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Child Placement Agreement

Child's Name: _____ Effective Date: _____

Provider Name: _____ Placement Begin Date: _____

Agreement Type: Care Precautions Behavior Management Plan

Purpose: Initial Agreement Update to Agreement New Incident

Change of Placement Respite/Visitation

I. Child Behaviors or Circumstances:

Describe the child's current behavior(s) or circumstance(s) that explain the purpose for creating or updating the Agreement.

Reason for Agreement: Selections may reflect concerns suspected or dependable information known at the time Agreement is created.

Problematic Sexual Behavior

Sexual Abuse

<input type="checkbox"/> Sexual Battery	<input type="checkbox"/> Sexual Molestation
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<input type="checkbox"/> Sexual Exploitation	<input type="checkbox"/> Other:
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Human Trafficking (Commercial Sexual Exploitation of a Child)

Juvenile Sexual Abuse

<input type="checkbox"/> Non-Contact	<input type="checkbox"/> Direct Contact
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<input type="checkbox"/> Other:	
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Behaviors That Are a Significant Threat to Others

<input type="checkbox"/> Animal Cruelty	<input type="checkbox"/> Fire Setting
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<input type="checkbox"/> Destructive to Property	<input type="checkbox"/> Physically Assaultive
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<input type="checkbox"/> Other:	
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Severe Self Harm

<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Self-inflicted burns
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<input type="checkbox"/> Punching or hitting to evince pain/injury	<input type="checkbox"/> Sticking objects in skin
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<input type="checkbox"/> Runaway behavior	<input type="checkbox"/> Suicide Attempts
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<input type="checkbox"/> Self-cutting	<input type="checkbox"/> Other:
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II. Placement Requirements:

Placement Limitations

- Must be the only child residing in the home.
- Child has specific placement limitations with sibling(s).
- Must be the youngest child in the home.



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Bedroom Restrictions

- Child must have his/her own bedroom.
- Child must not share a bedroom with any children that are younger or more vulnerable.
- Caregiver must not share a bedroom with any child who is sexually aggressive, displays problematic sexual behavior or has a history of sexual abuse.
- Child must have an alarm or other alerting device for his/her bedroom.
- All bedrooms must have baby monitors so caregiver(s) can investigate unusual sounds.

Supervision During Awake Hours

- Child must have supervision when with any other children, regardless of age.
- Child must have supervision when with younger or more vulnerable children.
- Child must have adult supervision on all outings.
- Child must have supervision of all interactions with peers.
- Child must have special contact restrictions beyond those listed in the visitation plan.

Social Media and Electronic Devices

- Child must not have access to social media.
- Child must not have a cell phone.
- Caregiver will place appropriate settings on computer(s) to prevent child's access to inappropriate material.

Other Requirements

- Caregiver must lock up specific items such as knives, matches, lighters or other items that child might use to start a fire or injure self.
- Special contact restrictions exist beyond those listed in the visitation plan.
- Other placement requirements exist.

The following is information necessary to implement the identified placement requirements.

III. Caregiver Specific Supports:

The following are the caregiver specific supports recommended, including any education or advanced training opportunities; any planned in-home services; and expectations for caregiver(s) direct communication and/or participation with child's treatment provider(s).



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IV. Emergency Contact Information:

In the event of an emergency, please contact:

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Prevention Rules:

The caregiver(s) will assist in the identification of circumstances and actions that happen before, or seem to trigger, any self-harming or inappropriate behaviors and what happens after such instances. This information will help to inform the professionals involved as to ways that caregivers can help to prevent such behaviors from reoccurring.

Caregivers will enforce and discuss the following prevention rules with all family member living in their home:

- Caregivers will understand and be able to explain what kind of touch is “okay” and that children should seek permission before touching another person or his/her things. House rules will provide ongoing and positive reinforcement of the need for personal boundaries.
- Caregivers will limit access to bedrooms by establishing and enforcing ground rules on child visitation in bedrooms. Family members will respect personal space, such as knocking before entering a room.
- Caregivers will encourage, model and support open communication and honesty among family members. This includes encouraging children to express their feelings and any concerns as to privacy or safety.
- Caregivers will be responsible for making sure that children only have access to age and developmentally appropriate material (magazines, pictures, internet or video).
- Only one child should be in a bathroom at a time. The child should close the bathroom door 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.
- Caregivers will establish a dress code which outlines the type of clothing that is acceptable and under what circumstances.



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SIGNATURES: By signing this Child Placement Agreement, I acknowledge and agree to the terms and conditions contained with the agreement.

Case Manager/Child Protective Investigator (CPI) (Printed Name) Date

Case Manager/Child Protective Investigator (CPI) (Signature) Date

Case Management Supervisor/CPI Supervisor (Printed Name) Date

Case Management Supervisor/CPI Supervisor (Signature) Date

Caregiver: _____ Placement: _____
Caregiver (Printed Name and Name of Placement) Date

Caregiver (Signature) Date

Caregiver: _____ Placement: _____
Caregiver (Printed Name and Name of Placement) Date

Caregiver (Signature) Date

Child (Printed Name) Date

Child (Signature) Date

Other (Signature and Title) Date

Other (Signature and Title) Date

***** Once signed, please remember to upload this signed document into the Florida Safe Families Network (FSFN). *****