

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
PLACEMENT PACKET – Individual Child Care Agreement Section A**

TITLE IV-E AGENCY Tuscarawas County Department of Job & Family Services	
AGENCY ADDRESS 389 16th Street, SW New Philadelphia, Ohio 44663	AGENCY PHONE NUMBERS 330-339-7791 or 1-800-431-2347 Emergency: 330-339-2000 (after hours) Fax: 330-339-6388

I. INDIVIDUAL CHILD CARE AGREEMENT (ICCA)

The ICCA must be completed and signed by all parties with a copy provided to the substitute caregiver(s) prior to placement. For documented emergency placements, a copy must be provided to the substitute caregiver(s) within 7 days.

By execution of this agreement on this _____ day of _____, 20____, _____ agree(s) to provide substitute care services for **Tuscarawas County Job & Family Services**, on behalf of _____, born on _____, for whom the agency has custody or is facilitating a placement in substitute care.

The agency representative placing the child is: _____

The worker responsible for the child is: _____

The worker can be reached at: _____

The child's medical billing number is: _____

☐ Copy of printout is located in the placement folder.

This foster child ☐ MAY OR ☐ MAY NOT be left unattended per OAC 5101:2-7-08.
He/She (if permitted) may be unattended for the following time period: _____
(e.g., from 3-4 p.m. after school)

***NOTE:** "Substitute caregiver" refers to any of the following, as appropriate to the substitute care setting referenced in this specific ICCA: relative or kinship caregiver, agency foster parent, network foster parent/agency, group home caregiver, residential facility caregiver, or psychiatric hospital caregiver.

"Substitute care setting" refers to any of the following, as appropriate to the placement setting referenced in this specific ICCA: relative/kinship home, agency foster home, network foster home, group home, residential facility, or psychiatric hospital.

**** By signing this ICCA, the substitute caregiver expressly understands and agrees that no contractual or other legally enforceable relationship has been established.**

A. **Provider's Information**

PROVIDER'S NAME	PROVIDER'S TELEPHONE NUMBERS	PROVIDER'S ADDRESS
PROVIDER'S FAX NUMBER		
PROVIDER'S EMERGENCY NUMBER	NETWORK REPRESENTATIVE	

B. **Estimated Length of Stay (please check one)**

- ☐ Up to 3 months ☐ 3 to 6 months ☐ 6 to 12 months
☐ 12 to 18 months ☐ 18 to 24 months ☐ over 24 months

C. **Goal of Plan (please check one)**

- ☐ Reunification ☐ Independent Living ☐ Adoption
☐ Planned Permanent Living Arrangement (excluding adoption)

D. **Family Visits**

1. Persons who will visit the child: (check all that apply):

- ☐ Father ☐ Mother ☐ Sister
☐ Brother ☐ Grandparents ☐ Other: _____

2. How often shall child visit (please check **one**):

- ☐ Once a week ☐ Bi-weekly ☐ Monthly
☐ Other: _____

3. Location of visit:

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4. Clarification as to family and other visits:

Child will be allowed to stay overnight with foster caregiver's approval. Refer to Agency Policy 500.24.0.

E. **Non-Emergency Medical:** The provider is responsible for child receiving routine medical care, including transportation to medical, dental, and optical care, and administering prescription medicine to child. Refer to Agency Policy 500.4.0.

F. **Emergency:** The provider will transport child to child's physician, or, if unavailable, to the hospital emergency room and notify the agency as soon as possible. Refer to Agency Policy 500.4.0. At the time of treatment, please present child's medical (Medicaid) card. If there is no medical card, please have the practitioner bill: Tuscarawas County Job & Family Services, 389 16th Street, SW, New Philadelphia, Ohio 44663-6401.

G. **Transportation:** The primary source of transportation for children in custody is the child's caregiver and/or network provider. Refer to Agency Policy 100.13.0.

H. **Child Care:**

1. Employment-related child care costs for substitute caregivers licensed by TCJFS may be authorized when a licensed foster home or certified child care provider provides the service in accordance with OAC 5101:2-47-17.

2. Network foster homes should refer to their contract with TCJFS for any questions related to child care costs.
3. Foster caregivers may use qualified emergency child caregivers for absences of 24 hours or more. Refer to Policy 600.4.0.

- I. **Discipline:** Provider agrees to provide humane, instructive discipline appropriate to the child's age and functioning level and consistent with agency's policy. Provider shall not use as discipline: verbal abuse, derogatory remarks about the child, his/her family, race, or religion. There shall be no threat or use of physical punishment or the denial of parental visits or communications as punishment. Use of physical restraints shall be done in accordance with agency policy, and each instance shall be promptly reported to the agency by the provider. The use of prone restraints is prohibited. Discipline shall comply with OAC 5101:2-7-09 or OAC 5101:2-9-21.
- J. **Reporting Requirements:** The provider assures that all applicable data to enable the agency to report to ODJFS all information required by Section 479 of the Social Security Act (42 USC Section 679 1994 108 stat 4459), CFR Parts 1355, 1356, and 1357 for the Adoption and Foster Care Analysis and Reporting System (AFCARS) will be provided to the agency having custody of the child.
- K. **Rights and Responsibilities of the PCSA, the Agency Providing Services to the Child, and the Substitute Caregivers:** Rights and responsibilities of the agency and provider agency (if applicable) are set forth in a contract between parties.
- L. **Amendments:** This writing constitutes the entire agreement between the parties with respect to all matters herein. This agreement may be amended only by a written agreement signed by all parties; however, it is agreed by the parties that any amendments to laws or regulations cited herein will result in the correlative modification of this agreement, without the necessity for executing written amendments. The impact of any applicable law, statute, or regulation not cited herein and enacted after the date of execution of the agreement will be incorporated into this agreement by written amendment by both parties and effective as the date of enactment to the law, statute, or regulation. Any other written amendment to this agreement is prospective in nature.
- M. **Construction:** This agreement shall be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this agreement be found to be unenforceable by operation of statute or by administrative or judicial decision, the operation of the balance of this agreement is not affected thereby; provided, however, the absence of the illegal provision does not render the performance of the remainder of the agreement impossible.
- N. **Distribution:** Provider agency agrees to provide a copy of this document to the substitute caregiver.
- O. **Child Information:**

