

Child Placement Agreements



*Types of Child
Placement
Agreements?*

1. Care Precaution
2. Behavior Management Plan

- ✓ Less restrictive options
- ✓ Provisions to terminate agreements
- ✓ Consideration of sibling groups

Why?



- ✓ Recognize limitations of initial placement information
- ✓ Exceptions process

Why?



*What children
are affected?*

- **Juvenile Sexual Abuse:**
coerced, without consent, and
without equality sexual behavior
~~Alleged juvenile sexual offender~~

- **Problematic Sexual Behavior:**
inappropriate boundaries, lack of
modesty, sexual knowledge
~~Sexually reactive~~

*What children
are affected?*

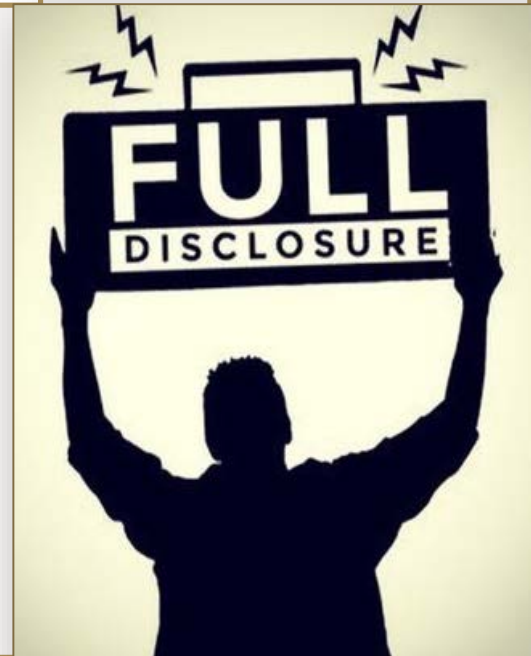
- **Human Trafficking - Commercial Sexual Exploitation of a Child (CSEC)**
- **Behaviors that are a Significant Threat to Others:** violence, fire setting, hurting/killing animals, destruction of property
communicable disease
- **Severe Self-Harm:** suicide attempts, cutting/burning, eating disorder, running away

Requirements

Specifics about
the abuse

Information
about
assessments

Specifics about
past behaviors



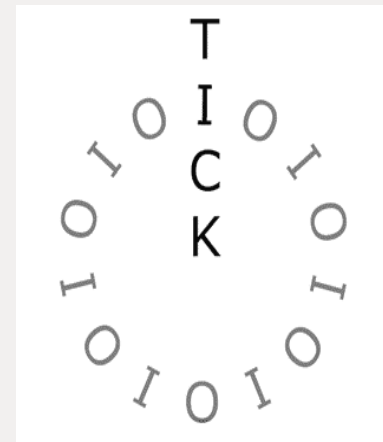
Past/present
treatment
information

Psychotropic
medication/
treatment goals

Court ordered
restrictions

Timeframe Requirements

- Must be established at the time of placement
- Verbal agreements: enter detailed FSFN note within 2 business days
- Signed by the CPI/DCM, Child (if appropriate), Caregivers with 5 days of placement



Requirements

The caregiver must have access to a case manager, supervisor, or provider agency if assistance is needed



Requirements

Not required for child in a specialized treatment facility



*Which child
needs a Care
Precaution?*

- Alleged or known victim of **sexual abuse or CSEC**
- Child with **Problematic Sexual Behaviors**
- **Juvenile Sexual Behaviors or Significant Threat Behaviors***
 - *Over a year ago*
 - *Stepping down from Behavior Management Plan*

*Care
Precaution
Actions*

A child shall be placed in a **private bedroom** until the child is known to the caregivers unless:



