

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 9, 1993

ALL-COUNTY LETTER NO. 93-66

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY INTERSTATE COMPACT  
LIAISONS

REASON FOR THIS TRANSMITTAL

- State Law Change  
 Federal Law or Regulation Change  
 Court Order or Settlement Agreement  
 Clarification Requested by One or More Counties  
 Initiated by SDSS

SUBJECT: INTERSTATE COMPACT ON THE PLACEMENT  
OF CHILDREN - COUNTY AUTHORITY AND  
RESPONSIBILITY IN PRIVATE PLACEMENT CASES

This All-County Letter provides guidelines for processing Interstate Compact on the Placement of Children (ICPC) requests from parents or legal guardians who wish to place their child(ren) into residential treatment centers.

Prior to the delegation of responsibility for interstate placement cases to local California agencies, this Department's Interstate Placement Bureau processed private placement requests when children were being placed into residential treatment facilities by their parents or legal guardians. The volume for the Bureau was very small, averaging approximately 15 cases annually in 1989 and 1990. Since the Department has no current statistics, the current caseloads are unknown. Counties should keep the Deputy Compact Administrator advised of requests for private placements. Additionally, the Department's Fiscal Policy and Procedures Bureau will send instructions to counties on how to claim costs associated with these cases.

Processing private placement requests is a part of the responsibilities delegated to the local agencies. The Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC), an affiliate of the American Public Welfare Association (APWA), issued Secretariat Opinion #53 (April 25, 1990), which clearly states that private placements are within the purview of the Compact and that parents can be the sending agency. Counties have expressed concern about what obligations they assume by virtue of signing the Interstate Compact Placement Request in private placement cases. On September 28, 1992, the Secretariat released an Issue Paper entitled "Who Should Sign The ICPC-100A." This Issue Paper further discusses the parent's role as the sending agency. Counties that execute Interstate Compact Placement Requests in private placement cases are fulfilling their responsibilities as Compact Administrators only, assuring that the document submitted by the parent or legal guardian for children leaving California is complete and complies with California's laws and regulations. When California is the receiving State in a private placement case, counties signing the Interstate Compact Placement Request do so only on the basis that the home is licensed or certified where required by

California law. Counties are not responsible for conducting homestudies and are not determining the appropriateness of the placement. This is standard industry practice for most states. The parent or legal guardian, as the sending agency, remains responsible for all financial and medical needs of the child and for costs associated with the return of the child should the placement fail.

In order to process private placement requests, this Department required that the ICPC request contain the following documentation. We hope this information is helpful to counties who are developing a procedure to handle these requests.

1. Evidence of Authority - A letter from a medical or other professional as to the child's needs; and a notarized statement from the parent or legal guardian who is placing the child attesting to their authority to make the placement. For example:

I, Mary Doe, am the legal parent of John Doe and I intend to place him in Jack's Boys' Ranch at Rural Route 5, Any Town, Any State.

2. Treatment/Financial/Medical Plan - Written documentation which clearly identifies the party financially responsible to the residential treatment center or group home; the facility's treatment plan for the child; a contingency plan between the parent or legal guardian and the facility in the event the placement should fail, i.e., how the child is to be returned to the parent or legal guardian and who is responsible for payment of transportation costs; and a statement by the parent or legal guardian identifying how medical care is to be provided and paid. A placement agreement between the facility and the parent or legal guardian could contain these provisions.

This Department, in response to county requests and in conjunction with the County Welfare Directors' Association, developed a new request form for use in private placement cases. Please use this form, entitled "Interstate Compact Placement Request For Private Placements" (ICPC-100E) in place of the ICPC-100A for these types of requests. One copy is attached and you will be notified when these forms are available from the State Warehouse. Under Section III you may now request verification of the status of the license. The Instructions were modified to reflect only private placement requirements.

If there are questions, please contact your Deputy Compact Administrator, Ms. Ernestine Barbieri at (916) 445-2807.

