



## Self-Care Plan

Youth's Name:

DOB:

Placement Date:

Contracting Agency: Cornerstones of Care Case Manager:

CM Location:

Foster Home:

Location:

Resource Family Advocate:

Date Plan Implemented:

Any child in foster care, at least 12 years of age, may be permitted to stay at home without adult supervision for certain periods of time between the hours of six a.m. and midnight, if all of the following requirements and conditions are met:

- The potential for self-care is identified and written approval is included in the child's case plan.
- Each child in foster care's specific risk factors, including age, maturity level, behavior disorders, suicidal tendencies, developmental delays, thrill-seeking behavior, and difficulty with anger control, shall be considered in developing the self-care plan.
- Each licensee has established a written self-care plan for the care and supervision for each child in foster care in the home in the absence of the licensee. The written self-care plan shall take into consideration the number of children in the home, the behavior, emotional stability, and maturity level of the children in the home, and any neighborhood safety issues. The self-care plan shall be approved by the sponsoring child-placing agency and the child's child-placing agent.

Check One:

- Child who is at least 12 years of age may be in self-care for a maximum of two consecutive hours, for no more than four hours per day
- Child who is at least 14 years of age may be in self-care for a maximum of four hours per day
- Child who is at least 16 years of age may be in self-care for no more than 10 hours per day

Self-Care Plan Details:

### Emergency numbers and contacts

Police: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Fire: \_\_\_\_\_

Poison control: \_\_\_\_\_

Foster Parent Cell Phone: \_\_\_\_\_ or \_\_\_\_\_ Other: Name: \_\_\_\_\_ Number: \_\_\_\_\_

- ✓ Only children residing in the home may be present during self-care
- ✓ Child must stay within outlined boundaries of the property while in self-care which include:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- ✓ Policy of phone use while Foster Parent is not in the home:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
- ✓ Policy on answering the door while Foster Parent in not in the home: \_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
- ✓ Other: \_\_\_\_\_
   
\_\_\_\_\_

I (We) have read and understand this agreement.

Relative/NRKIN/ Approved/ Resource Parent	Date
Relative/NRKIN/ Approved/ Resource Parent	Date
Youth's Signature	Date
Cornerstones of Care Representative	Date
Cornerstones of Care Representative Supervisor	Date