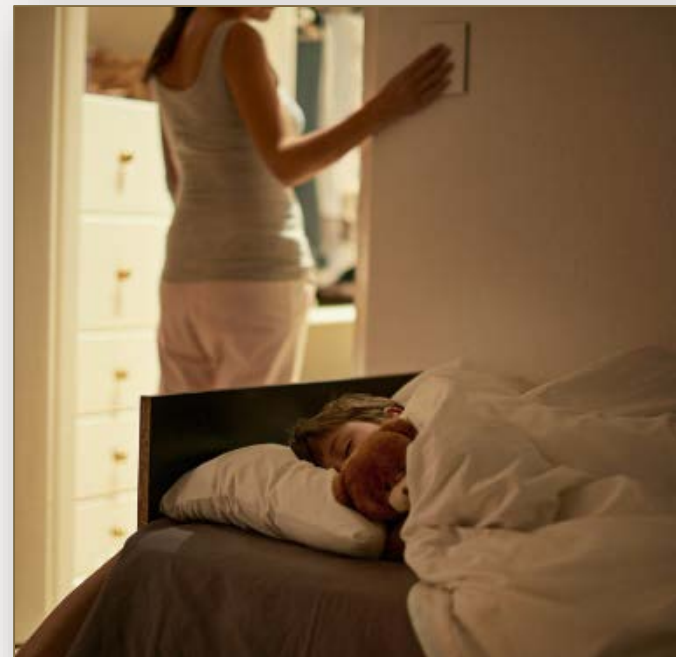
Care Precaution Actions

1. The child is being placed with **siblings** and there are **no concerns for the safety** of anyone in the sibling group.



Care Precaution Actions

2. A separate bedroom is not possible and the caregiver(s) agree to **careful and frequent monitoring** of sleeping arrangements in order to inform ongoing supervision needs.



*Care
Precaution
Actions*

3. **Qualified assessor** indicates a private bedroom is not necessary.



Care Precaution Actions

Other precaution actions
will be established as
necessary



Requirements

- “Prevention Rules”
 - “Okay” touch
 - Bedroom access
 - Bathroom private time
 - Access to appropriate material (internet/DVD/magazines)
 - Encourage/model/support honest communication
 - Dress code
 - Triggers



Child Placement Agreement

Behavior Management Plan

CONFIDENTIAL
Child Placement Agreement

Agreement Purpose: Behavior Management Plan Care Protection
Status: Active Terminated

Child's Name: _____ Effective Date: _____
Case Number: _____ Placement Begin Date: _____
Provider Number: _____ Provider Type: _____

I. Child Behavior Commitment

Describe the child's behavior(s) or concern(s) that need to be managed. If this is an updated agreement, describe the change in concern(s).

Reason Child Placement Agreement is needed, select all that apply:

<input type="checkbox"/> Sexual Abuse	
Child of Sexual Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child of Sexual Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child of Sexual Exploitation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child of Sexual Offense	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child of Sexual Abuse, Sexual Harassment, Sexual Exploitation, Sexual Offense	<input type="checkbox"/> Yes <input type="checkbox"/> No

Juvenile Sexual Abuse

Sex Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No

Behavior that Poses Serious Threat of Harm to Others

Parental Conflict	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No

Serious Self-Harm

Self-Harm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parenting as a result of serious past abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-harm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-harm related to child	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child Placement Agreement 01/12/2014 Page 1

Behavior Management Plan

- Juvenile Sexual Behaviors
- Behaviors that are a Significant Threat to Others-less than a year

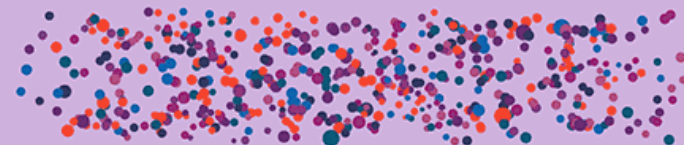
*Behavior
Management
Plan:*

Requirements

1. The child must be the youngest child living in the home.
2. A physically or sexually aggressive child must not be placed in a bedroom with a more vulnerable child.
3. The child's bedroom must have an alarm or other alerting device for the door when there are concerns for the safety of the child or other children in the home during the times when caregivers are sleeping.
4. The child must receive sight and sound supervision.
5. Follow Court Orders
(Contacts/Visitation/Family Time)

Behavior Management Plan

- **Modifications may include:**
 - Changes to the use of space
 - Change routines
 - Change house rules
 - Positive reinforcement
 - De-escalation techniques
 - Therapeutic activities
 - Actions and assistance to support the caregiver
 - Caregiver's agreement to assist in any triggers associated with self-harming behavior or inappropriate behaviors towards others



Behavior Management Plan:

Requirement

An assessment by a qualified assessor must be received within 30 days of a child's placement and the requirements in the agreement must be modified as necessary.



