

## **INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) CHILD PLACEMENT STATUS REPORT (CD-ICPC-100B) INSTRUCTIONS**

### **PURPOSE:**

Form CD-ICPC-100B, Child Placement Status Report, is consistent in all Compact member states and territories. Once the receiving state approves the placement this form is utilized by the sending state to notify the receiving state of the following:

- A child has moved to the approved placement and supervision is requested; or
- A change of placement resource in the receiving state has occurred; or
- The approved placement resource will not be utilized or the referral request is being withdrawn; or
- Termination of the ICPC agreement is necessary. RSMo 210.620, Article V states the sending agency shall retain jurisdiction until one of the following occurs:
  - The child's adoption is legally finalized;
  - The child reaches the age of majority (18 years);
  - The child becomes self-supporting;
  - The child returns to Missouri; or
  - The child is discharged from court jurisdiction with the concurrence of the appropriate authority in the receiving state.

### **Copies & Distribution:**

This is a one page form. The original and two (2) copies are to be forwarded to the ICPC unit in Central Office. The CSW should retain one (1) copy to be placed in the ICPC section of the child's record.

### **INSTRUCTIONS FOR COMPLETION:**

*This form may be typed or handwritten, as long as the handwriting is clearly legible.*  
Only one (1) child is entered per form.

TO/FROM boxes: Address information may be obtained from the book, *National Directory of Children, Youth, & Families Services*, or left blank to be filled in by the ICPC Coordinator in Central Office.

### **SECTION I – IDENTIFYING INFORMATION:**

- Child's Name/Date of Birth – Enter the legal name and date of birth for the child being placed.
- Parent 1's Name/Parent 2's Name – Enter the legal name(s) for the Parent 1 and Parent 2 of the child (as done on the CD-ICPC-100A).

## SECTION II – PLACEMENT STATUS:

- Placement Request Withdrawn – If a referral has been submitted requesting placement approval and the decision is later made not to pursue the requested placement (prior to receiving a decision from the receiving state), mark this box and enter the date of the decision.
- Initial Placement With – Enter the name and address of the proposed placement provider and the date placement is to occur.
- Type of Care – Check the appropriate box for the type of placement requested (Parent, Relative, Foster Care, Relative Foster Care, Adoption, or Residential Care). This information is also entered when withdrawing a previously submitted request.
- Placement Change – This is entered when some aspect of the initial placement status changes. For example, a change from a RH/FH placement to an AD placement, or when the child moves from one approved resource to another. The new placement provider information will become “Placement with” information for future CD-ICPC-100Bs.
- Type of Care – Check the appropriate box for the type of placement change (Parent, Relative, Foster Care, Relative Foster Care, Adoption, or Residential Care).

## SECTION III – COMPACT TERMINATION:

This section is completed when the case is closed due to any of the reasons listed below. *(Three (3) copies of all appropriate/applicable court orders MUST accompany the completed 100-B when the case is closed.)*

Although the majority of reasons listed in this section for case closure/compact termination are self-explanatory, the following three (3) do require additional clarification as to when they are to be checked:

- Sending State’s Jurisdiction Terminated/Unilaterally – If the sending state’s jurisdiction is terminated **without** the agreement/concurrence of the receiving state’s ICPC office (including custody/guardianship transfer), the decision was made unilaterally.
- Approved Resource Will Not Be Used For Placement – This box should be marked when an approved CD-ICPC-100A has been received on a proposed resource but the sending agency has decided not to place with that resource.
- Other – This box is marked if the reason for case closure/compact termination does not apply to any of the listed reasons. For example, the child has run away and his/her whereabouts are unknown.

Date of Compact Termination – Enter the date of the activity which terminated the Compact agreement. (For example, the date the adoption was finalized.)

SIGNATURE OF SENDING AGENCY OR PERSON/DATE:

- The worker (or supervisor) completing the form signs and dates here.

SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR OR DESIGNEE/DATE:

- The ICPC Child Placement Coordinator or the Deputy Compact Administrator signs and dates the form here.

**FORMS RETENTION:**

This form shall be retained in the ICPC section of the child's record until the entire case is destroyed.

**MEMORANDA HISTORY:** CD07-44