



Policy: Child Placement Agreement

ChildNet Number: CN 015.017

Original Approved Date: November 8, 2017

Policy Revised Date(s):

Policy Sunset Date:

COA Standard(s): None

Statement of Policy:

It is ChildNet's policy to establish safeguards for identifying and assisting children in substitute care who exhibit problematic behaviors.

Board Chair's Signature:

Date:

12/15/17



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Original Approved Date: November 8, 2017

Procedure Revised Date(s): April 25, 2018, May 13, 2022

Procedure Sunset Date:

COA Standard(s): none

Definitions (If any):

Explanation of Terms: For the purposes of this operating procedure, the following definitions shall apply:

1. "Assessment" – the gathering of information for the evaluation of a child's physical, psychological, educational, vocational, social condition and family environment as they relate to the child's needs for rehabilitative and treatment services, including substance abuse treatment services, mental health services, medical services, family services, and other specialized services, as appropriate.
2. "Substitute care" - any child under the age of 18 in the care and custody of ChildNet in an out-of-home placement, which includes relative caregivers.
3. "Human Trafficking" - the transportation, solicitation, recruitment, harboring, enticement, or maintenance of another person for the purpose of exploitation of that person.
4. "Commercial Sexual Exploitation of a Child" – As defined by the Department of Children and Families, it is the use of any person under the age of 18 for sexual purposes in exchange for money, goods, or services or the promise of money, goods or services.
5. Child Placement Agreement: is an agreement with out-of-home caregivers (relative/non-relative and licensed care) that establish safeguards for certain children being placed who have behaviors or circumstances that may pose a significant threat to other children or themselves.
6. Victim of Sexual Abuse or CSEC: Human Trafficking-Commercial Sexual Exploitation of Child (CSEC) is the use of any person under the age of 18 for sexual purposes in exchange for anything of value, including money, goods or services or the promise of anything of value, including money, good or services.
7. Problematic sexual behaviors mean age-inappropriate knowledge about sex and sexual behaviors. This includes a poor knowledge of boundaries, modesty or privacy



as to a child's personal physical space. A child may act in a flirtatious or promiscuous way that is not age-appropriate or be preoccupied with sexual themes. Problematic sexual behaviors make adults and children feel uncomfortable in the child's presence. Generally, these behaviors are the result of sexual abuse or the child's premature exposure to adult sexual behavior and the child's subsequent re-enactment of what they experienced or witnessed. The term "sexually reactive" is often used instead of "problematic sexual behavior."

8. **Juvenile Sexual Abuse:** means any sexual behavior by a child which occurs without consent, without equality or as a result of coercion. More than 1 year ago.
9. **Severe Self Harm & no current treatment** means that a mental health professional has determined for a specific child that certain behaviors may result in significant self-injury. Severe self-harm behaviors include suicide attempts, punching or hitting self to evidence pain or injury, self-cutting, sticking objects in skin, eating disorders, persistent runaway behavior or self-inflicted burns. (Not receiving treatment.)

Statement of Procedure:

This operating procedure applies to ChildNet and authorized agents of ChildNet involved with the placement and care of children in out-of-home care.

1. **For initial out-of-home placements (specific to placement with Relative and Non-Relative caregivers):** Child Placement Agreements for Relative and Non-relative Caregiver placements will be completed by the Child Protective Investigator (CPI).
 - a. At the shelter hearing, the Court liaison will ask the CPI if they have completed a Child Placement Agreement At the shelter hearing, the Court liaison will ask the CPI if they have completed a Child Placement Agreement and indicate such on the daily shelter report. Service Coordination also reviews the daily shelter report to identify cases that may meet criteria for a Child Placement Agreement.
 - b. If CPI completed a Child Placement Agreement, Service Coordination will review and make appropriate changes with any additional information within 7 days.
 - c. If Service Coordination determines a Child Placement Agreement is needed and the CPI did not complete, Service Coordination will initiate and complete in conjunction with the CPI.
2. **For initial out-of-home placements (specific to licensed care):** If a history related to problematic behaviors is reported to Intake and Placement, including verbal reports from the Child Protection Investigator seeking the placement and/or Comprehensive Child Welfare Information System (CCWIS) report(s), Intake and placement will create a child's profile and submit to service coordination for review. If applicable, service coordination will compile a child placement agreement and enter into FSFN. A copy



of the child placement agreement is provided to the identified qualified assessor in order to obtain clinical input in regard to the contract.