History and background information known about the child:

SPECIAL NEEDS OF THE CHILD (medical, dietary, psychological, therapy, tutoring, LD, or other needs requiring assistance from substitute caregiver):

IMMEDIATE HEALTH NEEDS AND CURRENT MEDICATIONS:

PSYCHIATRIC AND/OR PSYCHOLOGICAL DIAGNOSIS AND TREATMENT:

DEVELOPMENT (physical, intellectual, social...):

POSITIVE ATTRIBUTES, CHARACTERISTICS, STRENGTHS, SUCH AS CHILD'S FRIENDLINESS, TALENTS, INTERESTS, AND EDUCATIONAL ACHIEVEMENTS:

HISTORY OF ABUSE/NEGLECT:

ATTACHMENT AND BONDING OF THE CHILD TO PREVIOUS CAREGIVES AND FAMILY MEMBERS:

** Tuscarawas County Department of Job & Family Services (a Title IV-E Agency) believes that parent/child and sibling relationships for children in substitute care have intrinsic value. It is the Agency's policy to require ongoing parental visits when children are placed out-of-home and to encourage sibling visits when siblings are placed in separate substitute care settings. Visits should occur as outlined in this agreement or as communicated to Provider by an authorized representative of the Agency. It is the responsibility of both the assigned social services worker and the substitute caregiver(s) to work together to assure that child, sibling, and parent visits take place.

UNRULY/DELINQUENT ADJUDICATIONS, OFFENSE, DISPOSITION/KNOWN VIOLENT ACTS COMMITTED BY THE CHILD:

- ☐ A formal request for a written report was sent to Tuscarawas County Juvenile Court on: _____ (date)
- ☐ The written report was received by Tuscarawas County Job & Family Services from the Court on: _____ (date)
- ☐ The written report was provided to the substitute caregiver on: _____ (date) Receipt is in the case file.

INFORMATION REGARDING THE CHILD'S NEED FOR PLACEMENT:

- | | |
|---|--|
| <input type="checkbox"/> Failure of previous placement | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Dependency |
| <input type="checkbox"/> Sexual abuse (familial/non-familial) (circle) | <input type="checkbox"/> Permanent surrender |
| <input type="checkbox"/> Emotional maltreatment | <input type="checkbox"/> Parent/Child Conflict |
| <input type="checkbox"/> Move to a more/less restrictive setting (circle) | <input type="checkbox"/> Unruly behavior |
| <input type="checkbox"/> Delinquent behavior | <input type="checkbox"/> Other (specify): |

What is the relationship between the perpetrator and the child?

Indicate any placement restrictions (i.e., boys or girls only, no other children, location, etc.):

Is this child of American Indian or Native Alaskan heritage? ☐ Yes ☐ No

If so, what tribe? _____

Worker obtained this information on _____ (dates) from the following family members: _____

Worker completed form letter CM 701 on _____ (dates)

This letter was sent to: ☐ BIA and/or ☐ identified tribal leader per Policy 500.23.0

VISIT DUE DATES

7-Day _____ 4-Week _____

SIGNATURES

PROVIDER (print name)	SIGNATURE	DATE
_____	_____	_____
PROVIDER (print name)	SIGNATURE	DATE
_____	_____	_____
CASE MANAGER (print name)	SIGNATURE	DATE
_____	_____	_____
SUPERVISOR (print name)	SIGNATURE	DATE
_____	_____	_____

PLEASE CHECK THE PARTIES TO WHOM THIS REPORT WAS COPIED AND THE DATE THE COPY WAS PROVIDED:

<input type="checkbox"/>	_____	Case Plan/Family File
<input type="checkbox"/>	_____	Substitute Caregiver
<input type="checkbox"/>	_____	Med/Ed Clerk
<input type="checkbox"/>	_____	School district, orally and in writing no later than 5 days after placement, in which the child is placed if the child is school aged (for initial placement/placement changes only)
<input type="checkbox"/>	_____	PCSA, orally and in writing no later than 5 days after placement, of the county in which the substitute caregiver is located (for initial placement/placement changes only)
<input type="checkbox"/>	_____	Juvenile Court, orally and in writing no later than 5 days after placement, of the county in which the substitute caregiver is located if the child has been found to be unruly or delinquent (for initial placement/placement changes only)

REMINDER TO CASEWORKER: Complete a SACWIS activity log to document that this completed form was provided to the parties above.