

**Cuyahoga County Division of Children and Family Services  
(CCDCFS)  
Policy Statement**

**Policy Chapter:** Security Measures  
**Policy Number:** 10.02.03  
**Policy Name:** Transportation of Children/Youth

**Original Effective Date:** 01/01/2015  
**Revision Date(s):** 06/01/2018  
**Current Revision Date:** 06/01/2018  
**Approved By:** Cynthia G. Weiskittel

**PURPOSE:** To ensure safe transport of children by providing administrative guidance requirements for employees who transport children/youth.

**SCOPE:** All Division of Children and Family Services Employees who transport children/youth.

**PROCEDURES**

Division of Children and Family Services (DCFS) Personnel who transport children/youth will transport children safely and securely and comply with applicable state, federal and other child restraint and seat belt and laws, rules and regulations. Any DCFS employee transporting children/youth maintains a valid driver's license and adequate automobile insurance coverage as required by law.

**I. Responsibilities for Transportation of Children/Youth**

- A. All DCFS employees, whose job demands it, are able to transport children/youth as the need arises.
- B. Employees are expected to carry their agency issued cell phone at all times when transporting children/youth. Cell phone is expected to be turned on and charged when transporting.
- C. County vehicles are available to transport children/youth upon request. If a county vehicle is not requested or available, employees are required to transport in their personal vehicle.
- D. Employees who are required to transport children/youth maintain a valid driver's license and possess adequate automobile insurance coverage and vehicle registration when transporting in their personal vehicles as required by law, at their own expense.

- E. Employees who are responsible for transporting children/youth adhere to all child restraint and seat belt laws. All children/youth are transported in a child passenger restraint system, a belt positioning booster seat system, or a seat belt as age appropriate by law.
- F. Employees who are required to transport are not on the job for more than sixteen (16) hours in a twenty-four (24) hour period. *See Agreement Between Cuyahoga County and AFSCME 1746, Article 14, Section 7.*
- G. Children/youth are not placed in any additional or mechanical restraint system. When further restraint is necessary for safety purposes, a supervisor is notified and an alternative form of transportation is used.
- H. When transporting four (4) or more children/youth in one vehicle, the driver is accompanied by an additional employee unless permitted at the discretion/approval of the supervisor.
- I. The employee transporting children/youth is accompanied by a second employee in the vehicle under the following circumstances:
  - 1. When the child presents a safety risk to themselves or others;
  - 2. When the child poses an imminent risk of running away;
  - 3. When the child has a history of false reporting to the extent that it may pose a risk of harm to the person transporting;
  - 4. When the child's mental health is unstable and he / she is at risk of or has history of disruptive behaviors, self-harm, suicidal, or homicidal ideations; and
  - 5. When it is the best interest of the child for safety reasons.

Employees must notify their supervisor and senior supervisor when a child / youth they are transporting meet any of the above criteria and request a second employee.

- J. When transport involves a new placement or change of placement, it is the transporting employee's responsibility to be aware of and transport any medications a child / youth is taking with them.
- K. When transporting involves a new placement or a change in placement for the child/youth, the transporting employee ensures that all applicable and necessary documents required for placement, referrals, and appointments are completed prior to providing transportation. The documents listed below are **required** to accompany the child/youth being transported:
  - 1. Court order stating that a removal has occurred and DCFS has the legal authority to transport; and
  - 2. Authorization of Routine Health Care (AP 144a).

- L. When transporting involves a child/youth **not in the custody of DCFS** the transporting employee ensures that the child's parent / custodian / or legal guardian has authorized the transport by completing and signing a Request and Authorization Permitting Transportation of Non-Custody Child(ren) (a copy of this form accompanies the child/youth being transported).
  - 1. Children/youth not in the custody of DCFS are only transported by DCFS after alternative age appropriate forms of transportation (e.g., bus tickets) have been considered and the appointment / event are necessary for the child's well-being.
  - 2. Supervisory approval is obtained prior to the transportation of a child/youth not in the custody of DCFS.
  
- M. If the transporting employee is concerned that the child/youth's behavior or history is deemed to present a threat to the safe operation of a vehicle or a threat to the safety of the child or employee, the employee presents their concerns to their chain of command. The need and / or request to search a child/youth prior to transport is discussed with chain of command prior to any search.

