates the schedules of both parties. You should contact the parent at the agreed upon time, making no more than two or three attempts over a 15 minute period. If the child’s family is not available, document on an Incident Report that the contact was attempted but unsuccessful, and the reason why it was not successful.
You may be asked by the child’s worker to monitor phone calls. You are not required to do this. If you chose to do this, you must inform the parent at the beginning of the call that you are on the line. It is possible that you may be subpoenaed to testify in court on the content of calls if you monitor.

**Placement Folders**

Be prepared to maintain a placement folder if the child’s worker provides one to you.

- If you are discharging to a parent or legal guardian and the worker is not present, give the placement folder to your licensing worker.
- If you are discharging to a social worker or a case management assistant, give that person the placement folder.
- If a child is transferred from your home to another shelter home, give the placement folder to the new shelter foster parent.

**Police Holds**

Only law enforcement officers have the statutory authority to place children in shelter care when they believe that the child’s health or welfare may be in danger. A 72-hour Police Health and Welfare Hold allows child protection workers up to three full business days to assess the situation. These three days do not include weekends, holidays or the day the Hold is placed. The day and time that a Hold expires is on the St. Joe’s Intake Summary. You will also receive a copy of the Hold.

If a child is not returned home when the Hold expires, the child’s worker will advise you of the placement authority for the child to remain in shelter, either a court order or a voluntary placement.

**Children may be released prior to the expiration of the Hold under the following circumstances:**

- By the detaining officer, the detaining officer’s supervisor or the County Attorney.
- By the Social Service Agency, provided that the agency as conducted an assessment and with the family has developed and implemented a safety plan for the child(ren), if needed.
- On the day the Hold expires, the child’s worker may authorize release at 4:30 p.m.

A shelter foster parent may release a child under the above circumstances only to a parent or legal guardian of the child. A social worker must be present to release a child to any other individual (such as a foster parent, non-custodial parent, grandparent or other relative).
Other things to know about Holds:

- The placing law enforcement officer can stipulate to either NO CONTACT or CONTACT.

- If the placing officer stipulates to NO CONTACT because contact would endanger the child(ren)'s health or welfare or would compromise law enforcement’s investigation, then the custodial parents shall not be allowed either phone contact or in person contact with the child.

- If the placing officer stipulates to CONTACT, then contact is allowed but subject to the approval of the social worker.

- If the Hold states NO CONTACT this applies to contact with the child.

- The parent may still have contact with the shelter parent by phone.

- You may not permit the parent or other family members or friends to see or speak to the child until the child’s social worker allows it.

- If a social worker calls and tells you to discharge a child who is on a Hold, you may do so.

- When a child is on a Hold you must be available by telephone and the child must be available to be interviewed or released. You must also stay in the Metro area with a child on a Hold.

Pools

Pools need to be enclosed and secured with a locked gate that meets local code regulations. Pool areas, including wading pools and public pools, need to be supervised by the shelter foster parent at all times when shelter children are using them.

Prescriptions

See Medical Care

Preplacement Visits

The child’s worker must provide you with the name, phone number and address of the foster parent who will be having your shelter child for a preplacement visit. If the preplacement visit disrupts, you must be available to take the child back.

For a weekend preplacement, the shelter home should send enough clothing for the weekend, and enough diapers and formula for 24 hours. Make a list of the clothing you are sending along and make sure you get the clothing back. Immediately notify the child's
worker and your licensing worker if any is missing. The workers will make sure you get your clothing back or are reimbursed for it.

If children stay in the foster home as a placement, make sure that the discharge date you use on your voucher matches the worker’s discharge date.

Priority List

The Priority List was developed to ensure that each shelter family has an equal opportunity to receive referrals of shelter foster children. The list assigns a number to each shelter family and the Intake staff follows the list in order to make a shelter referral. The shelter home coordinators update the list three days a week. Shelter homes rotate through the list when they receive or discharge a shelter child.