  
MARJORIE KELLY  
Deputy Director  
Children and Family Services

Attachment

c: CWDA  
Cathleen Tucker,  
Association of Administrators of the Interstate  
Compact on the Placement of Children

**INTERSTATE COMPACT PLACEMENT REQUEST FOR PRIVATE PLACEMENTS INSTRUCTIONS**

The ICPC 100E, is a legal document used to initiate the required pre-placement evaluation of the proposed placement resource in an ICPC member state.

**INSTRUCTIONS FOR COMPLETING THE ICPC 100E (ONE ICPC 100E PER CHILD; ONE ICPC 100E PER PLACEMENT RESOURCE).**

- Use a typewriter or a ball point pen.
- Send the original and three copies of the ICPC 100E to the Receiving ICPC Compact Administrator. INCLUDE two copies of all supporting documents and other enclosures, as well as narrative reports.

**TOP OF THE FORM****TO**

Enter the Name and Address of the Compact Administrator in the Receiving State. The County ICPC Liaison can provide you with this information.

**FROM**

Enter your Name, Address, and Telephone Number as the Sending Agency.

NOTE: Ensure that this information is accurate and complete as the Receiving State will forward all documentation, including the signed ICPC 100A to this address.

**SECTION I - IDENTIFYING DATA****NAME OF CHILD**

Enter child's name (as shown on the birth certificate), sex, date of birth, and ethnic group.

**NAME OF MOTHER/FATHER**

Enter full names, or when appropriate, the terms "deceased, unknown, parental rights relinquished or terminated".

**NAME, ADDRESS, TELEPHONE NUMBER OF THE PARENT/RELATIVE RESPONSIBLE FOR PLANNING OR FINANCIALLY RESPONSIBLE FOR THE CHILD**

- For Private Parental Placements, enter the name(s), address and telephone number of the parent(s). The parent is financially responsible and is responsible for planning.

**SECTION II - PLACEMENT INFORMATION****PLACEMENT RESOURCE (Name/Address/Telephone Number of the Facility With Whom Child Is To Be Placed)**

Enter full name, street address (mailing address, if different), and telephone number.

**TYPE OF CARE**

Check residential treatment center.

**LEGAL STATUS**

- For Parents or Relatives, check "Parent Relative Custody/Guardianship."

**SECTION III - SERVICES REQUESTED****INITIAL REPORT**

Request verification of license status.

**SUPERVISORY SERVICES - NA****SUPERVISORY REPORTS - NA****ATTACHMENTS**

Cover Letter:

Include narrative of the following:

- The case plan
  - reasons for out-of-state placement
  - request for license status
  - the financial/medical plan for meeting the child's subsistence and medical need if placed in the Receiving State
  - list any required documents that will not be included with the initial transmittal, with an explanation and the approximate date you will forward.
  - NOTE: The Receiving State has the option of returning requests without processing if all required documents are not included with the initial transmittal.
- When appropriate, include
- the plan for educational costs, if required by the Receiving State (See ACINs I-10-84, dated January 12, 1984, and I-43-85, dated June 4, 1985)
  - and the Missouri Compliance Letters if the proposed placement is in that State (See ACIN I-127-83, dated November 22, 1983.)
  - other Receiving State's specific requirements.

**Court Order**

Enclose copies of all legal documents currently in effect that show evidence of authority to place the child, e.g., custody/guardianship orders.

**Child's Social History**

Enclose reports or a description of the child's social, emotional, psychological, and medical history.

- For private parental placements, enclose a notarized statement of the Parent(s) "Intent to Place the Child" in a group home, or private institution. This statement must include the complete names, street address, city, and state of the institution with whom the parent plans to place the child.

**(TURN OVER)**

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**Other Attachments**

It is recommended that you enclose any other evaluations or reports pertinent to the proposed placement.

**SIGNATURE OF CALIFORNIA SENDING AGENCY OR PERSON**

Sign and date the ICPC 100E as follows:

- For a parental placement in a child caring facility or institution, the Sending Agency is the parent having legal custody.

