

GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES
FOSTER PARENT MANUAL

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FOSTER PARENT MANUAL

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INTRODUCTION

Foster (fos't r.), v.t. 1. To promote the growth or development of; further; 2. To bring up or rear, as a child in foster care. 3. To care, feed, or nourish. Synonyms – Cherish, Encourage.

This manual has been developed to provide information that will assist foster parents in providing the highest quality of service possible to the children placed in their care. Agency staff persons at the County Department of Family and Children Services share with you the role of meeting the needs of the children in your home. Foster parenting can be as challenging and demanding as it is rewarding and fulfilling. It is essential, therefore, that the agency assists you in developing and maintaining the skills and knowledge base needed to meet the wide range of parenting needs of children who may be placed in your care. Your knowledge, understanding, commitment and daily care are necessary for the well being of children who require out-of-home care. You will experience great satisfaction with the knowledge that you are impacting the healthy growth and development of the children in your care. This growth might never be possible without the commitment demonstrated by you and thousands of other foster parents in Georgia who share this common experience with you. It is important, therefore, that we begin this team effort with a common view of our *mission* and *goals* for the children and families we serve.

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MISSION

The mission of Georgia's foster care program is to strengthen families, protect children from further abuse and neglect, and assure that every child has a permanent family.

GOALS

To achieve our mission for children and families of Georgia, we have focused our work efforts, projects, and activities toward the following strategies:

- ❖ **Ensure Safety and Permanency--** Through Family Conferencing, the department attempts to draw on the strength and resources of parents and extended family, the resources of the agency, the strength of other community agencies, and individuals involved in the child's life. The goal is to empower and acknowledge families, and assist them in creating a team of supports.
- ❖ **Ensure the Most Appropriate Placement --First Placement Best Placement** provides early and on-going assessment of the strengths and needs of children and families, case plan development with the family and the use of least intrusive interventions will reduce lengths of stay and placement disruptions.
- ❖ **Building and Maintaining Foster Care Resources –** Recruiting, preparing and training foster parents, other care givers and agency child welfare workers will result in team members who are skilled and capable in meeting the needs of children and families.
- ❖ **Building Community Partnerships --** In order to assist families in breaking the cycles of abuse and neglect, the Division of Family and Children Services will serve as catalyst to bring family members, community agencies, and other stakeholders such as yourself, the foster parent, in partnership to meet the needs of children and families.
- ❖ **Using and Developing Resources –** An array of services, including preventive and least intrusive methods (producing the least amount of trauma for the child) will enable us to serve all children in care more cost-effectively.
- ❖ **Measuring Progress and Outcomes –** On-going program evaluation will focus upon the effectiveness of the State's child welfare system in achieving successful outcomes for children and families.

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LEGAL BASES

Georgia's foster care program is guided and supported by both State and Federal legislation. The Georgia Department of Human Resources (DHR) is designated by law as the agency to develop and administer the State's Foster Care Program. The department develops *standards* for the State's public and private child placing agencies through the Division of Family and Children Services and the Office of Regulatory Services.

Non-public (private) agencies providing foster care services are licensed by DHR through the Office of Regulatory Services. Such non-public agencies include: Families First, United Methodist Children's Home, Palmetto Campus of Georgia Baptist Children's Home, AGAPE, Extended Families, Lutheran Ministries, Child Kind and others.

DHR also administers a program of foster care services through its public agencies: the Division of Family and Children Services and the Division of Mental Health, Mental Retardation and Substance Abuse. The Division of Family and Children Services implements its programs through case managers in county DFCS agencies who share with you, the foster parent, the responsibility for the care and maintenance of the child placed in your home.

In most instances, the county departments derive the authority to place and maintain children in foster care through a series of orders handed down by local courts, primarily juvenile. These orders give the department temporary custody, or at some point permanent custody, by terminating parental rights. An initial order giving temporary custody is in effect no longer than twelve months. At this time a Permanency Hearing is held for the purpose of extending custody, if required, and finalizing the permanency plan for the child. Throughout the duration of the court order, the County DFCS agency acts as legal custodian.

The Adoption and Safe Families Act of 1997 (Public Law 105-89) has established strong national goals for children in our nation's child welfare system. These goals are *safety, permanency and well-being*. You will find as you review the new Foster Parent Manual, changes in our state's foster care policy and practice that emphasize the safety and health of children as being of paramount concern in providing services.

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FAMILY FOSTER HOMES

Various types of family foster homes and services are provided for children in out-of-home placement. The home into which a child is placed should be based on the *identified needs* of the child *at the time of placement*. In reality, however, needs-based placements in foster care are not always possible, at least not at the time of the initial placement. Despite this shortcoming, family foster care provides the least restrictive and most family-like environment for children who are in need of out-of-home placements. The following types of family foster home situations may be provided based on the preparation and approval received by the foster parents.

Regular Family Foster Home

Regular family foster homes provide temporary care for children who have a range of parenting needs, from basic to highly skilled. Ideally, placement into a regular foster home is time limited, during which time the case manager provides services to the birth parents in an effort to resolve the problems that resulted in the child coming into placement. If the situation allows, it is sometimes recommended that foster parents share their child-rearing and homemaking skills with the birth parents.

Some children may require *long-term foster care* because they are unable to return to their own homes and because freeing them for adoption may not be the best plan. The foster parents, the county department and the child, if possible, must agree upon plans for long-term foster care. The birth parent is involved also, when appropriate. This is a formalized written agreement.

Relative Foster Home

When relatives provide foster care, the county department continues to have legal responsibility for the child. Relatives must meet the same requirements as regular foster parents to be approved as relative foster parents. This type placement, when appropriate, allows the child to maintain closer ties with the existing family and is least disruptive to the life of the child.

Foster-Adopt Homes

A home that is approved for the foster care placement of a specific child for whom the established goal is adoption is a foster-adopt home. The county department may approve as foster-adopt homes, previously approved adoptive homes or newly approved homes at the completion of GPS:MAPP. Such placement resources must demonstrate the skills required in carrying out the role and responsibilities of a foster-adopt resource. Foster-adopt homes must meet the regular standards of care required for approved family foster homes and any conditions specified in that approval.

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Level of Care (LOC) Services

Foster Homes Providing Increased Level of Care Services - A small percentage of foster homes provide “specialized care” for children with increased levels of physical, mental or emotional needs who can function within a family setting. Foster parents providing this type care sometimes receive special training in addition to the basic training provided. This prepares them to better understand, accept and manage the child’s physical, emotional/behavioral needs and challenges. Foster homes providing increased levels of care have greater restrictions on the *number* of children the foster parent can care for at any given time, including their own.

- ***Foster Homes Providing Care for the Severely Emotionally Disturbed (SED)-*** Specially trained foster parents provide care for children who exhibit moderate to severe behavioral management problems, which may include hyperactivity, impulsiveness, defiance, sexual behavior, verbal and/or physical aggression, anxiety, depression, destructiveness, and other behaviors.
- ***Foster Homes Providing Care for the Medically Fragile --*** Specially trained foster parents provide care for children with acute medical needs. Children in these type placements require specialized care, and intensive supervision and support. These homes must have reasonable access to medical and other community resources. Medical professionals may provide additional training based on the medical needs of the child.

An *increased* per diem is provided for all children approved as needing Level of Care services. The amount of the per diem is based on the individual care requirements of each child. Speak with your Case Manager if you feel you are parenting a child who has *exceptional* parenting needs.

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GUIDELINES FOR POSITIVE FOSTER PARENTING OUTCOMES

Knowledge, Skills and Capacities for Successful Foster Parenting

Foster parents have a very special and sensitive task to perform and, by necessity, must be “special kind of people.” Foster parenting goes beyond parenting one’s own biological children. It requires the skills needed for “normal” parenting and then some. Knowledge, skills and capacities important to this role include the following:

- **Confidence in oneself and the ability to find satisfaction in being a foster parent.** (KNOW THEIR FAMILY; MAKE AN INFORMED DECISION.)
- **Ability to consider a child’s needs first, to accept the child with warmth and love.** (KNOW THE CHILDREN.)
- **Capacity to create an atmosphere of compassion, encouragement and stability, with needed flexibility.** (BUILD SELF-ESTEEM.)
- **Ability to provide kind but firm and appropriate discipline, consistent with state policy.** (MANAGE BEHAVIORS.)
- **Knowledge about normal development of children and a child’s need for love, protection, encouragement and limit setting at various stages of life.** (KNOW THE CHILDREN; BUILD STRENGTHS/MEET NEEDS; MANAGE BEHAVIORS.)
- **Ability and willingness to use the supervisory help of the case manager in meeting the child’s needs.** (WORK IN PARTNERSHIP; KNOW THE CHILDREN)
- **Ability to accept birth parents as individuals important to the child(ren) and to refrain from making negative comments about parents.** (WORK IN PARTNERSHIP; BUILD SELF-ESTEEM; BUILD CONNECTIONS.)
- **Ability to share parental authority and responsibility with birth parents and to help the child, at his level of functioning, understand these responsibilities.** (WORK IN PARTNERSHIP; BUILD CONNECTIONS; ASSURE HEALTH AND SAFETY.)
- **Ability to cooperate with the Case Manager in helping birth parents carry out planned activities for the child(ren).** (WORK IN PARTNERSHIP.)

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- **Ability to teach the children acceptable ways of behaving and standards of good conduct; to use judgment as to whether the behavior of a child is in keeping with his age, problems, feelings of security in your home, and to hold to *reasonable* expectations of the child. (KNOW THE CHILDREN; MANAGE BEHAVIORS; COMMUNICATE EFFECTIVELY.)**
- **Ability to support the child in sorting out who he is. (BUILD STRENGTHS/MEET NEEDS; BUILD CONNECTIONS; COMMUNICATE EFFECTIVELY.)**
- **Capacity to use day-to-day events to help the child learn new information and how to live with others. (COMMUNICATE EFFECTIVELY; BUILD STRENGTHS/MEET NEEDS.)**
- **Knowledge of community programs which may help the child. (KNOW THE CHILDREN; BUILD STRENGTHS/MEET NEEDS.)**
- **Ability to give the needed support for a child's participation in community activities. (WORK IN PARTNERSHIP; BUILD STRENGTHS/MEET NEEDS.)**
- **Ability to maintain an atmosphere of optimism and enjoyment, and a sense of humor. (KNOW THEIR FAMILY; ASSURE HEALTH AND SAFETY.)**
- **Ability to keep confidential all information about the child(ren) and his birth family. (ASSURE HEALTH AND SAFETY; WORK IN PARTNERSHIP.)**

Ensuring the Continued Quality and Safety of the Foster Home

Continued Parent Development (Training)

All foster parents -- both relatives and non-relatives -- are required to complete additional training hours (parent development training) each calendar year (January 1 -- December 31), beginning with the year following your initial approval. The training must relate to the skills required in the day-to-day parenting of children in care. The minimum number of hours currently required is 15. This number may increase due to additional state and/or federal requirements. Additional training may also be necessary for foster parents providing more specialized care. A waiver of DFCS training requirements can only be granted by the County Director or someone else in the department who has been designated that authority. Several important points should be mentioned;

- *Continued parent development requirements can only be waived for extenuating circumstances in the foster family such as serious illness or major family crisis*
- *The waiver is for a specified period of time only.*

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- *Parent Development or in-service training must be completed each year as noted above; therefore, if you have not completed the required 15 hours of training at the end of the calendar year, your home will lose full approval status. This impacts the child's IV-E eligibility (federal funding).*

If children are currently being served in the home, a waiver to maintain the home in *approved* status, with specific time frames for completing training and any other requirements, will be necessary in order for the home to continue to receive per diem payments. Federal law provides that children must be in an approved foster home to receive certain foster care per diem funds. When a child is not in an approved foster home, an additional financial burden is placed on the State to cover the per diem cost. This greatly limits the agency's options in maintaining homes that are not in approved status, even temporarily.

The failure or refusal of a relative or non-relative foster parent to complete the annual training requirements will be carefully assessed by the agency. With more stringent Federal requirements now in effect, the failure to meet State training requirements will result in the *closure* of the foster home.

Note: For additional guidelines regarding continued parent development training requirements, see Appendix K.

Re-evaluations

The approval of your foster home is usually granted for one year, but may be terminated earlier if you or the agency find it necessary. As the end of the approval period draws near, a Case Manager who is specifically designated to reassess the status of your home will schedule a home visit with you and your family to initiate the joint re-evaluation of your home. A re-evaluation of your home can occur before the end of the one-year period if there is reasonable cause. The need to re-evaluate your home prior to the scheduled annual renewal of approval may occur for either or a combination of the following reasons:

- A discipline or foster care policy violation.
- The relocation to a new residence.
- Chronic, inappropriate care and maintenance of children placed.
- Marriage, divorce or other major life event.
- Any major change in the household (i.e., other family members having to move in, etc.)

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The re-evaluation of your foster home is a joint process that involves you and the assigned Case Manager reviewing the successful outcomes and challenges of the previous year. The maintenance of minimum standards and quality of care provided by you are among the areas reviewed by the agency. You will have an opportunity to provide verbal as well as written input regarding your experiences during the previous year and the supports needed to strengthen your role as foster parent. The foster parent completes section 2 of the Foster Home Re-evaluation report.

An annual physical exam is required for foster parents sixty-five (65) years and older. A physician's statement is required annually for foster parents who have *significant* medical problems. Otherwise, a medical report is due every five years and will be requested at the time of the re-evaluation. Criminal record checks (finger printing) are required at least every five (5) years at the time of re-evaluation. All other household members, 18 years and older, are required to have an *initial* criminal records check, and a re-check every five (5) years thereafter. New household members are required to meet the same medical and/or criminal history checks as required for initial approval of the home.

Following the Case Manager's re-evaluation of your home, a decision will be made as to its status. If the mutual decision is to continue your home in active status, your home will be approved for another year.

The Rights of Foster Parents in the Foster Care Process

As a foster parent and respected member of the DFCS team, you have many rights. Among these is the right to the following:

- To be provided with pertinent information about the child and his family.
- A clear understanding of your role as foster parent, and the role of the birth parent and the agency with respect to the child in care.
- Respect, consideration, trust and valuation as a member of the DFCS team, making an important contribution to the agency's objectives.
- Involvement in crucial decisions regarding the child as a team member who has pertinent information based on your day-to-day knowledge of the child. This includes the opportunity to share your knowledge of the child for case reviews and any other planning endeavor for the child. You will be given a copy of the child's Case Plan.