## **II. Operator Responsibilities in County and Personal Vehicles**

- A. All vehicles used to transport a child/youth are functionally and mechanically safe.
  - 1. Workers are responsible for their own vehicle.
  - 2. Workers report any concerns with a county vehicle through the service center immediately.
  
- B. Vehicle operators adhere to all state and local traffic laws and operate the vehicle in a safe, responsible manner.
  
- C. Employees report any traffic violations that occur while transporting a child/youth to their supervisor within 24 hours of the violation.

## **III. Emergency Situations During Transporting**

- A. If during transportation a child/youth attempts to run away, the safe operation of the vehicle takes precedence over preventing a runaway.
  
- B. If a child/youth becomes seriously ill or is injured in an accident, he/she is transported to the nearest medical facility. The transporting employee immediately notifies their supervisor.
  
- C. If an equipment malfunction interrupts transportation of the child/youth, the transporting employee notifies his/her immediate supervisor to obtain assistance.

- D. Employees involved in an accident while transporting a child/youth immediately report the accident to their Supervisor and follow procedures outlined in County Policy 16.04 "Vehicle Accident Reporting Procedure".

#### **IV. Prohibitions Regarding Transportation of Child/Youth**

- A. Employee actions that are PROHIBITED when transporting a child / youth include, but are not limited to:
  - 1. Leaving a child/youth unattended in a vehicle;
  - 2. Mechanically restraining a child / youth in a vehicle;
  - 3. Transporting a child or infant without a child passenger restraint system, a belt positioning booster seat system, or a seat belt, as age appropriate and as required by law;
  - 4. Transporting a child /youth under the age of twelve (12) in the front seat of a vehicle;
  - 5. Talking or texting on a cell phone in a vehicle that is not parked;
  - 6. Smoking in the vehicle; and
  - 7. Having weapons of any kind in the vehicle.

#### **SEE ALSO:**

##### **Cuyahoga County Personnel and Procedures Manual**

Policy 16.01 – Traveling on County Business

Policy 16.02 – Safety Belt Usage

Policy 16.03 – Driving on County Business / Use of County Fleet Vehicles

Policy 16.04 – Vehicle Accident Reporting Procedure

##### **DCFS Policies and Procedures Manual**

Policy 10.02.04 – Traveling in Pairs

##### **Agreement Between Cuyahoga County and AFSCME, Ohio Council 8, Local 1746, AF CIO, Article 14, Section 7**

#### **FORM:**

Request and Authorization Permitting Transportation of Non-Custody Child(ren)

**REQUEST AND AUTHORIZATION PERMITTING TRANSPORTATION  
of Non-Custody Child(ren) By Employees of  
Cuyahoga County, Ohio, Division of Children Services  
AND  
RELEASE OF CLAIMS**

IMPORTANT: THIS DOCUMENT CONTAINS  
A RELEASE OF POTENTIAL LEGAL CLAIMS

*PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING*

I request that CCDCFS consider transporting the child or children listed below. The transportation request is for my benefit, in that it will allow my child or children to attend, or be present for, an appointment or event, for which I will not have to transport or make transportation arrangements. I understand that I can transport my child or children, make arrangements with someone else to transport my child or children or make a request for bus tickets from a CCDCFS worker. CCDCFS has informed me it will not charge me a fee for the usual, customary costs and expenses related to the transportation of the child or children. I understand that I am making a request for transportation and CCDCFS is under no obligation to transport my child or children merely because I have completed this form and made a request for transportation. CCDCFS can decline to transport at any time, for any reason it deems appropriate. CCDCFS' transport on one occasion does not mean it will transport at a later date. THIS REQUEST AND AUTHORIZATION EXPIRES SIX (6) MONTHS FOLLOWING THE DATE YOU SIGNED THIS DOCUMENT.

**I understand that my transportation request and authorization is voluntary, and that my decision not to request and authorize transportation will not result in a penalty or loss of services. I further understand that I may discontinue my request as well as my authorization for transportation at any time without penalty or loss of services.** I can change my mind and revoke this consent by informing the CCDCFS worker of my decision. I understand that I cannot change my mind or revoke my consent while the child or children are currently being transported. In such a situation, the revocation will be effective once the child or children are returned from the transport. I agree to complete a written document which will serve to record the change in my decision. This document shall be construed, and enforced in accordance with Ohio law. If any portion of this document is found to be unenforceable for any reason, the operation or enforceability of the unaffected portions of this document shall not be effected.