Referrals

Only the licensed shelter foster parent may accept a referral, pick up a child from Intake or discharge a child from the home. St. Joe’s Intake will not release a child except to licensed shelter parents.

You may only take shelter children who are referred to you from St. Joe’s Intake. If a social worker calls you and asks you to take a child, tell the worker to call St. Joe’s.

If Intake calls you with a referral and there is no answer at your home, they will leave a message on your phone recorder and cell phone. If you do not call them back within ten minutes, they will move on to call another shelter home. However, please always return their call when you do get the message, even if it is several hours later. It may be that you are the only home available for a particular child, and Intake may be waiting for you to return the call. Make sure to ask questions and to get all concerns clarified before accepting a referral.

Intake will refer children to shelter foster families who they feel are appropriate for placement in a shelter foster home, based on the information they have about the child. It is your responsibility to determine which children will fit well in your home based on your family makeup and the other children you are currently caring for.

Carefully consider the following:

- Do not accept a child that you know (relative or friend) until you first discuss this with your licensing worker.
- Never accept a child who uses medical equipment unless you have been trained on how to use that equipment. You must be trained every 6 months unless you have used that equipment within the last 6 months, with a foster child.
• Never accept a child under the age of six years unless you have completed Sudden Unexpected Infant Death (SUID) and Abusive Head Trauma (AHT) training within the last five years.
• Medical conditions that may be communicable need to be assessed before a child is sent to a shelter foster home.
• Consider the amount of time children with medical issues will require in relation to the demands of the other children in your home.
• Use your best judgment in choosing whether to accept a child with ADHD (attention deficit hyperactivity disorder) without his medication.
• Base your decision on the current mix of children in your home and your skill with children who have ADHD.
• Consider the other children in your home before you take a child with a high fever and a virus.
• You are expected to take children with lice or ringworm that have been treated.

If you accept a referral and are told that the child has a medical appointment or Corner-house appointment the next day, you must provide transportation to that appointment. If you are not able to provide this transportation, do not accept the referral.
• Call your licensing worker if you are unsure about whether to accept a particular referral.
• Make sure you have appropriate car seats before accepting a referral.

Read the referral and Hold information about a child at Intake before you meet the child. If you read something that concerns you and you decide not to take the child that is the time to tell Intake that you have changed your mind about taking the child.

See On-call, Medical Equipment Training and Communicable Diseases.

Releases

You may release a shelter child from your home temporarily for such things as doctor appointments, parental visits and preplacement visits. When releasing a child, you must have prior approval from the child’s worker. You may be releasing a child to a social worker, case management assistant, or guardian ad litem. You need to see a picture identification and have the person receiving the child sign the Shelter Home Placement/Discharge Summary form. A shelter parent is the only person in the shelter home who may release a shelter child or receive the child upon return. Give the Shelter Home Placement/Discharge Summary form to your licensing worker at the end of the child’s placement.
**Respite**

If you are using respite, refer to the sections Off-call and Vacations. Back-up homes are not eligible for respites at shelter rates.

If you are asked to provide respite for a foster child, you must first call your licensing worker. Approval will be based upon the available shelter space at the time. If approved, the foster children for whom you are providing respite must have a separate bedroom from the shelter foster children. You may not exceed your licensed number of children. Be aware of the procedures, policies and respite forms in the Foster Parent Guide.

Shelter foster parents may receive up to 21 days of reimbursed shelter respite per calendar year. Shelter foster parents are not eligible for reimbursed shelter respite until they have had shelter placements. Reimbursed respite is “earned” after shelter care has been provided. The reimbursement is determined by the length of placement and the number of children that have been in your care, up to 21 days. For example, if you have had five children in placement for 17 days, the reimbursed respite would be for that number of children and days, not the number of shelter spaces for which you are licensed.

- Shelter providers can “bank” earned respite time and request the reimbursement when they are ready to go off-call and take a vacation.
- You must go off-call during the respite period and not have children in placement.
- Shelter foster parents cannot carry over unused shelter respite to the next year.
- Shelter respite must be preapproved by your licensing social worker.