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- Freedom from built-in failure, by not being asked to care for a child whose needs you cannot meet.
- Continuation of your own family patterns and routines as much as possible.
- The opportunity to learn and grow in your ability to care for the child(ren) placed in your home through regularly scheduled training made available by the agency.
- Help in securing appropriate resources to meet the child's needs.
- Reimbursement for the child's care in accordance with established per diem rates.
- Recourse to the Foster Parent Grievance Procedures to resolve differences of opinion related to the care of the child or to your role as foster parent. See *Appendix C* for the grievance procedures and forms.
- Communication with the agency when needed. In some instances, you may have difficulty reaching the case manager who may be out in the field. You should also have access to the telephone numbers of other key staff. In *non-emergency* situations, call the case manager during *working hours*. In *emergency* situations, follow the county guidelines for reaching someone who can provide immediate help. This procedure varies depending upon the size and staffing at each county department.
- To be made aware of the agency's permanency plans for a child placed in your home.
- To be given official notification by DFCS, through Form 149, of the agency's plans to terminate parental rights. See Appendix A.
- To be informed by DFCS of the termination of parental rights on a child in your home.
- To be given the opportunity to make an informed decision regarding your interest in applying to adopt a child in your home by completing, along with an agency staff person, the process contained in Form 150. See Appendix A.
- The opportunity to complete form 151 regarding your decision to adopt a child who is currently in your home. See Appendix A.

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The Responsibilities of Foster Parents

In order to provide the best possible home environment for the child, you must work closely with the child's case manager. You and the agency are allies in the job of caring for children in out-of-home placements. Our purpose or mission should be one and the same – to provide services that support the strengthening of families and the protection of children from further abuse and neglect. This is a huge responsibility, but one that you have agreed to assist with. Some of your responsibilities include the following:

- Provide the most nurturing care possible, using the agency's guidelines and policies, and the child's case plan requirements as a guide for setting goals for children.
- Rigorously follow confidentiality guidelines.
- Adhere to all additional agreements listed on Form 38, "Agreement."
- Provide day-to-day care for the child, including on-going supervision, nurturance, appropriate training and discipline, and basic maintenance.
- Be available for scheduled supervisory visits by the worker with you and the child.
- Share the responsibility of getting the child to scheduled appointments. The transportation of children to various appointments is a shared responsibility between the foster parent and DFCS. The foster parenting role requires that you assume much of the responsibility of the day to day needs of the child. In some instances, this role may have to be negotiated with the Case Manager.
- Keep records such as logs, calendars and lifebooks, documenting the child's needs, successes, developmental achievements, and any other milestones occurring while in your care. Photos are good also.
- Support the child's visits with birth parents, siblings, and/or other relatives.
- Support the child's reunification with parents, siblings, relatives, or any other permanency plan that has been established for the child.
- Assist children in their move from your home to another placement.
- Communicate with birth parents during visits regarding the child's daily experiences, including needs, successes, and milestones.
- Observe the child closely and report any behaviors of concern to the case manager

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or the appropriate specialist who is treating the child. Always share this information with the case manager.

- Work closely with juvenile court staff who may want to observe or interview the child.
- Support the religious practices of the child.
- Work closely with the child's school and teacher.
- Provide assistance with homework.
- Shop for clothing and other personal needs for the child.
- Dress children in clothes that are clean, neat, serviceable, and appropriate for their sex, age, size and the occasion.
- Keep the case manager abreast of any problems, potential problems, or concerns with the child's placement in your home.
- If possible, give a two-week notice before requesting a child's *unplanned* removal from your home.

Rights and Responsibilities of the Birth/Legal Parents in the Foster Care Process

Rights

What are the rights of birth or legal parents? Unless modified by a court order, birth parents retain many rights following the removal of their child(ren) from their home. Birth parents retain the right to:

- Be included in plans for the child's placement.
- Have their child placed in an environment that is consistent with the child's needs, within reason.
- Have their child placed in an environment that is sensitive to the child's religious, cultural, and social background.
- Visit their child. The right to embrace and enjoy their child is not canceled unless it is determined not to be in the best interest of the child; to nurture a relationship

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that may have been faulty at one time is a right of the birth parent.

- Learn through past mistakes, to make appropriate changes in their behavior, and work to improve their relationship with the child.
- Legal representation in all matters affecting the health and welfare of their child. While the agency has the legal right to give consent for the routine medical care of the child in foster care, the birth parent has the right to appeal decisions of the agency or the court, and has the right to grant permission for major non-emergency surgery prior to the termination of their rights.
- Review legally permitted portions of the case record pertaining to them and their child(ren).
- Request a court hearing when in disagreement with the case plan.
- Information on how to obtain confidential information about the child not available from DFCS.
- Petition the court at any time for the return of custody prior to termination of parental rights.

Responsibilities

While the court may have suspended some of the rights of the birth parents, they retain certain distinct responsibilities. The birth parents are obligated to:

- Recognize that there are specific reasons why the court removed the child from their care. They must understand the reasons and what they must do to change the current situation to allow the child to be returned to their care.
- Cooperate with the Case Plan and work toward solutions to the existing problems. The parents are obligated to seek remedies and assistance to deal with the factors which caused the child's removal. This responsibility includes cooperation in all phases of the recommended foster care plan.
- Assume financial responsibility for the care and treatment of the child by reasonable and conscientious reimbursement for expenditures. The parent must realize that their legal responsibility for support of the child remains unless all parental rights are terminated. Their lack of ability or willingness to treat the

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child's problems does not automatically transfer the cost of treatment to the county or the state. The birth parents' own personal funds or medical insurance, if any, should be utilized.

- Understand that foster parents are a very important part of the care and/or treatment program. The birth parent must recognize that foster parents are not purposely alienating or keeping the child from them, but are giving freely of themselves in an attempt to fill a gap in the child's life. Some of the specific areas in which birth parents should be involved, when possible, are: baptism or confirmation; marriage plans; burial plans, if needed; elective surgery; major alterations in the child's appearance, including body piercing, etc.; enlistment in the Armed Services.

Rights and Responsibilities of the Agency in the Foster Care Process

Rights

- To be respected as the legal agent for the child and ,as such, to be made aware as soon as possibl, of the following:
 - Any issues of concern regarding the child or the child's well being.
 - Any significant change in the foster parent's ability or willingness to provide continued care for the child in the home.
 - Any changes in the foster parent's home that would directly or indirectly impact the child in the home.
- To make placement decisions based on the needs and best interest of the child.
- To remove a child from a foster home in which his safety and/or well being are in jeopardy.

Responsibilities

The agency's primary responsibility in regard to children who are placed in care is to work in partnership with foster parents or other caretakers to achieve the goals and complete the case plans established for the child's permanency. This is done primarily through the child's Case Manager whose responsibilities include, but are not limited to, the following:

- Select placements for children that will best provide for their safety and on-going needs.

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- Plan with the foster parent, the placement of a child in the home.
- Provide as much information as possible about the child on Form 469, Foster Child Information Sheet.
- Maintain, at a minimum, monthly face to face contact with the child (at least every 3 months for long-term care), with at least one contact *in the foster home* bi-monthly.
- Arrange visits between children and their parents, siblings, or significant others.
- Make monthly contact with foster parents, or more regularly if case requires.
- Remove a child from a foster home that does not adequately meet the child's safety or on-going maintenance needs.
- Provide a ten-day written notice of the agency's decision to make an *unplanned* removal of a child from your home (except when a child is determined to be at risk.)
- Arrange for the child's medical, dental and psychological care.
- Keep the foster parent abreast of the Case Plans and permanency plans for the child.
- Assist the foster parent in preparing the child to deal with unusual events/circumstances.
- Arrange for the child's clothing needs.
- Assist or provide direction to the foster parent in collecting and maintaining materials to be used in developing life books for children.
- Notify foster parents of the agency's intent to terminate parental rights, the permanency options for the child, and the opportunity for the foster parent to be considered as a resource for permanent placement. Forms 149, 150, and 151 should be provided for the foster parent's review and completion at appropriate intervals during this process.

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Rights of the Child in the Foster Care Process

The child does not lose his inherent rights as a child simply because he has been removed from the home of his birth parents and placed in foster care. There are feelings of fear, hope, anxiety, joy, anticipation and grief – all the emotions that any other human being would experience under similar circumstances. Simultaneously, the child has a need to be nurtured, accepted, challenged and to view himself as a worthwhile person. In order to support the needs of children in care, foster parents must be aware of the various rights of children that contribute toward the fulfillment of such needs. Some of the child's rights while placed in your home include the following:

- The right to grieve for his family. No matter what has happened to him, a child usually cares for his family. He does not forget them due to the circumstances and, in the majority of cases, would like to return to them.
- The right not to have his birth family criticized by the foster parent. There probably will be times when the child will want to talk with you about his family. What he says may be truthful or it may be fantasy, and it may be difficult for you to know exactly how to respond to him. Never say anything critical about the child's parents. Draw attention to the feelings that the child is experiencing at the moment, not to what he is saying.
- The right to visit with his parents, siblings and other significant persons in his life, unless otherwise ordered by the court or the child's safety is at risk. The case manager will arrange visits and will always try to be considerate of the child, the birth family and the foster family.
- The right to be angry or upset. Think about his dilemma for a moment. He has been taken from what he knows, loves, and believes to be a part of himself, and placed into a new environment with total strangers. The child has been forced into a situation that renders him a helpless victim.
- The right to privacy – privacy of person, privacy of place, privacy of things. This is a basic right of any child or adult. The child has a right to be quiet and alone sometimes so he can think without disturbances. There needs to be a place in the home where he can go for privacy and where his belongings are respected.
- The right to receive unopened mail addressed to him, unless prohibited by a court order, case plan or consensual agreement between the foster parent and the child's Case Manager.

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- The right to be complimented on any improvement in his development – physical, social or emotional. Constructive criticism may be helpful, but praise, when due, can work magic.
- The right to continued and private contact with the Case Manager.
- The right to be cherished by a family of his own, either his family, aided by readily available services and supports to resume care, a foster family, or an adoptive family.
- The right to receive sensitive, continuing help in understanding and accepting the reasons for his own family's inability to take care of him, and in developing confidence in his own self-worth.
- The right to receive continuing, loving care and respect as a unique human being...a child growing in trust in himself and others.
- The right to grow up in freedom and dignity in a neighborhood of people who accept him with understanding, respect and friendship.
- The right to receive help in overcoming deprivation or whatever distortion in his emotional, physical, social, intellectual and spiritual growth may have resulted from his experiences; the right to receive a healthy preparation for citizenship and parenthood.
- The right to representation by a competent attorney in administrative or judicial proceedings so that his best interests are safeguarded.

THE PLACEMENT PROCESS

Pre-Placement Visits

If possible, visits between the foster parent and the child will be arranged prior to placement. This procedure benefits all parties involved in the process. Ideally, the child's birth parents should be involved in this process, as the child needs to feel that he has his parent's permission to live with someone else for a while. The time, place, number of visits and the persons involved will depend upon the circumstances in each case.

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Steps you can take to help the pre-placement visits run smoothly include the following:

- If the child is in the hospital, you should visit him there.
- When the visits take place at the foster parent's home it is always helpful to have only your household members present.
- Have available, pictures of family members who are not present.
- Have a light snack prepared for the child.
- Show the child his room and the area where his personal belongings will be kept.
- Discuss with the child where he will attend school.

All of the above pointers will help the child feel better about his temporary home. Visits may last from forty-five minutes to an hour. Any questions or concerns about the child or the placement should be frankly discussed with the case manager after the visit.

The Placement of a Child in Your Home

The time frame in which a child is placed in your home following your approval as a foster parent depends upon several factors. A few of these include 1) the overall number of children in your area needing placement at the time and, 2) the age range, gender, and characteristics of the children you have been approved to provide foster care for. The second factor is based primarily on a mutual decision between you and DFCS regarding the type child whose needs you have stated you can meet and the level of parenting for which your home has been approved (basic care, level of care, medically fragile, etc.).

If circumstances allow, the Case Manager will plan the child's placement with you in advance. In many instances, particularly after working hours, a child will be placed following only a brief call from the agency or the emergency placement person regarding the child's general circumstances. Regardless to whether the placement is planned or unplanned, the child's case manager should share with foster parents all applicable information available regarding the child and his situation.

Types of information that may be shared with you when a child is initially placed in your home include the following:

- Form 469, Child Information Sheet. This form contains personal information about the child.

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- Circumstances surrounding the child's placement in care.
- The child's placement history, if previously placed.
- Grade level, achievement level, and educational experiences and adjustment.
- Previous experiences with parents or other caretakers.
- Behavior patterns with parents, caretakers, or significant others.
- Medical history and any specific needs.
- Eating and sleeping patterns.
- Information regarding siblings or other significant persons in the child's past.
- Special instructions (dietary restrictions, medical needs, emotional needs, etc.)

You and the Case Manager also sign the Agreement Supplement, Form 40, at the time of the child's placement. The Agreement Supplement provides you and the agency with a record of the beginning and ending dates of each child's placement in your home.

The fundamental responsibility for the child placed in your home rests with the agency. The agency must do everything in its power to promote, protect and safeguard the welfare of the child. The Case Manager must assure that the placement is appropriate to meet the needs of the individual child and that the child receives proper care while in placement. The Case Manager must also work to improve conditions in the child's home so that, if possible, he may return there.

The Case Manager must ensure that the rights and responsibilities of the child, the birth parent and the foster parents are respected and fulfilled. The Case Manager must also maintain continued supervision of the child while he is living in the foster home. As a valued member of the foster care team, your perceptions of what is in the best interest of the child are important. You will be involved in planning for the child in preparation for case reviews held every six months for the duration of the placement.

Placement of the Child from Another Foster Home

Unless this is an emergency move, the placement of a child from one foster home to another should be planned. In addition, the following should be provided.

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- A pre-placement visit in your home.
- As much information as possible about the child.
- An updated Form 469, Child Information Sheet.
- A copy of the most recent Case Plan, with updated medical and educational information.
- Any other information or items that would minimize the trauma of the move for the child, including the child's experience in the last placement.
- If appropriate, the opportunity for the former foster parents to share information regarding their parenting experiences with the child.