**SIGNATURE OF COMPACT ADOPTION/FOSTER CARE LIAISON/DESIGNEE**

This space requires signature on behalf of State Compact Administrator.

Sign and date the ICPC 100E.

**SECTION IV-ACTION BY RECEIVING STATE [WHEN CALIFORNIA IS THE RECEIVING STATE]**

Placement May Be Made/Placement Shall Not Be Made:

Check "Placement May Be Made" when

- the findings indicate the proposed placement appears not contrary to the interest of the child AND
- if all documents necessary for the request are received and acceptable.

Check "Placement Shall Not Be Made" when

- the findings indicate the proposed placement is contrary to the interest of the child AND/OR
- all required documents have not been furnished by the Sending State.

**SIGNATURE OF RECEIVING STATE APPROPRIATE PUBLIC AUTHORITY**

Sign and date the ICPC 100E.

NOTE: The individual signing the ICPC 100E should be aware that his/her signature indicates that the placement if approved, is in compliance with Sending and Receiving States' laws and regulations.

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**INTERSTATE COMPACT PLACEMENT REQUEST FOR PRIVATE PLACEMENTS**

ONE ICPC 100E PER CHILD  
ONE ICPC 100E PER PLACEMENT RESOURCE

**DISTRIBUTION:** Complete five copies of this form.  
Sending Agency retains one copy and forwards 4 copies to: Receiving Agency Compact Administrator who indicates action (Section IV) and forwards one copy to Receiving Agency and 2 copies to Sending Agency within 30 days.

To: (NAME AND ADDRESS OF COMPACT ADMINISTRATOR IN RECEIVING STATE)	FROM: (NAME, ADDRESS AND TELEPHONE NUMBER OF CALIFORNIA SENDING AGENCY)
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**SECTION I — IDENTIFYING DATA**

NAME OF CHILD (NOTICE IS GIVEN OF INTENT TO PLACE.)	SEX	DATE OF BIRTH	ETHNIC GROUP
NAME OF MOTHER	NAME OF FATHER		
NAME OF AGENCY OR PARENT/RELATIVE RESPONSIBLE FOR PLANNING FOR CHILD			TELEPHONE NO. (     )
ADDRESS			
NAME OF AGENCY OR PARENT/RELATIVE FINANCIALLY RESPONSIBLE FOR CHILD			TELEPHONE NO. (     )
ADDRESS			

**SECTION II — PLACEMENT INFORMATION**

PLACEMENT RESOURCE (NAME OF PERSON(S) OR FACILITY WITH WHOM CHILD IS TO BE PLACED )				TELEPHONE NO. (     )
STREET ADDRESS	CITY	STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE	
TYPE OF CARE				
<input type="checkbox"/> RESIDENTIAL TREATMENT CENTER				
<input type="checkbox"/> OTHER: _____				
LEGAL STATUS				
<input type="checkbox"/> PARENT RELATIVE CUSTODY/GUARDIANSHIP				

**SECTION III — SERVICES REQUESTED**

INITIAL REPORT (IF APPLICABLE) <input type="checkbox"/> STATUS OF LICENSE REQUEST	SUPERVISORY SERVICES <input type="checkbox"/> SENDING AGENCY TO SUPERVISE	SUPERVISORY REPORTS <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> UPON REQUEST <input type="checkbox"/> OTHER: _____
NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE (IF KNOWN)		

**ENCLOSED**

- CHILD'S SOCIAL HISTORY  
 HOME STUDY OF PLACEMENT RESOURCE  
 OTHER ENCLOSURES

SIGNATURE SENDING AGENCY OR PERSON	DATE SIGNED
SIGNATURE OF COMPACT ADOPTION/FOSTER CARE LIAISON/DESIGNEE	DATE SIGNED

**SECTION IV — ACTION BY RECEIVING STATE**

<input type="checkbox"/> PLACEMENT MAY BE MADE	
<input type="checkbox"/> PLACEMENT SHALL NOT BE MADE	
SIGNATURE OF RECEIVING STATE APPROPRIATE PUBLIC AUTHORITY	DATE SIGNED