See *Vouchers, Off Call*

**Runaways**

If a shelter child runs away from your home, you should notify the child’s worker (or 612-348-3552 after hours) and the police immediately. Submit an Incident Report within 24 hours. After talking with you, the child’s worker and your licensing worker will determine whether the child is considered discharged, or whether to hold your bed space (for up to three days). Beyond three days will require approval of the child worker’s program manager. Remember to call the discharge in to St. Joe’s Intake.
**School**

Children of school age who have been in shelter foster care for three days beyond the 72 hour Hold must be attending school.

Check with the child's worker to make certain the child can return to the school of origin. Call that school to begin arranging for bussing. While you are waiting for bussing to be arranged, the shelter foster parent will need to transport the child back to their home school.

The educational stability act requires foster children to remain in their home schools, unless there is a safety issue. Reference, if necessary, the McKinney-Vento Act in order to facilitate services.

You will transport the child to their school and be reimbursed for mileage, without permission from your licensing social worker, for up to **five business days** after placement. If the public school transportation has not started within five business days after the request, the shelter parent must get approval from their licensing social worker in order to continue to get reimbursement for transportation. Communicate with your licensing social worker if there are barriers to the transportation starting.

This Federal Education Stability Act addresses keeping foster children in their home school to promote stability and helps close gaps in education.

If you are not able to provide school transportation, contact your licensing social worker to discuss the barriers.

Shelter parents should not be home schooling shelter children.

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**Sexual Acting Out**

Children from abusive backgrounds may have developed inappropriate ways of showing affection. They may imitate or initiate inappropriate sexual play or gestures towards adults and other children. They might also be afraid to be touched. Be sure to report these behaviors to the child's worker and your licensing worker and complete an Incident Report.

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**Shelter Home Page**

These newsletters contain important news and policy updates regarding shelter business.

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**Shelter Home Placement/Discharge Summary Form**

Have a Shelter Home Placement/Discharge Summary signed every time you release a child. A child is considered released from your care when leaving with a social worker, guardian ad litem, police officer, etc. Complete and give the form to your licensing worker
after discharge. One copy of the form will be kept at St. Joe’s. If that child returns to St. Joe’s for placement in shelter in the future, the Intake staff will refer to the form, including whether you want to be contacted if the child returns to shelter. If there is anything about a child that you think would be helpful for a potential future shelter placement to know about, make sure you write the information on the Shelter Home Placement/Discharge Summary.

See a sample Shelter Home Placement/Discharge Summary form at the end of this handbook.

St. Joe’s Home for Children

Intake:
St. Joe’s Intake is staffed by social workers who welcome and receive youth, develop Intake assessments, and arrange for appropriate placement of youth referred for emergency shelter. Here are some of the things the Intake staff provides:

- **Meet basic needs** – provide immediate safety, assure that the emotional and physical needs of youth are met.
- **Initial assessment** – gather information about the youth and their needs, based on personal interviews and collateral information. Intake staff assembles this information into an Intake assessment. The intake assessment is given to shelter providers and social workers.
- **Placement considerations.** The youth profile is matched with available placement resources to make a best fit to meet the youth’s needs. If it is determined that the youth is shelter foster home appropriate, intake staff considers keeping siblings together, medical or special needs of the children, ICWA status, and whether a child has previously been in a particular shelter home.