How the Child Reacts to Placement

When the child is initially placed in your home, he will not become comfortable with you and his new surroundings immediately; even infants may experience a period of adjustment when placed in an unfamiliar environment. A child's reaction to placement depends largely upon his past experiences. The fact that your home provides a safer and more nurturing environment will not prevent this natural human process. An important point to remember is that the child's transition into your home will be made easier if you do not take his behavior personally.

Additional points to remember when a child is *initially* placed into your home.

- Be patient; don't expect miracles.
- The child is attempting to make some sense of new people, new surroundings, and behaviors that are different from what he is accustomed to.
- No matter how terrible the previous situation was, the child will probably display some sadness and anxiety due to his loss.
- The child may be unclean and poorly dressed with little, if any, clothing, or the child may be appropriately dressed with an adequate wardrobe. No matter what the child's condition, do not immediately discard his clothing and other personal possessions. They have special meaning to the child.

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- **The child may blame himself for what has happened. Assure him this is not the case.**
- **The child may be withdrawn, tearful, anxious, angry or overly active and playful. With some children, there will be no obvious effects of the placement.**
- **No matter what the child's behavior or disposition, it is important that you and your family show acceptance, warmth, and most of all understanding during this very difficult time for the child.**

The child's Case Manager will share additional adjustment pointers with you as each child differs in his response to placement.

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MEETING THE NEEDS OF THE CHILD IN YOUR HOME

How the Child Should Address Foster Parents

“A ROSE BY ANY OTHER NAME IS STILL A ROSE.” The child placed in your home should feel free to call you whatever is easiest for him and most comfortable for you. Experienced foster parents have found it helpful to suggest several acceptable names and allow the child to decide which one to use. Older children may not be able to address the foster parents by names that suggest that their own parents are being replaced. In many instances, children adopt the name being used by the other children in the home in addressing the foster parents.

Supervision of the Child in Care

Children are responsibly supervised at all times while in placement. *The Child Protective Services standards regarding the supervision of children are not applicable to children in placement.* As foster parents, your parental responsibilities require a higher standard of conduct than that of the birth family from whom the child has been removed. This is the primary basis for the pre-service and Continued Parent Development training for foster families. A well-trained foster parent, in actuality, is a “professional parent.”

Supervision is provided or arranged by the foster parent based on each child’s age, condition and individual needs. When the foster parent is away from the home due to employment, training, or personal situations, a plan for the provision of substitute care by a competent and reliable person is put into place. In addition, foster parents must assure that any substitute caregiver is able to manage the parenting needs of the child left in their care. Any substitute caretaker must be made aware of and agree to follow agency guidelines regarding supervision, discipline and the safety needs of children in placement.

Generally speaking, reliable youth may be left under their own supervision under certain circumstances for reasonable periods of time so as not to jeopardize their safety and well-being. At this stage in their lives, many youth in care are engaged in activities and processes that lead to their emancipation. Among these are experiences that foster independence and self-control. Situations requiring youth to be home alone after school hours or during the foster parent's business or personal appointments are acceptable within the limitations indicated. Primary factors to consider in determining if a teen in care should be left alone are age and level of maturity. Other factors include the following:

- ◆ Judgment and level of maturity, development or mental capacity.
- ◆ Demonstration of dependability, responsibility and trustworthiness.

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- ◆ History of emotional/psychological stability.
- ◆ History of run-aways and other status offenses.
- ◆ History of alcohol and substance abuse.
- ◆ The number of youth in the home involved and their relationship with each other.
- ◆ Safety of the home environment (firearm safety, water safety, etc.)
- ◆ Youth's ability to easily access the foster parent or other reliable adult.

Foster parents are required to consult with Case Managers as well as employ their own best judgment in determining whether a particular youth may be left in the home unsupervised.

Violation of Supervision Requirements

If there is a substantiated allegation of children being left improperly supervised, a *Corrective Action* or *closure* of the home may take place.

Visitations

Whether the child has been removed by an order of the court, or has been voluntarily placed in foster care by the birth parents, the parents will likely continue to command a role in the child's life. Unless permanent separation has taken place, voluntarily by the birth parents or by termination of parental rights, it is imperative that the child and his birth parents be allowed regularly planned, monthly visitation, unless ordered more frequently by the court. There is a high correlation between the number of visits between a child and his parents and the successful return of the child to his parents.

Monthly visitation with parents is generally ordered by juvenile court. In some instances, the judge may see fit to order more frequent visitations. In either case, foster parents play a major role in seeing that children experience successful visits with birth relatives by preparing them for the visit before hand and following up with them afterwards. It is important that foster parents work along with the child's Case Manager in making visits as easy and natural as possible.

The Case Manager usually assumes the primary role in scheduling and coordinating visits based on the case plan developed by the agency and the child's birth parents. A great deal of consideration is given to all persons involved, particularly the foster parents who will be assisting the Case Manager in getting the child to and from visits. This procedure may vary from case to case, however. Depending upon the circumstance, you may be given permission to arrange the child's visits with significant others. In either case, it is important that the Case Manager is involved in the planning.

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Parent and child visitations usually take place at the DFCS office or some other neutral location and may be supervised or unsupervised. In some instances, foster parents may agree to have the child visit with the parent in their home. This depends largely upon the relationship you have established with the child's birth parents. Again, the Case Manager should be involved in the planning of such visits.

Children have a right to visit with their parents and siblings as long as it is determined to be in their best interest. It is wise to remember that a child's birth parents are his own. He cannot, in most instances, forget them entirely. Even if they will never make a home for him, a child's parents are important to him. Your greatest service to a child would be to encourage and support his faith in his birth parents. This approach forms a healthy basis for future relationships, including the child's relationship with you.

The child should be made to feel that it is acceptable to talk about his birth parents following visitations, or at any other time for that matter. If talk is negative, it is not necessary to agree or disagree. Focus on the child's feelings and provide feedback by helping the child isolate or identify his feelings and providing validation. You may contact the Case Manager if what the child is saying about the parent or his display of emotions give rise to concerns.

(See the lists of rights for the child and the rights and responsibilities of the birth parent, the foster parent and the agency for additional pointers surrounding visitation.)

When Birth Parents Pose a Problem

It is important that foster parents *immediately* report any concerns regarding the birth parents, particularly as it relates to unauthorized visits, telephone calls or threats. While it is important to support children in maintaining connections with birth parents and other significant people in their past, this should never be done at the expense of the safety and security of the child or the foster family. You will find, however, that most birth parents are not difficult to work with and many of them welcome the care and stability you are providing for their child during their period of crisis.

Personal Information

It is important that you help the child feel that he is unique and worthwhile. One way that children can be encouraged and assisted in developing these feelings is by helping them maintain ties with their past. By keeping records of events in the child's life, you provide the agency insight into how the child's development is progressing. This also aids the child in developing some history of his past, and bridging the gaps in the events he has experienced.

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What may seem unimportant at the time can be very crucial to the child's feelings of identity and esteem later on in life. Life books are especially meaningful when the child transitions from your home to another family.

Developing the Child's Life Book

Life books are important to children in placement. Children in care often experience gaps or "blind spots" in their life experiences, primarily due to the traumas they have had to deal with. A Well-done life book does an excellent job of helping children maintain connections or links with their past as well as carry memories of their time spent with your family to their new, and hopefully, permanent placement. Life books may also provide helpful information to the new caregiver, whether it is another foster family, an adoptive family or the birth parents.

A life book may consist of a simple compilation of dates, milestones, photos, and memorabilia that have been placed in an inexpensive folder or it may be an elaborately done album that has been carefully and creatively constructed by the foster parents. Either way, these books serve an important function in helping the child view his or her life as meaningful and provide a sense of connectedness and self-worth.

Putting Together a Child's Life book

- **Basic life book tools**

Pen/Pencil – Used to record information. Write down information as soon as possible after it occurs. This helps to maintain the accuracy of the information being provided. Information should never be written in a way that demeans the child or the birth family. Even the most sensitive situations can be described in a meaningful, non-threatening way.

Notebook -- Notebooks may be used to keep recorded *events* and *anecdotes* (a brief description of an interesting, amusing or significant incident) that require more detailed writing or explanation than can be placed on a calendar.

Calendar-- The calendar may also be used to note the child's accomplishment of *milestones*. Calendars are indispensable for recording information on the spur of the moment. When a child takes his first step or you discover the first tooth being "cut," you can immediately record this event on your calendar and just forget it until you're ready to transfer this information to a more permanent place.

Large Envelope -- Large envelopes may be used to *store* photos, the child's artwork, grade reports, school awards and certificates, a hospital identification badge and other items that may have some significance to the child.

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- **Items that may be included in a child's life book**
 - Birth family page (may include photos or information about birth parents)
 - The child's birth page (may include birth/hospital information, photos, etc.)
 - Child's family tree
 - Important people in child's life (foster family, friends, teachers, coaches, case managers, etc.)
 - Child's first (smile, tooth, steps, hair cut, lost tooth, etc.)
 - Favorites (foods, toys, places, school subjects, movies, TV shows, books, etc.)
 - Places traveled to (another county, city, school trips, family trips, etc.)
 - Special holiday remembrances
 - Birthdays (a snapshot of child, birthday cake, cards, party participants, etc.)
 - School memories (school and class photos)
 - Accomplishments (report cards, awards, art work, school work etc.)
 - Other categories or items you may choose

These items may be arranged in a scrapbook or an inexpensive, brightly colored folder. Items should be arranged chronologically as they occurred in the child's life. If the child is old enough, it would be more meaningful to have his involvement in putting the book together. The thoughts and feelings of the child should be included as well as tactfully stated facts.

The Child's Personal Property

The personal items the child brings with him or receives from his parents -- regardless of their condition, appearance, or cost -- are very important to him. The child should have control of such articles and have access to them unless they pose a danger to him or others. The child should not be *expected* to give them up or value them less, and should never be criticized because of his attachment to such things. Packing items the child is not using in "his special box" may satisfy the child's need to secure his belongings and the foster parent's desire for order in the home. If the child's lack of orderliness is a major concern, use this as an opportunity to teach him how to care for and store personal belongings.

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Clothing

During the placement, you and the case manager will determine the adequacy of your child's wardrobe. When appropriate, the case manager will authorize you to purchase initial or annual clothing. Always obtain approval from the child's case manager *prior* to making out-of-pocket clothing purchases. Receipts, *as defined by the county*, are required for reimbursement.

- **Initial Clothing:** Clothing which may be bought within six months of a child's first placement in foster care. A child who moves from one foster home to another is expected to take his wardrobe with him. The maximum allowable amount for initial clothing is determined by State policy.
- **Annual Clothing:** Clothing which may be bought to *replenish* a child's wardrobe. Annual clothing may not be purchased in the same calendar year in which a child enters care. A child entering care in the year 1999 is not eligible for annual clothing allowance until January 1, 2000. *The ideal time to utilize the annual clothing allowance is at the beginning of the school year, if applicable.*
- **Replacement Clothing:** Items of clothing that replace worn or outgrown articles may be purchased with portions of the per diem which are allocated for this purpose. Your case manager may assist you in locating resources to replace items of clothing in the child's wardrobe that are no longer serviceable.
- **Special Clothing:** Items of clothing that are not considered to be a part of the normal, day-to-day wardrobe. Special clothing includes Scout uniforms, cheerleader costumes, graduation caps and gowns, costumes for plays, etc. As the availability of funds for special clothing is dependent upon the County DFCS budget, *approval* from the case manager is required *before* purchase.

A child's clothing is included among his personal belongings and should be taken with him when he is moved to another placement. Clothing that the child has clearly outgrown, but is in good repair, may be saved for other children coming into your home. This, of course, should be done with the *agreement* of older (school age – or younger for children who are more mature) children who may want to hold on to an item of clothing that has sentimental value.

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Children should be dressed in clean, serviceable clothing that is appropriate for their size, age, gender and the occasion. Any exception to this would be at the child's request. Nothing shatters a child's self esteem more than being teased by his peers because he is inappropriately dressed. Children who may have few positive attributes in their favor would benefit greatly from the attention you give to their personal appearance. *Talk with the child's Case Manager about any unusual clothing circumstances.*

Mail

Sending and receiving mail are important to children. Opportunities should be provided for this, if possible, even if the mail has to be sent to the agency and then mailed off to the parent. Mail should never be opened or read by the foster parent, except at the child's request. Any concerns regarding the contents of mail received by the child should be shared with the Case Manager.

Gifts

Foster parents frequently provide children with gifts, such as bicycles, dolls, skates, clothing and the like. You are under no obligation, however, to provide the child with these items, but neither is the giving of such gifts discouraged. It is important that gifts be given with no strings attached. Let the child know the gift is his and that he can take it with him if he should leave your home, no matter what the circumstances.

Medical Care

During pre-placement planning and at the time of placement, the child's case manager will provide you with information about the child's physical and mental health. In certain instances, this information is not readily available and, as a result, will not be available for you at the time of the child's placement. If this is a child's initial placement, the Case Manager will arrange for a physical appraisal as soon as possible. In either case, the Case Manager will provide you with information regarding the child's physical and mental health as soon as possible. For newborn infants, hospital and other medical records should be more readily available.

You will be asked to assist the Case Manager in obtaining routine medical care according to the early and periodic screening health checks (formerly EPSDT) schedule at least once each year. Children covered under Medicaid are automatically enrolled in the EPSDT program. Children who are not Medicaid eligible will receive their routine health screenings from a private health provider. You should be receiving the child's Medicaid card at the beginning of each month. The agency will provide you with a list of service providers in your area who accept Medicaid. You may also request a list of Medicaid providers from the Case Manager if you did not receive one earlier.

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Since you will be providing the day-to-day care for the child in your home, it is recommended that you go with the child for health examinations and treatment. Your Case Manager will provide you with any information needed by the doctor or other medical provider. It is important that you keep the child's Case Manager abreast of any information received, verbal or in writing, from the doctor or medical provider.

You should discuss the illness of a child and any need for treatment with the Case Manager. In case of serious illness, take the child to the emergency room of a hospital if you cannot reach the child's physician for instructions. As soon as possible, notify the case manager at the agency or through the emergency number given you. If hospitalization should be necessary, the agency must provide the necessary authorizations.

