



**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