

# Agreement between Foster Parents and Child Foster Care Licensing Agency

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

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

## Foster care licensing agency agrees to:

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

## Foster parents agree to:

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

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

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

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

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

# Attachment A: Child Foster Care Confidentiality Agreement

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

\*As defined by Minnesota Statutes, Chapter 13.

## Civil Rights Notice

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

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

## Civil Rights Complaints

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

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

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

### Minnesota Department of Human Rights (MDHR)

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

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

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

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

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

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

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

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

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

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

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

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

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ဟံသုင်ဟံသးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိင်္ဂဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လၢ် တီလၢ်မိတခါအံၤန့ၣ်,ကိးဘဉ်လိတံစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປຣໂທໂພຍເລກຂ້າງເທິງນີ້.

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

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

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

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

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

LB2 (10-20)



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