Most of the children in foster care are Medicaid eligible and will be covered for in-patient hospital care. Payment of in-patient hospital costs is authorized for children who are not Medicaid eligible. Expenses not covered by Medicaid are paid for out of *state* and *county* funds. Due to the limitation of these funds, we must take advantage of facilities which provide services at free or reduced costs, such as Grady Memorial Hospital, Talmadge Memorial Hospital, other general hospitals, Children's Healthcare of Atlanta (Scottish Rite/Eggleston Hospitals), regional mental health hospitals, Children's Medical Services (public health), etc. Whenever possible, the local health department is used for health screenings (EPSDT), immunizations, and other procedures such as skin tests or X-rays for tuberculosis. If you receive any medical bills not covered by Medicaid for a child's examination, treatment and prescriptions, attach them to your invoice (Form 526) at the end of the month.

Dental Care

Routine dental care should begin by age 3 and may be obtained through public or private (Medicaid) providers. Routine examinations should occur at least annually and all corrective treatment completed. If the child's health history indicates that dental care has not been provided or has started but could not be completed before placement, you should discuss with the child's Case Manager plans to initiate or complete the recommended treatment.

All non-Medicaid expenses must be paid out of state or county funds, except when there is a public or private clinic available to the child at no cost. The Ben Massell Dental Clinic will provide orthodontic services for the Metropolitan Atlanta children in care. If you receive bills for dental care from a private dental care provider, attach them to your invoice at the end of the month. Additional information regarding procedures for dental care will be shared with you by the Case Manager. Orthodontic care (braces) may be available if the health of the child will be adversely affected without treatment.

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Specialized Services

Some children require special health services. For example, there are some children who need psychological or psychiatric evaluations and treatment. Some children have speech defects, hearing impairment, reading and learning disabilities, and problems related to mental retardation. There are some children who need unusual dental or eye care. Your Case Manager will help you to identify and select places to go for help. Resources in your community may include:

- The school principal or counselor.
- Special clinics such as Kiwanis Clinic, Easter Seal, Children's Medical services and others.
- Mental health clinics, speech therapists, psychologists.
- Community volunteer resources

Development

Your daily observations of the child's developmental progress will prove to be very beneficial to the Case Manager and others providing services for the child. When a child enters care, the Case Manager will obtain as much developmental history as possible from the parent, extended family, and medical records. The age at which a child masters developmental milestones can provide valuable information regarding the child's medical status and other needs which may require special services. The earlier these needs are identified, the greater the likelihood they can be corrected or at least prevented from further deterioration. Developmental assessments will be completed by the child's health provider during scheduled screenings.

School

A child of school age will be enrolled in school by the foster parent. Information and documents needed for enrollment will be provided by the case manager. You will fill the parenting role for the child in school. However, there will be some instances where the Case Manager will need to be directly involved with the school. Some school-related activities you will be involved with on the child's behalf include:

- Enrolling the child in school. Items required for enrollment depend upon the child's *age, grade level* and circumstances. These *may* include the following:
 1. Certified copy of child's birth certificate
 2. A current immunization report
 3. An ear, eye, and dental report
 4. Proof of residence (your current utility bill)

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5. A copy of current grade transcript or report card
6. Other items as indicated by the *receiving* school.

- Checking on and/or assisting child with homework.
- Signing various requests, report cards, etc.
- Attending and sharing in PTA and other school functions and activities.
- Advising the Case Manager of the child's progress in school, grade reports, notes from the school, teacher conferences, or your own observations.
- Providing a suitable place for the child to do homework. There should be a certain time of the day -- understood by the child and expected by you-- that the child routinely completes homework.
- Keep an account of the child's school expenses and include these along with copies of receipts with your invoice.

Problems such as truancy, emotional problems, and special education needs require the involvement of the Case Manager, the foster parent, and the school.

Any issues regarding private school enrollment or home schooling are to be discussed with the Case Manager.

Creating a Learning Environment in Your home

Children often learn more from what they observe in their environment than from verbal instruction. Foster parents can create an environment in their home that encourages children to want to learn. Some of the measures you can take to achieve this include the following:

- Have a variety of books, including those for children, in your home. Many books in good condition may be purchased for little or no cost from second hand stores, yard sales, during sales at book stores, or at local school book depositories. Encyclopedias may also be purchased at these locations. Obtain a library card for the child also.
- Read to younger children.
- Let children observe you reading the newspaper, books and other materials.

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- Encourage children to express themselves verbally. They may share information regarding their school day, a field trip, their feelings and other experiences that occur from day to day.
- Have children discuss their thoughts about lessons being taught as they watch television shows geared toward their level.
- Identify days or evenings or special hours for reading or board games only – no television!
- Establish a special place for studying, homework and reading.
- Keep on hand paints, crayons, markers, clay, glue, and other colorful odds and ends in your home.
- Encourage creativity. You can use inexpensive frames and matting made of construction paper to display children’s artwork
- Display children’s work on the refrigerator or elsewhere in the home.
- Support and encourage children’s hobbies such as collecting, making or building things.

The various parenting and foster parent web sites are excellent sources for child rearing information. Just type in key words “foster care” or “foster parenting” to find links to the various web sites.

Character Development: Recreation, Chores, and Spirituality

- **Recreation** – Recreation is an important aspect of a child’s development. It provides opportunities for self-expression and aids in the development of a positive self-identity through personal achievement. Recreation also provides a positive emotional outlet for children and opportunities to develop such traits as sportsmanship, fairness, cooperation, self-control and others. Foster parents should observe children closely and encourage and support them in their talents and interests.

Children should be provided an opportunity, if possible, to participate in activities of interest, such as: dance (ballet, etc.); sports (soccer, etc.); music; art; theatre or other interests. Special events and other outings enjoyed by children may include the following:

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-circuses
-picnics
-carnivals
-sporting events
-live concerts (screen for teens)
-theme parks (Six Flags, White Water, etc.)

-roller skating
-live TV character shows (Barney, etc.)
-county fairs
-movies
-family reunions *-camping*

Children should also be provided the opportunity to visit other local places of interest that may enhance their growth and development. These may include the following:

-museum
-live play
-airport
-park

-zoo
-state capitol
-cultural/historical sites
-library

-planetarium

Foster parents should discuss this area with Case Managers to determine the appropriateness of any questionable activities/locations. In some instances, your local DFCS agency or community businesses and organizations may provide access to activities or events at a reduced cost or free of charge.

Foster parents or an appropriate adult person should accompany children on outings. With your approval, teens (using the criteria discussed under supervision) may be allowed to attend *suitable* events alone or with peers. Children can be very resourceful in helping to plan their own leisure time activities. This should be encouraged, and may be used as a special treat or a “reward” for continued positive behavior.

- **Chores** -- Children typically do not maintain a positive attitude about having to perform family chores. However, these and other responsibilities are instrumental in helping the child develop such character traits as dependability, cleanliness, diligence and responsibility. In deciding what chores you will assign the child to complete, your best guide is what you would expect of your own child at the same age and level of maturity, or what should reasonably be expected of a child at that stage of development. Younger children will require some help with their chores. Try to make this a fun experience for them.

In some instances, certain chores may be assigned to children in order to challenge or strengthen their capabilities. The assignment of too many challenging tasks, however, will only serve to discourage or anger the child, and should be avoided. Children should never be made to feel that they have to “*earn their keep.*” Rather,

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they should be made to understand that as a *member* of the family, the responsibilities assigned to them represent *their share* of the overall family responsibilities in the upkeep and maintenance of the home.

- ***Moral/Spiritual Development*** -- It is important that children be provided opportunities for moral and spiritual development. However, this should not conflict with the preferences of older children, particularly when there is a significant philosophical difference in religious beliefs, or with birth parents when rights have not been terminated. *This can be a very delicate area and should be discussed with the case manager.*

Beliefs and actions that may be taught and modeled by foster parents, and which may contribute to the moral and spiritual development of children, are commonly found within most religious and spiritual precepts in one form or another, and may include the following:

-Self-Respect and Self-Worth	-Honesty	-Respect for others
-Courage	-Courtesy	-Self-Control
-Cheerfulness	-Fairness	-Kindness
-Perseverance	-Tolerance	-Virtuousness
-A Respect for Creation and Creator		

In addition, opportunities for positive mentoring and character building may be sought through local houses of worship; Boy Scouts and Girl Scouts; Big Brothers and Big Sisters; the Kiwanis Club; Cool Girls; 4-H Clubs; the Junior League; sororities and fraternities; Boys and Girls Clubs; 100 Black Men and other similar social and civic community groups and organizations.

Transportation

As foster parents, you will assist the Case Manager in arranging for and transporting your child to medical and dental appointments. You may be reimbursed for the cost of necessary trips to clinics, hospitals, medical and dental appointments, psychological appointments, etc., through the non-emergency transportation (NET) broker in your area. Talk with the Case Manager to find out about the procedure for this process.

When to Call the Case Manager

The child's Case Manager should be in contact with you on a regular basis. At this time, you should share with her information regarding the child's status, including progress and any other needs or concerns. You may contact the child's Case Manager or supervisor at anytime during regular office hours if there is a need to speak with them between visits. Most agencies have a voice mail system (or a secretary) where messages may be left when

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the Case Manager or supervisor is unavailable. Foster parents should also be provided an emergency number for contacting the Case Manager or designated staff person after working hours. Telephone the child's Case Manager immediately, or as soon as possible (call the *emergency number* provided during *nights* or *weekends*) if any of the following occur:

- The child leaves your home without your permission.
- The child is seriously ill or has been seriously hurt and requires immediate medical attention. Take the child to the hospital emergency room if you cannot reach the child's doctor for advice. The agency will need to complete any authorization forms for payment and hospital records.
- The child gets into serious trouble with the school, the police, the juvenile court, or anyone else.
- If anyone, including the child's birth parents, tries to take the child from your home without the agency's permission.
- If there is any major change or serious illness in your home.
- If the child's behavior poses a serious threat to the safety of himself or your family.
- If you feel you can no longer care for a child placed in your home.

Other Situations Requiring Agency Contact and Prior Approval

- Before agreeing to any MAJOR changes in the child's life, such as:
 - A change of schools (other than normal, such as from grade school to high school).
 - A major change in the school program.
 - Leaving school.
 - Taking jobs other than odd jobs.
 - A change in church membership, baptism, confirmation, etc.
 - A drastic change in child's appearance (cutting hair, tattooing body piercing, etc.)
 - Obtaining birth control
 - Supporting an abortion
 - Dating

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Requirements for Trips and Out-of-Town Activities

Whenever a child is away from the foster home, the county must have information about the child's whereabouts in the event of a birth family emergency. Your county DFCS agency provides approval for out-of-town trips. At least *two weeks* notice is preferred in seeking permission to take children on out-of-town trips; more notice may need to be given for situations requiring parental or court approval.

- If you are planning a trip (that includes the child) for 3 days or less
 - Obtain *verbal* approval only from the child's Case Manager or supervisor *prior* to taking the child on an out-of-town trip.
 - Provide an emergency contact number where you may be reached.

- If you are planning a trip that will last more than 3 days, obtain the following from the Case Manager or supervisor.
 - Written authorization for the trip.
 - Written authorization for emergency medical care for the child.
 - Provide the Case Manager or supervisor with an emergency contact number.

- If you are planning a trip that requires travel with the child out of state, the following must be obtained:
 - Written authorization for the trip.
 - Written authority to obtain medical care for the child, if needed.
 - Written permission from the parent and the court, if the child is in temporary custody. The above may be granted by the County Director if the child is in permanent custody.

- For trips involving out-of-country travel, follow the steps above. In addition a waiver from the Social Services Section Director at the State Office must be obtained, passport and immunizations must be obtained, and serious consideration must be given to the fact that the child will not be covered by Georgia Medicaid while out of the country.

Even if you do not plan to have the child accompany you on the trip, the agency should be notified within the required time frame as the child's continued care during your absence will need to be assured. If it is *not possible* for the agency to approve the trip, arrangements for the care of the child during your absence will be made by the agency or jointly between you and the agency. *There is no state reimbursement, other than the usual per diem, for vacations or other trips for a child in care.*

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Other Trips

Note: The county agency will need to individually evaluate issues such as safety and supervision when requests are being made for children to attend school-related or church-related out-of-town trips, conferences, sports competitions and the like.

Youth Employment

As children grow and mature, they develop an increasing need for independence and self-fulfillment. One means of satisfying these natural developmental needs is through the acquisition of independently earned income – or employment. As a foster parent, you will play a major role in deciding whether employment is the appropriate plan for a teen in your home. The youth's case manager will assist you in assessing the child's overall situation before the two of you come to a mutual decision in the matter. Whenever possible, the birth parents should be involved in the decision.

Use the following questions as a guide in deciding whether employment is appropriate for the teen in your home.

- Will working interfere with the child's school schedule and completion of his homework?
- Has the teen generally been responsible in the past?
- Will the work hours allow the child adequate rest, recreation, time to complete homework assignments etc.?
- Is the work environment conducive to his development?
- With the feeling of growing independence, will the teen still be willing to be accountable to you and the case manager?
- How will his being employed affect his Medicaid and IV-E eligibility?

If you and the Case Manager decide that employment is feasible for the teen, it will be your responsibility as on-going caregiver to watch for positive and negative changes in attitude and behavior and convey these to the Case Manager. The two of you will decide as to the present and future benefits the child will derive from his employment. Having a part-time job will provide a great opportunity for teens to begin learning how to *save* and *budget*.

Children and youth are expected as a "family member" to perform routing chores in the home. However, this expectation is not appropriate if the work consumes so much time that the teen is unable to seek employment outside the home. Youth should be reasonably and justly compensated for working in a business that is owned or run exclusively by the

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foster parents. The decision as to reasonable compensation should be determined jointly by the foster parent, Case Manager and the youth.

Driving and Ownership of a Motorized Vehicle

Driving a motorized vehicle is considered a *privilege* and not a *right* for youth, including youth in foster care. It represents a significant milestone in their maturation and has a significant impact on their sense of identity and self-confidence. For youth that will be emancipated from the foster care program, driving becomes an important step toward making the transition to independence. The responsibilities of driving involve tremendous social as well as legal implications for the youth, the birth parent, the foster parent or other substitute caretaker, and the agency. The deadly consequences of irresponsible and immature driving cannot be overemphasized.

