# CERTIFICATION OF RECEIPT OF CHILD SEXUAL ABUSE OR SEXUAL AGGRESSION INFORMATION

**Purpose:** Use this form to certify all alternate, temporary, and General Residential Operation (GRO) caregivers have read the DFPS Placement Summary Form K-908-2279, Child Sexual History Report (Attachment A), and are aware of the child/youth’s history of sexual victimization or sexual aggression, discussed its implications with their employer, (employer can be the case manager over the home, or the Residential provider), and understands the importance of applying strategies to the direct care of the child/youth to ensure the safety, health and well-being of all children/youth in the same placement. Their signature(s) signify that they are aware of the child/youth’s history of sexual victimization or sexual aggression.

**Directions:** To complete this form, the Residential provider, Child Placing Agency (CPA) Staff, Foster Adoptive Home Development (FAD) worker, or CPS or CPI staff member (caseworker and above) acting as shift lead for child(ren) or youth without placement will have the temporary placement or alternate caregiver sign as an acknowledgment of receipt of information on the DFPS Form K-908-2279 and the Child Sexual History Report (Attachment A). This form is used when a child/youth with a history of sexual victimization or sexual aggression is under the care of an alternate, temporary, or GRO caregiver. Primary Foster or Adoptive Caregivers do not sign this form. This form is intended for alternate, temporary, and GRO caregivers.

For more information or questions, Residential providers and Child Placing Agency staff should contact their contract manager. For DFPS FAD staff only, please email [DFPSFADpolicygeneral@dfps.](mailto:DFPSFADpolicygeneral@dfps.)texas.gov.

| CHILD'S INFORMATION | | | |
| --- | --- | --- | --- |
| First Name: | Middle Name: | Last Name: | Person ID Number: |

| PLACEMENT INFORMATION | |
| --- | --- |
| Caregiver or Facility Name: | Child Placing Agency name, if Applicable: |

| PRIVACY STATEMENT |
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| DFPS values your privacy. For more information, read our [Privacy and Security Policy](https://www.dfps.state.tx.us/policies/Website/). |

| SIGNATURES | |
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| By signing this certification statement, Signee acknowledges that they have read DFPS Placement Summary Form K-908-2279, Child Sexual History Report (Attachment A), and is aware of the child/youth’s history of sexual victimization or sexual aggression. Signee agrees they have or will do the following:  • Discussed its implications with their employer.  • Understands the importance of applying strategies to the direct care of the child/youth to ensure the safety, health, and well-being of children/youth in care.  • Understands the confidential nature of this information.  • Agrees not to disclose such information except for a necessary purpose authorized under the DFPS Contract or to protect the safety, health, and well-being of children/youth.  **Primary Foster or Adoptive Caregivers do not sign this form. This form is for alternate caregivers, temporary caregivers, and GRO caregivers.** | |
| Caregiver 1 Name: (Please Print)  **X**  Caregiver 1 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |
| Caregiver 2 Name: (Please Print)  **X**  Caregiver 2 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |
| Caregiver 3 Name: (Please Print)  **X**  Caregiver 3 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |
| Caregiver 4 Name: (Please Print)  **X**  Caregiver 4 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |
| Caregiver 5 Name: (Please Print)  **X**  Caregiver 5 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |
| Caregiver 6 Name: (Please Print)  **X**  Caregiver 6 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |
| Caregiver 7 Name: (Please Print)  **X**  Caregiver 7 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |
| Caregiver 8 Name: (Please Print)  **X**  Caregiver 8 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |
| Caregiver 9 Name: (Please Print)  **X**  Caregiver 9 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |
| Caregiver 10 Name: (Please Print)  **X**  Caregiver 10 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |
| Caregiver 11 Name: (Please Print)  **X**  Caregiver 11 Signature:  **X**  Date Signed: | Caregiver Type:  GRO  Respite  Child Without Placement  Hospitalization, Psychiatric or medical  Juvenile detention  Unauthorized Placement  Other:  Agency/Facility or Relation to the Child/youth: |