Nursing:
The purpose of the St. Joe’s nursing assessment is to give the county a report on the condition of the child’s body and health at the time of intake. Here are some of the things that the nursing staff provides:

- All children brought in under a 72-hour Police Hold receive an unclothed, full body examination. Resistance to and non-cooperation with a full body examination will be documented and highlighted on the nursing assessment form.
- All marks, bruises, rashes, hair, and scalp and skin conditions, cuts, birthmarks and pigmentation marks will be documented on the Well Baby form as part of the nursing assessment. All of these will be documented regardless of size or significance.
- Dental conditions (cavities, missing teeth, etc.) will be documented.
- General appearance (dirty, inadequate clothing, etc.) will be documented.
• Communicable diseases including, but not limited to, impetigo, measles, mumps, ringworm, scabies, viral respiratory infections and head lice, if identified, will be cared for per Hennepin County Community Health Department protocol. Nurses cannot make medical diagnoses, however, if any communicable diseases are apparent, they will indicate “suspected” conditions and will advise the provider on how to treat the child.
• Prescriptions will be filled and treatment started for children with infectious diseases before they are placed in a shelter home. In all other cases, the prescription will be called in to St. Joe’s or the shelter parent’s pharmacy of choice for pick up by the shelter foster parent.
• A second treatment for lice will be administered when tea tree oil is used and lice are still alive after the first treatment.
• Medical equipment, such as a nebulizer for asthma, will be in place before children are placed in a shelter home.
• Urine screens will be done on children under age 7 brought to Intake from police drug raids or when clinical indications warrant the procedure, or when Hennepin County staff specifically request the procedure.
• If photographs are taken, it will be documented on the nursing assessment form.
• Documentation will be made if an abuse inquiry was completed.
• Documentation of any hospital or emergency room treatments will be made on the nursing assessment form. It will summarize the hospital or emergency room findings and recommendations for follow-up care. The write-up will be done in language that can be understood by non-medically trained caregivers. The hospital’s recommendations will be made available to the agency and to the shelter parent when St. Joe’s nursing department receives it.
• St. Joe’s will provide transportation for all children who need to be seen at a hospital or hospital emergency room during the intake process.

Sudden Unexpected Infant Death (SUID) and Abusive Head Trauma (AHT) training:
If you take children under the age of 6, you are required to have completed SUID/AHT training. Refer to the Foster Parent A-Z Guide.
Supervision

You must provide a high level of supervision to shelter children. Many shelter children have not been taught how to handle certain situations safely. Each child’s life experiences have been different. Many have had very little supervision before coming to you. Many are delayed and physically or sexually aggressive. Because there may be much that you do not know about a shelter child’s experiences and behaviors, it is critical that you provide close supervision. The following is a guideline for supervision of shelter children. It is not inclusive. If you have questions about the level of supervision needed for a shelter child in your care, discuss this with your licensing worker.

No! Not! Never!

Infants may NOT be:
- left in the care of another foster child
- left alone in the home, even briefly
- left to cry without being checked on
- allowed to ride in the car without a car seat
- left in a car alone, even briefly

Toddlers may NOT be:
- left in the tub unsupervised, even briefly
- left in the yard unsupervised, even briefly
- allowed to ride in the car without a car seat
- left in a high chair unattended, even briefly
- left in a bathroom or kitchen unattended, even briefly
- left to care for a younger child, even briefly
- out of your sight in a public setting
- left in a car alone, even briefly

School age children may NOT be:
- left in a car alone, even briefly
- allowed to ride in a car without a seat belt or car seat as size appropriate
- allowed access to chemicals or medical products
- left to care for younger children
- left alone in the home overnight
- left alone at a store or mall
- in the park without adult supervision
- in the library without adult supervision
Teenagers may NOT be:
• allowed to ride in a car without a seat belt
• left alone overnight
• allowed to spend the night with a friend without prior permission from the child’s social worker
• left to care for younger children
• left to select music and videos or surf the internet without supervision
• allowed to spend the day alone without you knowing specifically where they are
• cell phone use is allowed at the discretion of the provider

Toothbrushes
You need to provide each child with his own toothbrush and assistance with daily brushing if necessary. Send the toothbrush with the child when discharged.

Toys
Have a wide variety of age-appropriate and culturally representative toys to help children learn and develop. These toys must be maintained and replaced as needed. Keeping toys clean is very important to prevent the spread of infectious/contagious diseases.