Youth in the temporary or permanent custody of DFCS may, under certain conditions, obtain a "Class D Provisional License" at age 16-17 or Class C Driver's License if age 18 or older. The following procedures should be followed:

- The youth must have made satisfactory progress toward the completion of the written Transitional Living Plan.
- Youth in foster care must be at least 16 years old to drive a motorized vehicle and must have been in care for a minimum of 18 months.
- There must be some indication that the current placement will last until age 18 and beyond.
- A valid Georgia Driver's license must be obtained prior to operating a vehicle, with or without an adult present.
- If parental rights have not been terminated, the birth parent must give written consent by signing form 9 (Consent for Youth to Drive a Motorized Vehicle) which consents for the youth to obtain a license and/or operate a vehicle. This form also documents the parent(s)' understanding of their ultimate responsibility for any liability that occurs.
- The foster parent or other substitute caretaker must provide written permission for a youth to use their personal vehicle, *with the full understanding that their only protection is their own personal insurance.*
- The foster parent must sign form 11 (Acknowledgment of DFCS Driving Policy for Youth in Care) to acknowledge the liability which is assumed when a youth is permitted to drive and that the youth is covered by your policy.

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Any consideration given to youth operating a motor vehicle should be based on the following criteria:

- The judgment and maturity of the youth.
- The completion of a Driver's Education course or quality informal instruction by a mature adult.
- School performance.
- The intended use of the vehicle (transportation necessity for school, work, training, etc.)
- Previous record of driving offenses.
- History of runaways or other status offenses.
- History of substance/alcohol abuse
- Completion of a "driving contract" between the foster parent and the youth regarding the general use of the vehicle and any contingencies. The Case Manager or Independent Living Coordinator can provide a sample contract.

Youth over the age of 18 must also abide by the above assessment criteria indicated for youth 16-18 in foster care and, in addition:

- Must have signed form 7 (Consent to Remain in Foster Care) which reflects an understanding of the youth's responsibility relative to the ownership and operation of a motor vehicle and other liability issues.
- Must be made to understand that ownership of a vehicle is dependent upon their ability to maintain the expense of operating a vehicle, including sufficient insurance protection (at least at the minimum level required by Georgia law).

The foster parent and the youth's Case Manager must work together to see that all requirements are met. The agency director will have to give final approval.

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Parenting the Mentally, Physically, or Medically Challenged Child

You may have begun giving some thought to your ability to parent a child who is mentally or physically challenged during your GPS:MAPP preparation. Foster parents who have had some degree of experience in caring for this population of children will, of course, meet this challenge with a greater degree of comfort than others. Whether you are new to the experience or are a well-seasoned pro, the requirements for successfully parenting children with diagnosed “special needs” are pretty much the same. Children who are mentally/physically/medically challenged are “children” just the same. They must first and foremost be viewed and accepted as growing and developing human beings with their own unique range of strengths and needs.

Fostering a child who is mentally/physically/medically challenged requires certain specialized skills and abilities in addition to the twelve GPS:MAPP skills that were explored during your pre-service training. These may include:

- Your family’s ability to *accept* such a child.
- Your family’s ability to *assess* it’s *strengths* and *needs* (*recall GPS/DT:MAPP skills?*) in light of the medical and/or maintenance needs of the child; your understanding of the adjustments that will have to be made in your family’s lifestyle or routine in order to accommodate the needs of the child; your family’s ability to advocate for the child.
- Your family’s ability to *discuss observations* regarding the child’s medical and behavioral needs with the Case Manager, health professionals, the birth family, educational staff and others parties of interest.
- Your family’s ability to *understand* and *follow through* on established *plans* and *requirements* for meeting the child’s day-to-day needs.
- Your family’s ability to *understand* the child’s medical or emotional condition and treatment *needs*, and how these factors will impact the child’s growth and development.
- Your family’s ability to *maintain* a *home environment* that *accommodates* the child’s *special needs*, including, availability of on-going supervision by an appropriate adult, physical space, equipment needs, wheelchair accessibility, etc. It is important that the foster family is within reasonable proximity to medical and other resources, and maintains telephone services at all times.
- Your family’s ability to be *comfortable, yet realistic* about the child’s *strengths and needs*; the ability to build on the child’s strengths and

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nurture his or her needs; the ability to bring as much “normalcy” to the child’s life as possible.

- Your family’s ability to develop and maintain a *positive working relationship* with a variety of *community professionals* who will be working closely with you in assessing and providing for the medical and educational needs of the child; your family’s ability to be innovative in accessing community support for the child in your care. (The case manager will also assist you in this area.)
- Your family’s ability to *manage* the child’s *behavioral needs* in a manner that takes under consideration his or her level of development and level of functioning. Families must be willing to seek out and participate in support groups that relate to the child’s needs.
- Your family’s ability to *assist* the child in *understanding* and *accepting* his *disability*. As foster parents, you must be comfortable with the child yet realistic. By facing limitations and problems realistically, you can better help the child to handle his or her feelings about being different yet feel lovable and worthwhile. The ability to build on the child’s strengths is of the utmost importance.
- Your family’s ability to *understand* the *changes* that will occur in your *lifestyle* and the *impact* the placement will have on the *family* – individually and as a whole. Your family must realize its own limitations and, in doing so, must be willing to ask for help when needed. You must be an advocate for your own family as well as the child.

When asked to take a child who is mentally or physically challenged, find out as much as you can about the needs of the child and the resources that are available to you for support. Have a frank talk with the case manager regarding the agency’s expectations of you in caring for the child. Talk the situation over with your family and make an informed decision about providing care.

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Parenting Children of Other Races, Religions, Nationalities

One of the requirements of *MEPA-IEP*, the Multiethnic Placement Act and the Provisions for the Removal of Barriers to Interethnic Adoption (See Appendix), is that the agency shall not delay or deny the foster care or adoptive placement of a child on the basis of the child's race, color or nationality. In addition, it is against federal guidelines under *MEPA-*

IEP to maintain separate lists of foster parents based on race or ethnicity. In order to comply with this federal requirement, foster parents may be called on to accept a child of a different race, color or nationality. You are the best judge of your family's strengths and needs in this area as this will affect your family's ability to assure that the "best interest of the child" is being met. The following pointers may provide some guidelines for parenting children of a different race, color or nationality.

- Be aware of your family's, including extended family, general feelings and limitations regarding different races and cultures. Provide positive role modeling in regard to your perception and actions toward other races/ethnicities.
- Become aware of the strengths of the child's racial or ethnic group and the positive contributions they have made to the community and society as a whole.
- Be aware that the losses suffered by children (especially school-aged children) who are placed transracially are sometimes compounded through the added loss of being placed with an entire community or neighborhood of people who are much different from that which they are accustomed to. This may also entail the loss of familiar foods, music, traditions, eating patterns and social and religious customs.
- Allow the child to bring significant personal items along from the previous placement.
- Be prepared to make some changes in your lifestyle, but not your entire life! Include reading materials (books, magazines, etc.) that reflect the child's race, culture or ethnicity. The public library is an excellent source for obtaining this information.
- Allow opportunities for the child to make contact with people of his or her own racial or ethnic group. Support the child's contact with the birth family and other significant people in his or her past. Be able to relate to the child's family in support of the agency's plans and goals.

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- **Manager, your own family members, teachers, and other community advocates.**
- **Demonstrate a willingness to work with the Case Manager or other community representatives in addressing the child's racial, ethnic or cultural needs. Make provisions for the child to practice his own religion if there is a significant difference in religious beliefs.**
- **Be willing and able to advocate for the child in situations involving prejudice or racism. Assist the child in developing healthy ways of filtering negative behavior and information that may come from your own extended family members or the community.**
- **Develop an understanding of the *personal care* requirements of the child. Learn about skin and hair care and how to treat various skin and hair problems as scabies, lice, impetigo, etc.**
- **Seek information from Case Managers who may be of the same race or ethnicity as the child to learn proper care and maintenance or cultural habits and patterns .**
- **Take stock of your own family's needs and the impact that a transracial placement may have on individual family members and the family as a whole.**

Additional Pointers for Cross-Racial Parenting (Adapted from Foster Care practice Week Training Curriculum (DHHS, Youth and Families Professional Development Center, Tallahassee, Fla. 1991).

Helpful Hints for Foster and Adoptive Parents:

- **Encourage a child's positive self-identity.**
- **Discuss culture issues openly and non-judgmentally with the child.**
- **Screen TV programs which may contain offensive racial, ethnic language or characters.**
- **Select books with culturally diverse children in them.**
- **Encourage posters, pictures, etc. that portray members of the child's racial/ethnic/cultural group in a positive light.**
- **Refrain from making racial jokes or allowing others to make such jokes in the**

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home.

- **Maintain dolls and toys in the home that represent various races/ethnicities.**
- **Locate a responsible mentor who is of the same race/ethnicity as the child.**
- **Celebrate the differences between your race and the child's. Attend ethnic festivals, celebrations and other events.**
- **Actively demonstrate your respect for the child's race, culture or ethnic group.**
- **Learn about the child's racial, cultural and ethnic history and share this knowledge with the child.**
- **Share your racial, cultural and ethnic history to promote the child's familiarity and comfort when interacting within your culture.**
- **Encourage the child to speak freely about any instances of racial or ethnic discrimination.**
- **Educate yourself or seek assistance on how to help your child cope with discrimination and racism. Validate the child's feelings when faced with racial or discriminatory experiences and support his perception of any inappropriate behavior toward him.**

The Foster Parent's Role in Supporting Permanency

The placement of a child in foster care is understood by everyone involved in child welfare to be a *temporary solution* for children and families who are experiencing a crisis in parenting. The primary goals, when a child comes into placement are the *reunification* of the child and birth family, if possible, and *permanency*. The Case Manager will work diligently with the birth family to resolve the problems that led to the child being placed and, if successful, the child will be returned home. If it is clear over time that this is not possible, the Case Manager will pursue other permanency options that were initiated early in the placement. The various options for the permanent placement of the child include:

- birth parents
- other birth relatives
- foster parents
- prospective foster-adopt parents, or
- prospective adoptive parents

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Case Planning – You will be kept abreast of Case Plans and given notice of case reviews for your awareness and input regarding future plans for the child. If you are unable to attend, your observations regarding the child and the supports needed to maintain and care for the child may be provided in writing. Following the initial 30-Day Case Plan, Case Reviews are conducted every six months, or as the case requires. A copy of the completed Plan will be given to you along with other parties of interest.

Supporting the Plan to Return the Child to the Birth Parents – Foster parents often find themselves extremely concerned about a child’s impending return to their birth parents. In fact, most foster parents have greater difficulty accepting a child’s return to the birth family than their placement in an adoptive home with a stranger. Much of this resistance or anxiety stems from the foster parent’s keen awareness of the family situation that resulted in the child being placed in foster care. Although foster parents are fully aware of the temporary nature of foster care, there continues to be concern for the child’s continued safety and well-being, and the family’s ability to rebound from crisis and emerge stronger and more well functioning than before.

Whenever possible, children should have the opportunity to grow and develop within their own family circle. This is where their *roots* are and is very much a factor in who they are and how they perceive themselves. While you and others provide a tremendous service to children in out-of-home placements, their birth families, too, are important to them.

It is helpful to remember that the child who was initially placed with you is not the *same* child that is being returned home. Hopefully, your role modeling and the care given this child will make a positive impact on his or her newly gained perspective on parenting and family life. The child may be better able to relate to his parents or other caregivers, as well as seek help when needed.

Termination of Parental Rights – If the Plan for the child is non-reunification with the birth parents, you will be notified of the agency’s plans to terminate parental rights, if that is the case. You will also be given an opportunity to sign off on form 149, *Notification to Foster Parents of Intent to Petition for Termination of Parental Rights* (see Form 149 in the appendix). If you have an interest in adopting a child who has been in your home over a period of time, and you have been successfully meeting the child’s needs, you are an ideal resource for adoption.

In this situation, the child gets to remain in a familiar environment that has been both safe and nurturing, and there is no need to uproot the child for yet another move. As foster parents, you have a *right to apply*, along with other possible resources, to be *considered* for the adoptive placement of a child in your home. No one has the *absolute right* to adopt a child in placement, however.

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You will also have an opportunity to confirm your disinterest in adopting a particular child in your home whose parental rights are scheduled to be terminated. The form 149 has a waiver section for this purpose. The child is placed in a foster/adopt home in a timely man

If you find that you and your family cannot assume permanent custody of a child in your care, you should make this known to the Case Manager as soon as you are made aware of plans to sever parental rights. *Take caution not to allow yourself to be pressured into adopting a child whom you feel you are unable to parent on a permanent basis.* In fact, there may be more urging and coaxing from the child to adopt rather than the agency. Adoption is a serious and permanent commitment to the life of a child. You will be making someone a *permanent* member of your family, which includes all of the emotional and legal ramifications involved in being family. In addition, you will have the long-term task of assisting the child with issues relative to adoption.

If your hesitancy to adopt involves the lack of financial resources, this can be alleviated with the adoption subsidy. The subsidy is for the maintenance of special needs children in an adoptive placement and is the same dollar amount as the monthly per diem for children receiving regular foster care services at the time of placement. The agency will calculate the amount of monthly adoption subsidy received for children receiving the various Level of Care (LOC) services. Other adoption services provided to families adopting special needs children include *medical coverage, respite care and other specialized services* which the Case Manager will review with you.

The Case Manager will review and have you sign additional forms relative to the child's adoption. These include the following:

- Form 150 (Foster Parent Affidavit for Consideration of Adopting Foster Child Currently in Home) is provided for your signature following your discussion of the various aspects of the adoption with a Case Manager, including the opportunity to apply to adopt. See a copy of Form 150 in the appendix.

- Form 151 (Foster Parent Notification of Decision Regarding Adopting Foster Child Currently in the Home) is provided for your written decision to adopt/not to adopt the child in your home and is signed by the foster parents. Take care to submit the form by the due date indicated, *within 30 days of the initial staffing at which you signed Form 150.* A copy of form 151 is found in the appendix.

Adopting the Child in Your Home – If a mutual decision has been made for you to adopt the child(ren) in your home, you must begin preparing the child(ren), your own family, and the other children in placement for the changes that will take place. All family members should be in agreement with the adoption, especially any biological children you may have.

