

Circles of Care

Respite Documentation

Respite providers must complete this form to document how child/youth did while on respite. Please return to foster parents so they can turn into Circles of Care. Or you may submit this documentation to Circles of Care.

Name of Child/Youth: _____

Dates of Respite: _____

I) Medical:

Any medical problems or problems related to administering any medication?: No Yes

If yes, specify: _____

II) Behavior and Discipline

Overall, how did the child/youth do on respite? What did you do on respite? Please note any problem behaviors and what discipline was administered:

Where there any major incidents or did you have to physically restrain child?: No Yes

If yes, please specify. What was incident or if restraint occurred what led to need for restraint, length of restraints, any injuries that occurred and document who you reported this incident to:

Respite providers must turn this form into COC or give back to foster parents to turn in to COC

Reviewed by COC staff: _____