Training
Shelter parents are required to obtain a minimum of 12 hours of training annually. Six of these must be related to the special needs of shelter foster children. Shelter parents are encouraged to attend all shelter meetings throughout the year. You will receive training hours for attendance. Other training opportunities are available through the Hennepin County foster care training program and the periodic articles and self-tests provided to shelter parents. Make sure you have a reliable system for recording your training hours throughout the year, as you are the person who is responsible for maintaining them. Maintain a file, keep a log on your computer, or record it on your calendar. Find a plan that works for you and keep it up.

Transfers
If you are caring for a shelter child and behaviors are beyond what you feel capable of handling, notify your licensing worker as soon as possible. We will work with the child’s worker to get the child moved to a non-shelter placement as quickly as possible. If you fear for the safety of yourself, the child, or others in your home, call 911.
It is in the best interest of the child to minimize the number of placements. Therefore you will be encouraged to try to work through the behavioral issues to avoid a transfer unless there is a safety issue. The Child Crisis Services team (612-348-2233) may be used to help stabilize the placement. This service is available 24 hours a day, 7 days a week.

If you need a child transferred out of your home, you must contact one of the shelter licensing workers or their supervisor. You may not just drop children off at St. Joe’s. If your licensing worker approves the transfer she will call Intake and let them know the transfer is approved.

If a transfer is approved, you are expected to care for the child until an alternative placement is obtained. The shelter foster parent requesting the transfer must transport the child to the new shelter facility.

If there is an emergency in the shelter home (hospitalization of the shelter parent, etc), a shelter licensing worker or their supervisor must approve the transfer and will work with Intake to make the transfer request.

For emergencies after hours or on weekends and holidays, call Child Protection Screeners at 612-348-3552, or St. Joe’s Intake 612-204-8222.

If a child is transferred out of your home, give all written materials about the child to the new shelter placement. Complete and sign a Shelter Home Placement/Discharge Summary and send it to your licensing worker.

Make sure to call St. Joe’s Intake to record a transfer. Do this even if the transfer took place at St. Joe’s.

See a sample Shelter Home Placement/Discharge Summary form at the end of this handbook.

See Behavior Concerns/Issues and Emergencies, First Response

Transportation

Shelter parents provide transportation:

- from St. Joe’s Intake to the shelter home for new placements between 8:00 a.m. and 10:00 p.m.
- for emergency or urgent medical care
- if a physician’s prescription or order requires follow-up on a weekend or holiday
- to and from visits each week with the child’s parent or legal guardian at a mutually agreed upon time and setting
- to school of origin until bussing can be arranged whenever feasible
to appointments scheduled the day after referral for medical exams or Cornerhouse.
The child’s worker is responsible for arranging transportation for court hearings, preplacement visits, foster care placements, and all non-emergency medical appointments.

See Babysitters; Car Seats; Medical Care; and Transportation and Babysitting Reimbursement

Transportation and Babysitting Reimbursement

You may be reimbursed for mileage and parking expenses while performing shelter business. If you hire a babysitter to care for shelter children while you are performing shelter business, you may also be reimbursed for this expense. Shelter business includes:

- picking up shelter children from St. Joe’s
- discharging shelter children
- transferring shelter children to another shelter home
- transporting shelter children to medical appointments
- transporting shelter children to visits
- transporting shelter children to court appearances
- transporting shelter children to Cornerhouse interviews
- registering shelter children at school
- transporting the child to their home school while bussing is pending
- attending shelter group meetings

List these expenses directly on your voucher, attaching receipts for parking expenses. See sample Voucher in the forms section at the end of this handbook. Consult with your licensing worker before requesting reimbursement for activities not listed above, to assure that the agency considers the activity to be shelter business.
**Vacations**

Please notify and discuss with shelter co-coordinators prior to planning vacation time in order to ensure adequate bed space in the shelter system. Three weeks prior to your vacation, please notify the workers of the children in your home of your vacation date. The shelter foster home coordinator will also notify these workers, in writing, that they have three weeks in which to move the children to a non-shelter placement. If you receive any new shelter placements during this time, notify your licensing worker and the shelter foster home coordinator.

