

Kids Count Too, Inc.
Respite Checklist

This form is used for respite providers. It is completed by the Foster Parent and Respite Provider, then turned in to the Kids Count Too worker at the next home visit. This form may then be utilized on an as needed basis to improve communication between the foster parent and respite provider. **Reminder: All respite is to be pre-approved.**

Name of Respite Provider: _____ Name of Child: _____

Name of person completing this checklist: _____

Alternate telephone # where foster parent can be reached: _____

Kids Count Too Agency on-call number: _____ (419) 575-1972

- Notified Kids Count Too of respite
Discussed current medications (i.e., how to administer, side effects, when to notify doctor, and documentation)
Discussed procedures for obtaining emergency medical care
Discussed critical incidents (i.e., policy, how to report, when to report, and how to write an accident report)
- Discussed known behaviors and discipline methods to utilize: _____

Discussed required documentation (i.e. calendar, daily log, documentation, treatment goals etc.)
Discussed child=s daily routine and any appointments: _____

- Discussed contact allowed/not allowed with: _____
- Alternate phone # where foster parent can be reached: _____
- Discussed dates and times for respite (including starting date and time, ending date and time) - Date(s) of Respite: _____
- Reviewed clothing/personal belongings inventory before and after respite:

We have reviewed and discussed the information above. I agree that I will not disclose or knowingly allow the disclosure of any information regarding this client or the child=s family to persons not directly involved in the child=s care and treatment.

Respite Provider Signature Date

Foster Parent Signature Date

Kids Count Too Case Worker Date