**I acknowledge that:**

- \*\*\*I am over the age of eighteen (18) years of age as of the date I signed this document;
- \*\*\*I am not under the influence of illegal drugs, alcohol and am not under the influence of prescription medication that would affect my ability to understand this document and affirm I am competent to sign this document and do so voluntarily;
- \*\*\*The child will be traveling in a motor vehicle driven by a CCDCFS employee and they are to wear their safety-belt and/or be in an age appropriate car seat, if applicable, while traveling;
- \*\*\*They are subject to certain risks. Risks of riding in a motor vehicle include personal injuries, permanent loss or death from accidents, collisions, objects on or off the street, acts or omissions of other riders, and acts or omissions by the driver or other drivers.
- \*\*\*I am the parent, custodian, guardian, or other person legally authorized to act on behalf of the child or children listed below and would request CCDCFS to consider transportation of any or all of the child or children whose names and dates of birth are:

\_\_\_\_\_  
Name\Birthdate                      Name\Birthdate

\_\_\_\_\_  
Name\Birthdate                      Name\Birthdate

**Request for Transportation**

I hereby request that CCDCFS consider transporting any or all of the child(ren) whose name(s) and birthdate(s) appear above, to and from \_\_\_\_\_(describe place or purpose) for the following time period \_\_\_\_\_ (date or time frames for transportation).

**Disclosure of Additional Information by Parent or Guardian**

I would like CCDCFS to know the following about my child or children. For example, my child has a medical condition (such as diabetes), allergies (such as to food or medication) or any other information to be shared about my child or children (such as a religious restrictions on diet). I would like to provide information as follows:

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\*\*\*Note: I understand that I will have to contact the medical, dental or mental health professional before the date of the appointment to make sure that any issues involving consent (permission for the professional to treat my child or children) and/or payment for services are taken care of. CCDCFS staff cannot sign any consent forms for treatment or services or authorize payment for treatment or services, even with your approval. There are no exceptions to this rule).

**Consent**

I, individually and for the child or children listed on this document, consent, authorize and give permission for my child or children listed above to be transported in a motor vehicle driven by a CCDCFS employee as described above, on the date(s) or time period indicated. The transportation will be on a route selected by the driver and could include a stop for food or other items for my child or children as well as rest room stops, to name a few. I understand that my child or children are expected to follow all applicable laws regarding riding in a motor vehicle and are expected to follow the directions provided by the CCDCFS staff.

I, individually and for the child or children listed on this document, also consent to CCDCFS staff escorting my child or children to, and from, the appointment or place checked above. I agree to work with the CCDCFS staff to arrange the date, time and place for drop off and pick up of my child or children.

**Release of Claims**

I, individually and for the child or children listed on this document my executors and assigns, further agree to release and forever discharge Cuyahoga County, Ohio, its Departments and Divisions, agents, officers, employees and volunteers from any claim that I might have myself or that could be brought on my child's or children's behalf with regard to any damages, demands or actions whatsoever, from any and all liability or harm suffered by me and my child or children, including, but not limited to, personal, financial, emotional, psychological, civil damages, including claims for personal injury and death, including those based on negligence, in any manner arising out of the transportation which I have requested. This document binds the named child(ren) and their parents, heirs, guardians, administrators and estate, as well as the undersigned.

I, individually and for the child or children listed on this document, have read or had this document read to me, was offered the opportunity to have this document translated to another language if I so requested or was offered an interpreter, had any questions I had answered, had the opportunity to take this form to an attorney of my choice, and state that I fully understand this document, and agree to be legally bound by its terms.

**Signature**

I, individually and for the child or children listed on this document, have the authority to sign this document, and do so of my own free will, voluntarily and under no act by CCDCFS of intimidation, coercion, threat or force, nor any promises or rewards involving the care, custody or provision of services for myself or my family.

PARENT\GUARDIAN SIGNATURE

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Parent/Guardian/Custodian Name (please print):

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Parent/Guardian/Custodian Signature

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Date

CCDCFS STAFF: PLEASE PLACE ORIGINAL IN CASE RECORD AND PROVIDE COPY TO PERSON WHO SIGNED THE DOCUMENT.

Revision date: 10/1/13