Three weeks prior to your vacation, you will be taken off-call. While shelter children may remain in your home during this time, no new placements will be made, as those children would have to be moved out of your home within two weeks.

*See Off Call and Respite*

**Visitation Centers**

Visitation Centers offer supervised visits between shelter children and their birth parents. The following are expectations of the visitation centers:

- Arrive on time. Visits are often scheduled back to back.
- You are expected to wait 15 minutes past the scheduled visit time for parents to arrive if they are late. After 15 minutes, you may leave. Parents are often using public transportation or depending upon others for rides.
- Children must be delivered to a visitation center staff person and picked up from a visitation center staff person. This is regardless of the child’s age.
- Please call the center if you are not coming for the scheduled visit. Follow up with an Incident Report.

**Visits**

Shelter parents provide transportation to and from up to 3 visits each week with the child’s parent or legal guardian at a mutually agreed upon time and setting. The child’s worker coordinates the visit after talking with you about your availability.

It is recommended that visits take place at a neutral setting, such as the Health Services building or a visitation center.

Parents are often using public transportation or depending upon others for rides. You are expected to wait 15 minutes past the scheduled visit time for parents to arrive if they are late. After 15 minutes, you may leave.

If the visit needs to be supervised, the child’s worker needs to arrange for the supervision.
An overnight or weekend visit may be part of the case plan. Notify your licensing worker if a visit is planned for three days or more so it can be determined whether your bed space can be held for that child.

Send along enough diapers and formula to last during the visit.

There have been occasions where a shelter parent has sent a child for a visit and the birth parent has changed the clothing and kept the outfit. If this occurs, the shelter parent should call the child’s worker and licensing worker. The agency workers will make sure you get your clothing back or will reimburse you for it.

See Preplacement Visits and Visitation Centers

Voluntary Placements

Parents who voluntarily place their child are permitted to have phone contact and visit their child in accordance with shelter policy. A parent may revoke the Voluntary Placement Agreement at any time, in which case the child’s worker must call you to authorize the child to be discharged from your home to the parent or the child’s worker.

Vouchers

There is a box that you can mark on a voucher if you need more voucher forms.

Accounting is able to process your voucher more quickly if you fill it in as completely as possible. If you have the case numbers for the children in your home, put that information on the voucher (the numbers are found on a check stub from a previous check sent to you while the children were in your home). Be aware that the case numbers may change, so make sure to get the information from the most recent check stub.

You may put shelter business expenses on your voucher. These include babysitting expenses and mileage for shelter business. You may also list expenses such as medical prescriptions that you had to pay for because the child had no medical number, and lice treatment products that you have purchased. Attach the receipt to the voucher.

Send respite vouchers to your licensing worker for approval.

See sample Voucher at the end of this handbook.

WIC

See Nutrition
HENNEPIN COUNTY  
HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT  
FOSTER CARE PROGRAM  
MISCELLANEOUS EXPENDITURE REIMBURSEMENT REQUEST

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Case Number</th>
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<tbody>
<tr>
<td>Case Worker</td>
<td>Date</td>
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<tr>
<td>Worker’s Authorization Signature</td>
<td>Supervisor’s Approval Signature</td>
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</tbody>
</table>

ATTACH RECEIPTS FOR APPROVED EXPENDITURES

ITEMIZE EXPENDITURES - Include dates of service, mileage, etc. | AMOUNT

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<th>Description</th>
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I hereby acknowledge receipt of the above services and/or commodities for the above-named child.

__________________________
Signature of Foster Parent

Foster parents are urged to submit this voucher as soon as possible to avoid delay in payment.