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The other children in care must be assured that you will continue to provide love and nurturing care for them until a permanent resource is found. If this involves an older child, you may want to consider long-term foster parenting. The children to be adopted must also come to realize that they will be with you permanently and may need to be reassured of this from time to time as children transition in and out of the home. General procedures that occur when foster parents adopt a child in their home include the following:

- Completion of forms 149, 150 and 151.
- Completion of GPS:MAPP (if not previously completed; may be waived at the agency's discretion for homes approved prior to this requirement)
- Agency notification to the Adoption exchange of your selection as an adoption resource for the child.
- Agency conversion of your foster home assessment to an adoptive home assessment. The following will be required of you to complete the conversion and should be submitted to the agency as soon as possible.
 - Completion of application Form 35
 - Medical statements on *foster parents*. If there is an approved medical (form 36) on file in the foster home record and there has been no serious illness of either foster parent, a simple statement from your physician, indicating the status of your health is sufficient.
 - Current financial statement (Form 44). This will be used in preparing the adoption assistance.
 - Criminal record report- fingerprints (must be within 5 years of completion of the home conversion).
 - Copy of marriage certificate, all divorce decrees and/or all death decrees of ex-spouses.

Helping the Child Transition to a Permanent Resource – When it has been determined that it is in the child's best interest to choose a permanent placement resource other than the foster home, you must begin immediately to prepare the child and your family for the transition. The child may feel betrayed or want to know why you can't adopt them. This is an important question and should be answered with as much *honesty* and *clarity* as you can

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provide. This helps to eliminate any uncertainties the child might have (i.e., “Am I being moved because I wet the bed or kicked the cat last month?”)

The child needs the foster parent’s “permission” to move on to another family. A firm statement that you are not going to adopt and a clear, empathic statement as to why, is the first step in helping the child to move on. Next you must give the child permission to go with positive and encouraging statements regarding the potential placement. Any feelings of grief or anxiety you may experience regarding the impending separation are perfectly normal, but should not be a barrier to the child’s placement.

Things you can do to support the child’s move to a permanent placement include the following:

- Come to grips with the fact that the child is moving to a permanent home and that this is in the best interest of the child—which is what you desire.
- Have the Case Manager share as much information with you as possible about the prospective family.
- Provide a life book for the child to carry along. Look in the previous section that deals with how to develop a life book for a child.
- Write a letter to the prospective parents that details day-to-day information about the child – including routines, habits, favorite foods, favorite toys, school performance, what you have observed as strengths and needs (keeping in mind that these may change when the child achieves stability), etc.
- Allow the child to see positive situations of interaction between the prospective parents and yourself, if possible.
- Make your help available to the prospective parents. Don’t force this. Prospective parents may need to feel a greater sense of security or finality as the child’s “new parents” before sharing the parental role with you.
- Talk with other foster parents or the child’s Case Manager if you are experiencing any extremely uncomfortable feelings about the prospective parents or your impending separation from the child.
- Neatly prepare and pack the child’s belongings, sending along favorite books, toys and other personal items.
- Provide a formal or an informal activity in recognition of the child’s departure from your family circle. Invite significant people whom the child has come to know and care about.

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Now it is time to let go -- to let the child move on -- and make room in your heart and home for the scores of children who are yet to be nurtured and cared for by you. The time and energy, and the love and nurture you've given a child who leaves your home will never be lost. You have given this child an opportunity to experience a sense of well being in a healthy family environment. The time spent with your family has helped to form bits and pieces of the child's social and emotional development that will have a life long impact. As foster parent, you have provided a place of comfort and safety during a very traumatic time in the child's life. In the deepest part of this child's being, you will never be forgotten.

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EXPENSES AND RECORD KEEPING

The agency (DFCS) is ultimately responsible for the financial care of the child. In certain instances, foster parents may pay out-of-pocket for expenses incurred on behalf of the child in their home. Such expenses may be fully reimbursed *when prior approval is given*. Foster parents should never assume that the agency will be able to cover a particular expense. **REMEMBER, OBTAIN PRIOR APPROVAL BEFORE MAKING ANY OUT-OF-POCKET PURCHASES ON BEHALF OF A CHILD FOR WHICH YOU NEED TO BE REIMBURSED!** Some of the primary expenses borne by the agency include the following:

Per Diem

- **Foster Care Per Diem Payments-** The basic per diem rate is reimbursed to foster parents who care for children with basic parenting needs. This is the lowest per diem rate paid. Additional amounts may be paid based on the severity of the child's needs. The child's Case Manager will provide information on the current per diem rate as it is periodically changed through legislation. The following service provisions are included in this rate:

- Room and board.
- Clothing replacement allowance. (The Case Manager will confirm the present amount.)
- *Medicine chest items: aspirin, first aid, etc.
- Additional items included are:

- | | |
|----------------|---------------------|
| -Tooth paste | -Dry cleaning |
| -Tooth brushes | -Hair brushes/combs |
| -Haircuts | -Kleenex |

*The per diem is all-inclusive. That is, individual costs are not assigned to each component (room and board vs. clothing) of the per diem. *Costs for physician prescribed across the counter medications are reimbursable.*

- **Special Per Diem Rate –** A special per diem or “add on” amount ranging from .50 to \$1.75 is added to the basic foster care per diem when a child requires more than the usual level of care. This amount may be approved by your local DFCS agency. The additional amount may be temporary, such as when a child is recovering from a major surgical procedure, or it may be on-going, such as with chronic behavioral, medical, or emotional needs.
- **A Level of Care (LOC) per diem** is available for children with a *diagnosed*, moderate to severe medical (medically fragile), emotional , or psychological condition that requires accelerated levels of care and services. This per diem is

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approved at the state level and requires documentation from the foster parent and licensed professionals regarding diagnoses and the provision of services. Additional information in regard to the requirements of this level of care may be obtained from the child's Case Manager.

Clothing

- **Clothing (Initial)** -- Initial clothing may be purchased during the first six months of the child's placement in foster care. A child coming from another foster care placement is expected to bring his clothing with him. The maximum amount of money allocated for initial clothing is \$150.00 for birth through 12 years of age and \$300 for ages 13 and over.

Clothing (Annual) – Annual clothing may not be purchased the same *calendar* year in which a child enters care. For example, if a child's initial placement in your home occurs during any month in a given calendar year, he is not eligible to receive the *annual clothing allowance* at any time during this same *calendar* year. It is anticipated that the *initial clothing allowance* will cover the cost of the child's clothing needs during this period.

Speak with your Case Manager regarding any unusual clothing requirements for the child in your home, and always obtain agency approval *prior* to making clothing purchases that require reimbursement. Maintain receipts and submit them along with the monthly invoice for reimbursement.

Child Care Expenses

- **Day Care Expenses-** The agency pays a set fee for childcare expenses and registration fees when foster parents must work outside the home or attend pre-approved parent development training. Care of the child is for less than twenty-four hours a day and may be purchased from the following providers:
 1. Licensed/certified center-based care
 2. Licensed/certified group home care
 3. Registered family day care.
 4. In home out-of-home care (caregiver keeps less than three children and is unlicensed).

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Foster Parent Training Related Costs

- **Registration Fees for Training--** The cost of registration fees for agency approved training may be reimbursed if prior approval was obtained.
- **Travel Cost/Lodging/Meals –** The cost for travel, lodging and meals incurred in pursuit of approved agency related training may be reimbursed.
- **Swimming and Basic Water Rescue Lessons-** Foster parents whose homes have in-ground/above-ground swimming pools, or whose homes are on waterfront property, and any children placed in their home, are required to *complete* a *swimming course* taught by a *certified* swimming instructor. In addition, foster parents are required to complete a course in *Basic Water Rescue*. Check with the local Red Cross to see if and when such courses are offered. Foster parents are reimbursed for these water safety training expenses.
- **CPR and First Aid Training-** Foster parents approved to serve DFCS children are required to complete CPR and First Aid training during the first year that in-service (annual) training is required. This required training is reimbursable

Educational Costs for Children in Care

- **Educational Related Costs-** Youth in junior/senior high, vocational school or college who receive services through the Independent Living Program may also receive funds for educational expenses. These may be paid up front by the agency or reimbursed to the foster parent. *To learn more about reimbursement of educational expenses for youth who are involved in the Independent Living Program, contact your DFCS Independent Living Coordinator.*

High school expenses include:

- Summer school fees.
- Educational youth conferences/training and related expenses
- Books and supplies, tools and equipment, uniforms and supplies for training.
- Graduation fees
- Driver's Education
- Tutoring.

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College/vocational related expenses include:

- Tuition
- Registration and fees not related to health or insurance
- Books
- Supplies, tools and equipment
- On-campus housing costs
- Driver's Education
- Tutoring, and testing (SAT, LSACT, ACT, etc.)

Child Burial Expenses

- The agency is fully responsible for any expenses not assumed by the birth parents in connection with the burial of a child who expires while placed in your home.

Child Safety/Restraint Devices

- Child Safety Seats -- Georgia's Child Safety Seat Law requires that children four (4) years of age and younger *must* be transported in a *federally approved* child safety seat. The seat must be installed and used according to the manufacturer's instructions.

Foster parents are reimbursed for the *pre-approved* purchase of car seats. If purchased for a specific child, the car seat "belongs to the child." When the child outgrows the seat, the agency may make it available to other children who may be in need of a safety seat. Foster parents should make the child's Case Manager aware of the need for advance funds if the purchase of car seats poses a financial hardship.

- Safety Helmets- State law prohibits any child under the age of sixteen (16) from operating a bicycle or riding as a passenger on a bicycle on any road, bicycle path or sidewalk without wearing a *helmet* which is properly fitted and securely fastened.

DFCS *requires* that *all minors* in care wear *helmets* when operating or riding as a passenger on a bicycle. Foster parents are reimbursed for the *pre-approved* purchase of safety helmets.

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Medical Costs

- **Medical Services**—Most medical, dental, psychological, and therapeutic services are covered under Medicaid or state funds. The child's Case Manager should provide a list of Medicaid providers that can provide these services to the child.
- **Unusual Medical/Dental Expenses**-- When children are ineligible for Medicaid or receive medical services not covered by Medicaid, the state must bear the full expense. Unusual medical/dental covers the cost of such services and is used as a last resort. *Always consult with the child's Case Manager prior to obtaining a service when in doubt as to whether Medicaid covers it.*
- **Non-emergency Medical Transportation** -- Foster parents often drive their children to medical appointments. Depending upon the present availability of funds, you may be reimbursed for this. The Case Manager can clarify the current procedure in your county for NET reimbursement.

Obtaining Reimbursement

The following general procedure should be followed in obtaining reimbursement for out-of-pocket expenditures.

- Obtain prior permission to be certain that the expenditure is reimbursable.
- Retain receipts(s) after making purchases or payments; make copies for yourself.
- Attach receipt(s) to Form 526, Foster Care Invoice.
- Submit receipts along with invoice, according to agency procedure.

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*Table of Reimbursable Expenditures

Expense	\$ Amount	Purpose	Reimbursable?	Provisions
Maintenance and care of child (per diem)	Varies with level of care	Established cost of care for child	Yes	Mo. Per Diem payment made
Initial Clothing allowance	Up to \$150 (0-12 yrs.) Up to \$300 (13- over)	To purchase basic wardrobe items	Yes	<i>Prior approval required</i>
Annual Clothing allowance	\$200.00 annually	To replenish clothing	Yes	<i>Prior approval required</i>
Unusual medical/dental/mental health services	Varies with need	Covers services not covered by Medicaid	Yes	<i>Prior approval required</i>
Child Care (supplemental supervision)	Varies with provider	Pays for child care during work/training	Yes	<i>Prior approval required</i>
Educational (high school)-books, supplies, summer school, tutorial, Drivers Ed, tutoring, graduation fees, etc.	Varies with individual student needs	Covers special educational costs	Yes	<i>Prior approval required if reimbursement needed</i>
Educational (college) – tuition and other fees, books, supplies, housing, Drivers Ed, tutoring, tests, etc.	Varies with individual student needs	Covers special educational costs	Yes	<i>Prior approval required if reimbursement needed</i>
CPR/First Aid/Swimming/Basic Water Rescue training (completion of course)	Varies with provider	Enhance the safety options for child	Yes	Certified instructor
Child Burial (DFCS routinely takes care of this procedure and expense)	Up to \$1000.00 allocated for child's burial. Other funding may be explored	To provide for proper burial of child in care	Yes	Coordinate with agency prior to volunteering to cover any costs
Child Restraint Devices	Varies slightly	To enhance child's safety	Yes	Coordinate with case manager
Safety helmets	Varies slightly	To enhance child's safety	Yes	Coordinate with case manager
Required drug screens, physicals, lab tests, finger prints	Varies with providers	Supports and assures the maintenance of quality foster homes	Yes	Coordinate with agency
Fees for <i>approved/ required</i> agency related parent development training	Varies with training	Supports and assures the maintenance of quality foster homes	Yes	Coordinate with agency- <i>prior approval required</i>
Travel cost , lodging, meals incurred in pursuit of training	Varies with situation	Supports and assures the maintenance of quality foster homes	Yes	Coordinate with agency – <i>prior approval required</i>
Vacations expenses incurred on behalf of child	Will vary with situation	To enhance child's life experiences	Generally, NO	Discuss <i>affordability</i> with case manager
Recreational Activities	Varies with situation	To enhance child's life experiences	Generally, NO	Discuss <i>options</i> with case manager

***Prior approval must always be obtained for reimbursements.**

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SPECIAL ISSUES IN FOSTER PARENTING

DISCIPLINE

The Division of Family and Children Services Discipline Policy is that any physical or emotional punishment to a child in foster care is prohibited. The agency's discipline policy is guided by the Consent Decree handed down by the U.S. District Court in 1989 (Taylor V. Ledbetter). Physical punishment is defined as any deliberately inflicted pain to the body of the individual. Emotional punishment is any deliberate action toward the child that produces undue fear, anxiety, or feelings of humiliation and degradation. Foster parents in the State of Georgia are required to know the difference between punishment and discipline. Discipline is instruction—a standard of behavior, which is maintained consistently and with authority.

Punishment is one means of enforcing discipline, usually the least effective means. Discipline is a learning process for children. Discipline should help a child reach a goal of controlling his or her own behavior and acquiring self-discipline.

