



**LEECH LAKE CHILD WELFARE
SUBSTITUTE PROVIDER PLAN FOR FOSTER CARE**

My Preferred Substitute Babysitter Providers Are:

**Temporary care of a foster child for less than a 24 hour period of time provided by someone other than the foster parent*

1. _____ Phone _____ Licensed Y N
2. _____ Phone _____ Licensed Y N

I was informed by the Child Welfare Licensing Coordinator that background checks were cleared for each substitute provider.

My Preferred Child Care Providers Are:

**Care provided to a foster child while foster parent attends work related employment of higher education activities*

1. _____ Phone _____ Licensed Y N
2. _____ Phone _____ Licensed Y N

I was informed by the Child Welfare Licensing Coordinator that background checks were cleared for each unlicensed child care provider.

My Preferred Respite Care Providers Are:

**Temporary care and supervision provided to a foster child for overnight or longer not to exceed a maximum of 72 consecutive hours in a licensed foster care home other than the foster care home the child was initially placed in.*

1. _____ Phone _____ Licensed Y N
2. _____ Phone _____ Licensed Y N

I understand that I must notify the Child Welfare Foster Care Specialist assigned to my home of any changes to the above providers I have designated for the care of any foster children in my care.

Signature of Foster Care Provider(s)

Date