

## INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) TRANSMITTAL CHECKLIST (CD-ICPC-100D) INSTRUCTIONS

### PURPOSE:

Form CD-ICPC-100D, Transmittal Checklist, is used when a referral is made for the placement of a Missouri child into another state under the provisions of the ICPC. It is completed by the immediate supervisor of the Children's Service Worker who is making the referral to ensure that:

- An appropriate plan is being developed for each child;
- All necessary/required paperwork has been included and reviewed for completeness; and
- The correct number of copies of all materials has been included in the packet.

Once the Children's Service Supervisor (CSS) has reviewed the packet, checked the appropriate boxes, and signed in box #14, the packet, including this form, is sent to the Circuit Manager (CM) or designee. The CM or designee then reviews for completeness and signs the CD-ICPC-100D in box #15. *Except in the case of Regulation 7, Priority referrals, all ICPC referrals must include this form signed by the CM or designee. Failure to include this form with the appropriate individuals' signatures will result in the entire referral packet being returned to the sending county.*

### COPIES & DISTRIBUTION:

This is a one page form. The original and three (3) copies are to be sent to the Circuit Manager/designee. The Children's Service Worker should retain one copy to be placed in the ICPC section of the child's record after the CSS has reviewed and signed off on the form. If the packet is complete, the CM/designee will sign off on the form, retain one copy of the signed CD-ICPC-100D and forward the entire packet, including the CD-ICPC-100D, to the ICPC unit in Central Office.

Upon receipt and review of the packet by the ICPC unit Coordinator and found to be complete, the ICPC Coordinator will sign and date the form. One copy of the form will be retained in the ICPC file for the referral, one copy will be sent to the CM/designee and a copy will be returned to the county office for inclusion in the ICPC section of the child's case record.

### INSTRUCTIONS FOR COMPLETION:

*This form may be typed or handwritten, as long as the handwriting is clearly legible.*

If the requested placement is for a sibling group, all the children can be listed on one form.

NAME(S) OF CHILD (REN) – Enter the child (ren)'s legal name(s).

COUNTY OFFICE – Enter the name of the sending county.

### ITEMS #1 - 15

Check each box to indicate that the contents of the referral packet meet the criteria as identified in the Child Welfare Manual, Section 4, Chapter 25.3.1.

- If any of the identified information is missing or incomplete, the referral is to be returned to the Children's Service Worker for correction and resubmitted to the CSS.

- If any of these items are not applicable to the referral, write “N/A” next to the item. (i.e.: If the child is not school age, there would not be any educational reports to be submitted.)
- **For box #12, please write in the FACES Call/Case number for the initial ICPC referral**

Check the appropriate box to answer “yes or no” in response to questions **14** and **15**.

**ITEM #16**

**SIGNATURE OF CHILDREN'S SERVICE SUPERVISOR AND DATE**

The supervisor of the worker submitting the referral is to sign and date here after reviewing the packet and completing this form. The packet and this form are then submitted to the appropriate Circuit Manager/designee for review and signature;

**ITEM #17**

**SIGNATURE OF CIRCUIT MANAGER/DESIGNEE AND DATE**

The appropriate individual (Circuit Manager/designee) **MUST** sign and date in this block after reviewing the packet and form prior to it being sent to the ICPC unit in Central Office.

*Except for a Regulation 7, Priority referral, this block must be signed by the appropriate individual before being sent to ICPC. If a referral packet is received in the ICPC office without this form and not signed by the appropriate parties, the packet will be returned to the sending county.*

**COMMENTS FROM CS SPECIALIST/OTHER DESIGNEE:**

This section is to be completed by the CS Specialist/other designee as necessary to call attention to certain material or to identify extenuating circumstances in the case. If this section is used, then the CS Specialist/other designee is to sign and date the form.

**FORM RETENTION:**

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

**MEMORANDA HISTORY:**

CD06-76, CD07-44, CD11-92