Foster parents may have used some forms of physical and emotional punishment with their own children. We must remember, however, that children reared in an accepting and loving family which is able to meet their needs tolerate punishment in a different way than children removed from their families because of severe neglect and abuse. Children entering foster care usually feel at least one and often all of the following:

Negative attention is better than no attention at all.

The natural response to frustration, disappointment, anger, etc., is physical or verbal violence.

Any form of physical action can lead to severe abuse, creating fear and mistrust.

They are not lovable, which is reinforced by physical hurt and verbal demeaning.

They are the reason the family is not together and deserve punishment.

ACCEPTABLE METHODS OF DISCIPLINE

To help you develop acceptable alternatives to punishment, we have listed some guidelines below:

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1. *Reinforce Acceptable Behavior*

Example: Honest praise, special privileges and treats, extra hugs and kisses additional time spent with the child, awards such as stars or smiley faces on a door or bulletin board.

Reinforcement should be made immediately and frequently when positive changes (no matter how small) are observed.

2. *Use Logical Consequences for the Behavior*

Example: If you leave your bike out, you can't ride it tomorrow.

If you go in the street, you have to come inside.

If you can't get up on time, you will have to go to bed 30 minutes earlier.

3. *Criticize the behavior, not the child.*

When talking with your children, it is helpful to think in terms of "you messages" and "I messages." The "you message" lays blame and conveys criticism of the child. It suggests that the child is at fault. It is simply a verbal attack. In contrast, an "I message" simply describes how behavior makes you feel. The message focuses on you, not the child. It reports what you feel. It does not assign blame.

Example: I can't hear the television when there is so much noise. I would like to be able to hear it.

4. *Loss of Privileges*

Example: Television, telephoning friends, playing with a specific toy. Make this time appropriate according to the child's age; i.e., take the TV away for an hour, not a day.

It is more important to use positive reinforcement than punishment to control behavior.

5. *Grounding*

Example: Restricting the child to the house or yard or sending the child out of the room and away from the family activity for a short

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period time. Be careful to make the time appropriate. Use the latter restriction judiciously, making the child realize the purpose is to help him regain control of his/her behavior.

6. *Help Children Deal with and Manage Their Own Behavior*

Example: If the child is fighting, have him or her hit a pillow. Explain calmly that to feel angry is ok but that to hurt others or the property of others is not ok. This requires much repetition and practice.

7. *Re-Direct the Child's Activity*

Example: Suggest a child play with a toy instead of a sharp object.

8. *Time-Out from Activities*

Example: With younger children, sit them in a chair for a few minutes and possibly use a timer so that they can understand the time frame. A good rule of thumb is one minute for every year; i.e., 5 years of age: 5 minutes.

SPECIFIC PROBLEM BEHAVIORS

1. If the child is not being truthful, try to understand the reason and the motivation behind the child's action. Often the child is seeking acceptance, rather than trying to be deceitful.
2. In the case of tantrums, you may need to discuss particular problems with your services worker so that you can work together to try to determine why they occur and what can be done to eliminate them. Tantrums by a child in care may be more destructive in nature than those of your own children.

PROHIBITED PRACTICES

Foster parents are prohibited from using any of the following practices:

1. Spanking, slapping, switching or hitting a child with your hand or any object;
2. Shaking, pinching or biting;

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3. Tying a child with a rope or similar item;
4. Withholding of meals;
5. Denying mail, family visits, telephone contacts with family or activities with the services worker or other department staff;
6. Criticizing the child's family or the child's experiences with the family;
6. Humiliating or degrading punishment which subjects the child to ridicule, such as:
 - Cutting or combing the child's hair for punishment
 - Name calling and public scolding
 - Forcing any child to wear clothing or accessories usually associated with the other sex
8. Threatening a child with removal from the foster home. This creates fear, anger and increased anxiety
9. Locking a child in a room/closet or outside the home
10. Group punishment for the misbehavior of an individual child;
11. Delegating authority for punishment to or allowing punishment by other children or adults; and
12. Destroying the child's property.

Any foster home in violation of this policy could be closed, either temporarily or permanently. A Corrective Action Plan will be implemented and the home will be careful monitoring if you are allowed to continue as a foster parent. Note: MAKE THE AGENCY AWARE OF ANY BEHAVIORAL OR PARENTING DIFFICULTIES IMMEDIATELY! IN-HOME, WRAP-AROUND SERVICES TO ADDRESS SUCH PROBLEMS ARE AVAILABLE FOR YOUR SUPPORT.

SPECIAL SAFETY ISSUES

ASFA, the Adoption and Safe Families Act of 1997, is an important piece of federal legislation that was enacted to assist states in protecting and caring for children in placement. As foster parents, you are required to maintain a home that meets the state's *minimum requirements for foster homes*, in addition to the following safety measures:

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Motor Vehicle Safety -- Motor vehicle accidents are the leading cause of death for children of all races, ages 5 to 14, according to national statistics. The state of Georgia enacted the Child Safety Seat Law, which states in essence that:

Every driver transporting a child passenger four (4) years of age and under shall provide for the protection of the child with a federally approved child safety seat. The seat must be installed and used according to the manufacturer's instructions.

DFCS children must be individually (seat) belted in cars. Any car transporting a child in care must be equipped with working seat belts or updated to meet this requirement.

Special Tips for Car Seat Safety:

- Never allow the seat strap to be twisted as this is more likely to cut into the child's body than a flattened seat strap. Straps may be washed, but *never ironed*.
- Babies *up to 20 pounds* are safest riding in the *rear* of the car with car seat *facing rear*. Do not use a safety seat with a *shield* as it could make contact with the infant's face or neck during impact. See illustration A in appendix.
- Children *over 20 pounds* may ride in the *rear* of the car, buckled in and *facing forward*. However, the longer a child is allowed to ride facing the rear of the vehicle, the better. The neck and spinal chord are better protected in a young child in this position. See illustration B in Appendix.
- Booster seats, with or without a shield may be used for children *over 40 pounds* or *three (4) years old and over*. Secure the child with both a *lap and shoulder belt* if the booster seat has *no shield*. See illustration C in appendix.
- Secure the child with a lap belt *only* if the booster seat has a *shield*. See *illustration D* in appendix.
- Follow carefully the manufacturer's instructions for installation and use.

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- **The American Academy of Pediatrics recommend that pre-term infants born earlier than 37 weeks be observed for possible breathing difficulties when placed in a semi-reclining restraint (car seat) *prior* to discharge from the hospital. Some “preemies” develop breathing problems when placed in this position. A *car bed* or other alternative child restraint devices would be more appropriate for infants who have to travel in a prone, supine, or semi-upright position. A *written physician’s statement or recommendation regarding the need for a car bed or some other alternative child restraint device vs. a child restraint seat (car seat) is required prior to its use.***

Take special precautions to refrain from placing these infants in semi-reclining positions at any time until the physician determines this is no longer unsafe.

Riding in the Bed of a Pickup Truck -- In the state of Georgia, it is unlawful for any person under the age of eighteen (18) to ride as a passenger in the uncovered bed of a pickup truck on any interstate highway in the state. DFCS requires that no child be allowed to ride in the bed of a pick-up truck *at any time.*

Other Motorized Vehicles – Due to the potential for serious injury to a child, foster parents are *required* to take extra precaution when allowing minors to ride as a driver or passenger on the following: motorbikes; all terrain vehicles; small, high-speed water craft, and other similarly motorized vehicles. Any child given permission to drive or ride as a passenger in such vehicles are required to wear appropriate safety gear (i.e., helmet, elbow and knee pads, etc.) as required by the manufacturer.

Airbag safety – Children twelve (12) and under are required to ride in the back seat of cars that have installed passenger air bags in the front panel of the car. Air bags can save lives, however, they have become an increasing cause of fatal injury in young children when deployed following impact.

- **Children should ride properly restrained with seat belts in the rear seat of the car.**
- **Babies should *never* be transported in the front seat of the car.**
- **Anyone riding in the front seat with a passenger air bag should push the vehicle seat back as far as possible from the dashboard.**

Visit these web sites to obtain additional information on car safety:

-www.carseat.org
-www.nhtsa.dot.gov

-www.highwaysafety.org
-www.safetyseat.org

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Safety Helmets – Georgia law prohibits any child under the age of sixteen (16) from operating a bicycle or riding as a passenger on a bicycle on any road, bicycle path, or sidewalk without wearing a helmet which is properly fitted and securely fastened.

DFCS requires that all minors in foster care placement wear safety helmets when riding a bicycle or motorbike, all terrain vehicles and similar mechanisms. Foster parents are required to have appropriately fitting helmets for children placed in their home.

Gun Safety -- The importance of gun safety in the home should never be underestimated, especially as it relates to children and youth in the home. Foster parents are required to take extra precaution in seeing that firearms are kept out of the reach of curious children.

DFCS requires that firearms in the home are unloaded and kept secured under lock and key or secured with one of the commercial locking devices. Ammunition is always removed from the firearm and kept locked in a separate location.

Children, in general, are not allowed to handle *any* firearm kept in the foster home; this includes hunting rifles also. However, youth 16 years old and above who have successfully completed a *hunters education course* and have obtained the state required *hunter's safety certificate and license* may engage in hunting activities with the *foster parent* or other *approved adult*.

Examples of the type locking devices that may be employed to protect children from guns include the following:

- ***Trigger Lock***- blocks access to the trigger of the gun and prevents the gun from firing. Trigger locks cannot be used on loaded guns. The lock must be removed with a key and then the gun may be loaded, if necessary.
- ***Lock Box*** – Locks the gun away and limits accessibility. The box must be unlocked for use. The key should not be accessible to children.
- ***Plug/Rod Lock*** – blocks firing and cannot be used on a loaded gun. Lock must be remove to load gun.
- ***Cable Lock*** – Prevents ammunition loading and firing.
- ***Other locks*** – may lock safely and prevent firing of gun. Can be used on a loaded or unloaded gun and provides the homeowner with instant accessibility to the gun, if needed for safety. (A firearm dealer will be able to identify such a lock.)

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**Water Safety for Children in Care -- Drowning, according to the National Safety Council, ranks among the highest leading causes of accidental death for children and youth 0-24. Foster parents must take extra precaution with children when around large bodies of water. Foster parents whose primary or alternate residence (vacation home, country residence, etc.) has an in-ground or aboveground pool, must comply with the following requirements:*

Requirements

- Verbally agree to and sign the *Water Safety Agreement*.
- Know or learn how to swim.
- Obtain the required CPR and First Aid training during the *first year* of approval. Re-certification is not reimbursable and, therefore, not required.
- Complete a Basic Water Rescue class that is designed to prevent and respond to water emergencies within the first year of approval or as soon as the course is made available in your area. Basic Water Rescue addresses *recognition, prevention* and *response* to water emergencies.
- Provide some form of written verification (letter of verification, certificate, etc.) that the swimming, First Aid, CPR and Basic Water Rescue requirements have been completed.
- Enroll all children placed in the home, three (3) years and older, in a *swimming class at the local YMCA or other free or inexpensive facility some time during the first year of placement in the home*. The course must be taught by a certified swimming instructor and should be *retaken* until the child learns to swim. The Case Manager should be contacted *immediately* if a child is unable to complete the required swimming or water safety course due to mental or physical challenges.
- Complete the child's swimming requirements within one (1) year of placement in the home.
- Refrain from allowing children who have not completed a course in swimming in or around pools and other large bodies of water unless *closely supervised* by an adult. Provide *close adult supervision* of children at all times.
- Ensure that the pool or waterfront area meets local and/or state ordinances.
- Surround the pool with a fence that is enclosed on all sides (isolate the pool from

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the yard) and has a gate that locks. The fence should be of sufficient height to prevent the entry of young children. Fences enclosing pools should be at least forty-eight (48) inches in height with vertical or horizontal openings that are no more than four (4) inches wide.

Above-ground pools- The structure of an above-ground pool may also be used to meet the fence requirement. When the structure is used as a fence, or a fence is mounted on top of the aboveground pool, the pool must be made inaccessible by *removing* the steps or ladder, or by *surrounding* the steps or the ladder itself with a fence and a gate that locks. The fence should be at least 48 inches in height, with vertical or horizontal openings that are no more than four (4) inches wide.

- Always provide direct adult supervision where bodies of water exist, this includes the freestanding “kiddy pools” that vary in depth.
- Have children wear a U.S. Coast Guard approved personal flotation device (life vest, jacket, etc.) when on a boat or other watercraft.

Although the water safety policy makes specific reference to swimming pools, extra safety precaution (i.e., close supervision, sensors, alarms, locks, etc.) must also be taken with lakes and ponds, especially ponds that are located on the same property as the foster home.

Guidelines

There are additional precautions foster parents can take to assure the safety of children in and around water. You are also encouraged to check with local *medical facilities* or go *on-line (surf the web)* to increase your awareness of water safety strategies for children. Additional steps that may be taken to ensure the safety of children in your care include the following:

- Never leave children unattended near any *source* of standing water, including bathtubs, swimming pools, hot tubs, or even large buckets of water for infants and toddlers. Children have drowned in as little as *one to two inches* of water!
- Install self-closing/self-latching devices on windows or doors leading to pool/lake area (if possible), as well as on pool gates.
- Drain and cover pools that are not to be used for an extended period of time.
- Remove pool cover completely when pool is in use to prevent children from getting trapped underneath.
- Remove portable steps to aboveground pools when the pool is not in use.
- Keep a cordless phone at hand (or install a pool-side jack) to prevent having to

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go indoors “briefly” to use the telephone, leaving children unsupervised.

- Program emergency numbers for quick dialing.
- Clearly identify the deep and shallow ends of the pool.
- Equip the swimming pool or water area with such life saving devices as *ring buoys, rescue tubes* or other floatation *devices* such as “water wings”, etc.
- Flotation devices should never be used as a *substitute for proper supervision*.
- Children should never be left unsupervised while in or near water simply because they know how to swim.

*Water or “bodies of water” for the purpose of this policy include streams, lakes, rivers, creeks, canals, swamps, oceans and flooded areas and all pools. Waterfront property includes property that is adjacent to or bordered by water.