3. **For reviews of child placement agreements given at initial out of home placements:** Service Coordination review all initial contracts within 45 days after clinical input has been obtained by a qualified assessor.
4. **For subsequent reviews:** Service Coordination will schedule reviews every 6 months or sooner, if necessary. Service Coordination shall invite the Dependency Case Manager (DCM) and Dependency Case Manager Supervisor (DCMS). Additionally, a member of ChildNet's Intake and Placement department shall be included if there is potential that any children may need to be moved to an alternative placement. The DCM is to invite the parties/participants to the case, which may include, but are not limited to, Guardian Ad Litem, Attorney Ad Litem, caregivers, Targeted Case Manager, current placement, and therapist working with the child. The facilitator of the staffing shall complete Child Placement Agreement. All participants shall sign the form to acknowledge participation. The facilitator shall write in participants names that joined by phone or virtually.
5. **For behaviors which arise after a child is placed:** At any time, the DCM may request a Child Placement Agreement staffing prior to the next scheduled review date to discuss the modification of the current child placement agreement.
6. **Child Placement Agreement Requirements:**
 - a. At minimum, a child placement agreement must be established at the time of placement when there are allegations or as soon as it is known that a child exhibits behaviors or has circumstances that involve the following.
 1. Juvenile Sexual Behaviors
 2. Behavior(s) that are a significant threat to other children
 3. CSEC Victim or Victim of Sexual Abuse
 4. Severe Self Harm & no current treatment.
 5. Behaviors that are a significant threat to others, which includes aggressive behaviors as physically attacking others, fire setting, wounding or killing animals or active destruction of property on purpose and with severity.
 - b. A child placement agreement is optional when:
 1. A child is placed in a facility that is licensed for the specialized treatment, behavior management and protections for other children associated with juvenile sexual abuse, child sexual abuse victims or children's mental health treatment.
 2. A child has severe self-harm behaviors that are addressed through on-going treatment with a mental health professional and the child's treatment provider

that does not recommend the need for Care Precautions or Behavior Management Plan in the child's placement setting.

3. It is at discretion of the CBC/Lead Agency whether to complete a care precaution for cases involving severe self-harm or other types of behaviors that may result in harm to other children.
7. **Exception Process:** An exception process has been established to allow service coordination, program officers or designee to waive specific requirements when documented information from qualified assessors supports the decision. The qualified assessor will be invited to participate in the staffing or provide written input if they are not able to participate in person or via telephone at the time of the staffing.
8. **Communicable Disease:** For those cases in which a child that has a communicable disease, whether or not he/she is symptomatic, and is displaying behaviors that increase the risk of transmission of the disease such as biting, spitting or the exchange of blood or semen, the case will be staffed with the nurse coordinator to determine if a placement agreement is required. The DCM will be responsible for requesting the staffing through the nurse.
9. **Court-Ordered Requirements:** If there are any court-ordered placement restrictions, including contacts, which must be followed, case management will provide service coordination the order. These requirements will be documented in and attached to the Child Placement Agreement. The agreement will identify any persons not included in the child's visitation/family time plan that the child is not allowed to contact or reside with.
10. **Prevention Rules:** The child welfare professional must discuss Prevention Rules with caregivers. These rules are required in all Agreements for Care Precautions or Behavior Management Plans. Caregivers are expected to discuss and enforce the rules as appropriate on an on-going basis with all children and adults in the home. The prevention rules are as follows:
 - a. Caregivers will understand and be able to explain what kind of touch is "okay" and that permission should be sought before touching another person or their things. House rules will provide ongoing and positive reinforcement for the need for personal boundaries.
 - b. Caregivers will limit access to bedrooms by establishing and enforcing ground rules on who is allowed to visit whose bedroom and under what conditions. Family members and persons frequenting the home will respect personal space, such as knocking before entering a room.
 - c. Caregivers will encourage, model, and support open communication and honesty among all family members. This includes encouraging children to express their feelings and any concerns as to privacy or safety.



- d. Caregivers will be responsible for making sure that children only have access to age and developmentally appropriate material (magazines, pictures, internet, or video)
 - e. Only one child should be in the bathroom at a time. The bathroom door should be closed for privacy when taking a bath, showering, or using the toilet. All family members bathe, shower, and toilet separately unless a child needs assistance from an adult due to age or disability.
 - f. Caregivers will establish a dress code which outlines the type of clothing that is acceptable and under what circumstances.
 - g. The caregiver(s) will assist in the identification of circumstances and actions that previously occurred or seemed to trigger self-harming or inappropriate behaviors. This information will help to inform ways that household members can help to prevent such behaviors from occurring.
11. **Completed Child Placement Agreement:** The child placement agreement will be approved by the supervisor. At least one caregiver must agree and accept the agreement. When making an emergency placement, a verbal agreement may be obtained and documented in a case note. The Child Placement Agreement must be signed and returned within 5 business days. In addition, the DCM or designee will upload a copy into FSFN and place a hard copy in the CRR.
12. **Siblings:** Due diligence should always be exercised to keep siblings together, as well as to place children with relatives when care and supervision can provide for the safety of each child in the home. Due diligence is also expected to assist the caregiver in providing the supervision and support necessary to facilitate child stability in their current placement setting, regardless of information known or not known at the time of placement.
13. **Termination of Plan:** Service Coordination will terminate the plan if the child has not displayed the problematic behavior over the past 12 months and has successfully completed all recommended treatment services. In addition, a qualified assessor can recommend the plan be terminated at any time.

President's Signature: _____

Date: 09-06-22