Child Placement Agreements

Role of the CPI



- Exercise due diligence to gather information to identify any child behaviors of concern.
- For children who might need a Child Placement Agreement when they are being evaluated by a CPT, CPI should request that the CPT provide any early information (verbally) from their assessment that will help to inform placement needs. This includes information gathering about the needs of a sibling group in order to provide for each sibling's safety in care.
- Exercise due diligence to gather and assess information about relative/non-relative caregiver, other children in their home, and whether the caregiver can address the child's needs and provide supervision necessary to protect other children in the home
- Share all information with caregiver
- Review with the out-of-home caregiver the care and supervision needs of the child and develop initial Child Placement Agreement
- Complete the Unified Home Study to document information gathered to justify that a relative or non-relative is responsible and capable of meeting the child's needs.
- Obtain supervisory approval
- Depending on the circuit and local protocols, the CPI might initiate the referral process for the CBHA

Monitoring Child Placement Agreements

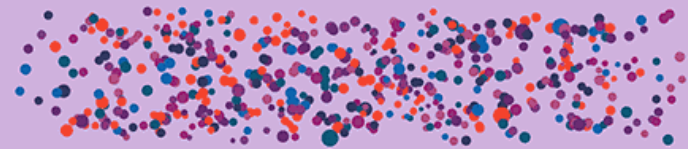
During routine contacts, ask yourself...

- Are requirements working or not?
- Need to implement any new house rules, interventions or treatment?
- Any incidents of harm to other children in the home?
- Additional supports needed?



When to Modify a Child Placement Agreement

- ✓ New child is placed in the home, a review of any current agreements will be conducted to determine if any changes are necessary.
- ✓ Child is moved to a new placement setting.
- ✓ Changes made to the level of restrictions.



*Supervisor
Approval of
Child
Placement
Agreements*

Review and approve initial &
updated Child Placement
Agreements

and

Grant and document exceptions to
requirements based on qualified
assessor (written/verbal)



Terminating Child Placement Agreements

Based on an evaluation by a
qualified assessor

and

the absence of concerning
behaviors which threaten the
safety of other children in the
home or the child



Review



CONFIDENTIAL
Child Placement Agreement

Agreement Purpose: Behavior Management Plan Core Prevention
 State: ARMS Termination

Child's Name: _____ (Child's Date: _____)
 Care Name: _____ (Placement Start Date: _____)
 Provider Name: _____ (Provider Type: _____)

1. Child Placement or Circumstances

(Describe the child's behavior(s) or circumstances that need to be managed. If this is an updated agreement describe the change in circumstances.)

Review Child Placement Agreement to include, where all that apply:

<input type="checkbox"/> All Services Allowed	
Verbal Consent Release	Yes/No
Verbal Consent Modification	Yes/No
Verbal Consent Termination	Yes/No
Verbal Consent Waiver	Yes/No
<input type="checkbox"/> Incomplete Services Allowed	
Verbal Consent	Yes/No
Verbal Consent	Yes/No
<input type="checkbox"/> Behavioral Risk Plan Services (Theft of Services) Allowed	
Alcohol/Drugs	Yes/No
Fire Safety	Yes/No
Domestic Violence	Yes/No
Other	Yes/No
<input type="checkbox"/> Service Call Rules	
Service Call Request	Yes/No
Permission to bring in service parts repair	Yes/No
Call center	Yes/No
Building objects in desk	Yes/No
Service Call Request	Yes/No
Emergency Release	Yes/No
Call center/Service	Yes/No
Other	Yes/No

Child Placement Agreement - 11/17/2018 Page 1



1. Own room


- Assessor says not required
- No safety issues with siblings
- Caregiver frequent checks room

2. Prevention Rules



- **Verbal agreement: 2 days to enter detailed note in FSFN**
- **Signed agreement: 5 days of placement**

Child Placement Agreement FSN Template

 **CONFIDENTIAL**
Child Placement Agreement

Agreement Purpose: Behavior Management Plan Care Precaution
Status: Active Terminated

Child's Name: _____ Effective Date: _____
Case Name: _____ Placement Begin Date: _____
Provider Name: _____ Provider Type: _____

I. Child Behaviors or Circumstances:

Describe the child's behavior(s) or circumstance(s) that need to be managed. If this is an updated agreement describe the change in circumstances.

Reason Child Placement Agreement is needed, select all that apply:

<input type="checkbox"/> Sexual Abuse		
Victim of Sexual Battery	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Victim of Sexual Molestation	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Victim of Sexual Exploitation	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Victim of Human Trafficking	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exhibits Problematic Sexual Behavior	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Juvenile Sexual Abuse		
Non-Contact	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Direct Contact	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Behaviors that Pose Serious Threat of Harm to Others		
Animal Cruelty	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Physically Assaultive	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Setting	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Destructive to Property	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Severe Self Harm		
Suicide Attempts	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Punching or hitting to evince pain/injury	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self-cutting	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sticking objects in skin	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eating disorders	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Runaway behavior	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Self-inflicted burns	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Questions

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*Test your
knowledge*

Kahoot!

Game PIN

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