Return to:  
Social Worker  
Health Services Building - 10 MC960  
525 Portland Avenue South  
Minneapolis, MN 55415-1569

White - Accounting  
Yellow - Case File
HENNEPIN COUNTY
CHILDREN, FAMILY, AND ADULT SERVICES DEPARTMENT
CHILD BODY DIAGRAM

Child Name: ________________________________  Case Number: ____________________
Provider Name: _____________________________  Provider Number: __________________
Date: ________________________________

Copy to: Provider File
Child’s CF File
(NOT Child’s Placement Folder)
## Shelter Voucher - Sample

### HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT

**ACCOUNT SERVICES**

**PAYMENT REQUEST**

**Mail to:**

HSPHD Accounts Payable
300 South Sixth Street - Suite A 134
Minneapolis, Minnesota 55402-0134

**Instructions:** TYPE or PRINT the information requested on the UNBADED portions of this form.

### Name of Provider

<table>
<thead>
<tr>
<th>#</th>
<th>SSSS #</th>
<th>Last Name</th>
<th>First Name</th>
<th>SSSS Service Agreement</th>
<th>Service Code</th>
<th>Service Dates</th>
<th>Unit Type</th>
<th>No. Of Units</th>
<th>Unit Rate</th>
<th>Amount</th>
<th>Client Fee</th>
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**TOTAL:** $ -

*Note: The total amount is calculated at the bottom of the table. The values are the result of the sum of all the units and rates.*

**Signature of Provider**

__________________________

**Date**

__________________________

Page 1 of 1
<table>
<thead>
<tr>
<th>#</th>
<th>VENDOR NAME</th>
<th>PAYEE</th>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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<td>8,784.00</td>
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</table>

**Note:** We do not pay for the last service date billed. For on-going services start your next bill on the same date that you ended your last bill. On placements total for three calendar days or less, we do pay for the date at discharge.

Were any children absent ten (10) or more consecutive days? Check "X" one. Yes | No.

If "YES", Include Absence Attachment. (Applies to child care providers only)
Discharge Form - Sample

HENNEPIN COUNTY
HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT
SHELTER HOME PLACEMENT / DISCHARGE SUMMARY

Child Name: ______________________ DOB: ____________ Case Number: ________________
Social Worker: ____________________ Licensing Social Worker: _____________________
Date Admitted: ____________ Date Discharged: ____________ To whom? _______________

BEHAVIORS OBSERVED DURING PLACEMENT (Check any that apply)
- Assaultive
- Chemical Use
- Defiant / Disrespectful
- Destructive of Property
- Difficulty with Peers
- Eating Disturbance
- Fear (Unusual or extreme)
- Fire Starter
- Runner
- Self-Injurious
- Sexual Activity
- Sleeping Disturbance
- Stealing
- Other
- No Known Problems

Explain:

PHYSICAL CONDITION / HEALTH
- Allergies
- Asthmatic
- Diapers / Diaper Rash
- Formula? Brand: ________________
- Lice Treatment
- Medication
- Medical Care / Medical Equipment
- Messes in Pants
- Respiratory Infections
- Skin / Hair Care
- Special Diet
- Therapy
- Wets Pants or Bed
- Other
- No Known Problems

Explain physical / medical care provided:

CHILD HAD PHONE CONTACT WITH: ☐ Parent ☐ Siblings ☐ Other
CHILD HAD VISITS WITH: ☐ Parent ☐ Relatives ☐ Friend ☐ Other

Comments:

CHILD RELEASED TO (check identification):

<table>
<thead>
<tr>
<th>Signature</th>
<th>Relationship</th>
<th>Dates</th>
</tr>
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<tbody>
<tr>
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</table>

SCHOOL: Child Attended School ☐ Yes ☐ No
Enrolled at: ____________________________
Comments: ______________________________________

PLACEMENT FOLDER? ☐ Yes ☐ No

CHILD’S BELONGINGS SENT: ____________________________

I WOULD LIKE TO BE CONTACTED IF THIS CHILD RETURNS TO SHELTER: ☐ Yes ☐ No

ADDITIONAL COMMENTS: ____________________________

SHELTER FOSTER HOME: ____________________________ DATE: ____________

Original: St. Joseph's Shelter Intake
Copy: Child's CF File