FIRE SAFETY – All families should have an established plan of action in case of a residential fire or other catastrophe. In order to minimize injury to members of your household, foster parents should take the following fire safety precautions:

- Install smoke detectors on all levels of the home, in the kitchen and near bedrooms. Check smoke detectors on a regular basis and change batteries *twice a year*, preferably during the fall and spring months when the time changes.
- Smoke detectors should be installed on the ceiling or 6 to 12 inches below the ceiling, *if possible*, every 40-50 feet on each floor of the home. Do not install detectors above “drop ceilings.”
- Fire extinguishers may be kept in the kitchen area to be used in putting out cooking related fires. Familiarize yourself with manufacturer’s instructions.
- Identify potential *exit points* in the home in case of a fire. Make household members aware of each.
- Inform newly placed children, depending upon their level of development, of the family’s fire safety plan.
- Conduct a fire drill twice a year at least. Instruct family members how to exit a burning, smoke-filled structure: Stay low (smoke and heat rise), cover nose and mouth with a handy cloth, and crawl out.
- Consider keeping a strong hemp rope with a slip knot or some other safety

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device in a *safe* location for easy retrieval if rooms are located on an upper level. *Check with your local fire department for additional information on how to safely exit from upper level areas of the home.*

- Specify a meeting place outside the home for family members.
- Call or have neighbors call 911 immediately.

Other sources for obtaining fire prevention measures include local fire, health and medical services, and County Extension Services.

ENVIRONMENTAL SAFETY –

Carbon Monoxide -- The number one cause of poisoning related deaths in the United States is *carbon monoxide*. Carbon monoxide may escape from the surrounding land on which a home is built, but it most commonly escapes from defective unvented *heating sources* in the home such as the following:

*-Gas Ovens
-Furnaces*

*-Water heaters
-Wood burning stoves*

*-Space heaters
-Fireplaces*

To prevent problems or fatalities with these appliances, take particular care to see that they are properly *maintained and functioning appropriately*. *The following DFCS requirements are to be observed:*

- *A carbon monoxide detector is an added safety device and is required in your home should you have an unvented, fuel-fired heater (kerosene, wood-burning, etc.).*
- *Gas heaters must be vented.*

Second Hand Smoke- Particular caution should be taken when smoking in the home. Children who reside with smokers have more upper respiratory infections than most children. When medically fragile care is provided, a smoke-free environment is *required*.

ANIMAL SAFETY – Children, unfortunately, are the primary victims of dog attacks, representing more than 60% of all dog bite cases, according to national statistics. While many frown upon the characterization of specific breeds of dogs as “vicious” or “*dangerous*”, it is important that foster parents are alert to the potential risks and consequences that are forever present with dogs and other animal pets. Children are usually bitten by dogs with whom they are familiar – their own, a neighbor’s or the dog of a friend. The bodily areas usually attacked or bitten by dogs include the child’s face, hands, neck and head. Listed in this section are breeds of dogs that, according to the American Veterinary Medical Association, are said to have higher incidences of bites than other breeds.

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In the absence of State Law specifically relating to the identification and proper maintenance of dogs that are considered to be “dangerous,” the Department of Family and Children Services has instituted the following *guidelines* relative to pet safety in the foster home.

In the interest of the children placed in your home, foster parents are required to exercise reasonable safety precautions when children are around pets. The following should be exercised to promote the safety of the child:

1. Monitor children when they are around pets.
2. Refrain from bringing into the home any *type* or *breed* of animal that has a known history of violence and/or aggressiveness toward people.
3. Safely secure animals that have displayed violent and/or aggressive behavior toward people inside a cage, pen, or fence that prevents a child from entering and the dog from escaping.
4. When acquiring a pet for the home, choose a breed or type of animal that has, at the least, a history of being people-friendly when acquiring pets for the foster home.
5. Provide opportunities and instruction to children in care regarding safe socialization habits with people-friendly breeds of animals.
7. Report immediately to the agency any acts of violence toward a child in care or others by an animal in the foster home.
8. Carefully review the Foster Parent Manual and research other sources for information regarding animal safety.

ADDITIONAL GUIDELINES

Choosing a Pet for the Home--While no specific breed of dog is exempt from becoming aggressive, the dogs that are indicated by the *American Veterinary Medical Association* to have *higher* incidences of bites include the following:

Chow Chow
Akita
Chihuahua
Husky-type

German shepherd
Rotweiler
Dachshund
Wolf-dog

Pit bull
Doberman
Terriers
Malamute

This, by no means, is to infer that all dogs of the breeds listed are aggressive and are prone to attack humans; they do, however, require less provocation or coaxing than dogs of other

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breeds do. Dogs that are said to be *less* aggressive toward humans, but must be *closely monitored, nonetheless*, include the following breeds:

Labrador Retriever

Vizsla

Brittany Spaniel

Collie

Golden Retriever

Australian Shepherd

Old English Sheepdog

Bloodhound

Basset Hound

English Bulldog

Norwegian Elkhound

Keeshond

Child and Dog Safety Tips – Being around and interacting with pets can be one of the child’s fondest memories of being in care. A close, nurturing relationship with a pet can provide a very therapeutic experience for a child. Unfortunately, this may not prove to be true with the child’s relationship with other animals or the same animal under less friendly circumstances.

While the laws in Georgia governing dog safety do not provide a more preventive remedy, there are measures that foster parents can take to support and ensure the safety of children around animals. If you are contemplating buying a pet, check with your local vet, pet store or go to Purina’s web site for assistance in locating people-friendly or child-friendly pets. Additional guidelines foster parents should consider when bringing a pet dog into the home include the following:

- Choose a puppy rather than an older dog that may be less friendly toward strangers. An older dog should be assessed by a vet to determine if he is suitable for children.
- Demonstrate for the children acceptable behavior toward pets prior to the dog’s arrival.
- Teach children how to assist with the feeding, maintenance and training of the dog. This spawns a relationship with the dog and teaches them a sense of responsibility.
- Interact with the dog in the presence of the children.
- Supervise children closely when playing with a dog.
- Teach children the proper way get acquainted with dogs.
- Discourage children from teasing or handling the dog roughly.
- Refrain from including the dog at parties or other situations of high excitability or aggressiveness. The dog may too become excited and aggressive.
- Train the dog to respond to your commands.

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Provide opportunities for *safe socialization* with dogs. Children should be instructed in habits of sociability and *safe behavior* toward dogs, using the following tips and guidelines:

- A dog wagging it's tail is not always friendly.
- Never attempt to touch a strange dog.
- Never touch a dog that is growling, barking or showing its teeth.
- Never stare a dog in the eye when it is behaving aggressively.
- Back away slowly from an aggressive dog; never run.
- If knocked down by an aggressive dog, protect the head and neck with the hands and forearms, taking care to keep the hands closed to protect the fingers.
- Never run up to a dog.
- Never approach a dog without grown-up supervision, especially a strange dog.
- Allow the dog to sniff your scent before attempting to pet or touch him.
- Never approach a guard dog or a watchdog.
- Obey owner's sign regarding the potential danger of dogs.
- Never disturb a dog that is eating or has a treat of any sort in its mouth.
- Don't yell, make loud noises, or attempt to frighten the dog.
- Don't attempt to ride on the dog's back.
- Refrain from pulling the dog's ears, touching his eyes, or pulling its tail.

Foster parents are encouraged to seek out additional information regarding the safety of children in the presence of dogs. Visit your local library or log on to these web sites:

-American Veterinary Medical Association: www.avma.org

-The Centers for Disease Control (dog bite prevention advice)
www.cdc.gov/ncipc/duip/dogbites.htm

-American Kennel Club for Purebred Dogs: www.akc.org

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-Humane Society of the United States: www.hsus.org

THE USE OF COMMUNITY VOLUNTEERS

Both the State and County DFCS offices recruit volunteers in implementing its programs for children and families. Volunteers provide valuable services to families and children in their communities and they, too, can be of great support in helping you enrich the lives of the children placed in your care. Some examples of how volunteers may help foster parents in caring for a child are:

- Relieving foster parents by staying with the child one afternoon a week;
- Driving you and the child to the child's health care appointments.
- Tutoring the child in accordance with the child's needs.
- Assuming the cost of fees related to recreational and other activities.
- Sharing an evening or weekend with the child for recreation.
- Donating computers and other equipment to enhance the child's learning.

Foster parents may be aware of an individual or organization that has an interest in sharing their time, talents or resources with a child. If this should be the case, there are several pointers to keep in mind:

- Contact the child's case manager when you feel a volunteer can help with a child.
- Do not allow a volunteer to take the child away from your home without the permission of the agency. DFCS is required to obtain clearance (a Criminal Record and CPS Check) on any volunteers who come in *direct contact* with children in placement.
- Do not discuss personal information regarding the child's case.
- For school-aged children, get their input as to their thoughts and feelings about interacting with a volunteer person or group.

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THE DEATH OF A CHILD IN CARE

Although an infrequent occurrence, a child may die while in care. Needless to say, this is very traumatic for the family of the child, the foster family and the agency. As is the case with any circumstance such as this, it may be somewhat difficult to think of all the things that need to be done.

General Guidelines for Agency Staff and Foster Parents

Since the circumstances surrounding the death of a child are never exactly the same, judgment has to be used in terms of which step to take first. For example, the child's death may be due to a long illness, with relatives and friends aware of the seriousness of the condition. In other instances, the death may be due to an accident, foster parent neglect/abuse or a medical emergency. Most deaths will occur in a hospital; however, a death could very likely occur in the foster home or elsewhere. An autopsy will be required.

CPS/Special Investigator Intervention— The death of a child in your home is immediately reported to the child's Case Manager, or the Supervisor or Director if the Case Manager cannot be contacted. Deaths involving children in DHR/DFCS' custody are immediately relayed to DFCS management staff and the assigned area Field Director in the child's county of residence. An internal DFCS review team examines the circumstances and reported cause of the child's death, as well as all relevant case information, decisions, and actions involving CPS. Law enforcement is also involved in investigating the death of a child in care.

To provide additional direction in this process, a group of foster parents and an agency staff person developed a set of general guidelines that are included in this section for your information. This information may be very beneficial if the need should arise.

Responsibility of the agency – If parental rights have been terminated or if the birth parents are financially unable or unavailable to provide for the child's burial, the agency will assume responsibility for the costs involved. A maximum of \$1,000.00 is available from state funds to assist with burial expenses. Sometimes, the child has additional funds that may be used toward burial. The services, while usually simple, can be planned in good taste, respecting both the deceased child and those who are left to mourn. It is the responsibility of the case manager to ensure the planning of appropriate services by working closely with the birth parents, the foster family, and the funeral home. Planning includes arranging for a clergyman, as desired, to conduct the services and planning the funeral program.

Responsibility of the Case Manager – The child's Case Manager will be supportive and helpful to those who have had a meaningful and/or legal relationship with the child. This

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includes relatives (birth parents, siblings and other relatives) and foster parents (current and former). The focus of the Case Manager's responsibility is to inform the appropriate persons of the death, to understand and respect their grief and to assist the birth parents in planning an appropriate service. This would include making them aware of the foster parent's interest in attending the service or in participating in some other way.

If the birth parents are not available, the Case Manager will initiate plans for the burial service and other procedures that need to be completed. It is anticipated the child's Case Manager and other staff and service providers who have recently worked closely with the child or family may desire to attend the services. You or DFCS staff may also want to contribute toward flowers or make some other donation in memory of the child.

Responsibility of the Birth Parents – The birth parents retain the right to plan the burial services of the child. If financially able to do so, they will assume responsibility for all expenses related to the services. The Case Manager will assist them in planning, if requested to do so. If parental rights have been terminated or if parents cannot be located or refuse to participate, and the agency has custody, the agency has the duty to assume responsibility of planning services. As the child's foster parent or former foster parent, you will be given the opportunity to participate in the planning, should you make such a request.

Rights of the Foster Parents – Foster parents have no legal responsibility in regard to the burial of a child. However, as primary caretaker of the deceased child, you do have the responsibility of cooperating with the agency in the required investigation of the child's death and any surrounding circumstances, if applicable. You do have a right to express your sympathy and grief in appropriate ways, in keeping with the desires and wishes of the birth parents. You may want to attend the funeral, send flowers, or make a donation in memory of the child in some other way. Foster parents should be aware that the birth parents may react to the loss of their child by becoming very hostile to you, the agency, and the hospital or medical staff. Don't hesitate to seek support from the child's worker or your own foster home worker, if necessary.

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INFORMATION JUST FOR YOU

This chapter of your manual addresses, as the title states, information just for you. From time to time your local agency will give you material of special interest to add to this section. Be sure to add items to the content page as you receive additional materials for this chapter. Foster Care Forms, Standards and your Grievance procedure are in the Appendix.

FOSTER PARENT ORGANIZATION

The Department of Human Resources, Division of Family and Children Services, strongly supports and encourages the formation of foster parent organizations throughout the state. The purpose of local organizations vary according to the decisions of the membership, but, generally, conform to the goals of the National Foster Parent Association and the Adoptive and Foster Parent Association of Georgia (AFPAG). The primary purposes of the National and State Foster Parent Associations are to improve the circumstances of children in foster care, to assist in the Division's efforts to incorporate foster parents as team members and to advocate both for children in care and foster parents -- and in many instances, for the agency.

While interacting in groups, foster parents provide one another with invaluable support and new insights into caring for children in placement. The personality conflicts and differences of opinion which always occur when people congregate are managed when the question "which action will prove to be in the best interest of the child in care?" is resolved. Issues primarily related to 1) support services for children and families and, 2) support and training for foster parents and foster care workers are all current in both the state and local organizations.

In addition, AFPAG and the local associations have been instrumental in the development and implementation of some DFCS policy changes. Examples include the development of and revisions to the foster parent grievance procedure, training requirements, the smoke alarm requirement, state reimbursement for foster children funeral expenses, practices related to the removal of children from foster homes, school clothing for kindergarten children, the participation of foster parents in reviews and the development of form 469, Foster Child Information Sheet. Some association have been successful in planning and providing excellent regional training sessions. The AFPAG plans and makes all arrangements for an annual statewide educational training conference. The most effective associations work closely with their County DFCS offices. While the AFPAG will assist and support the local associations, they are totally autonomous and develop their own guidelines.

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Foster parent organizations can prove to be a very important component in our joint efforts to attain goals for children in our care and in improving the foster care system. If there is no organization in your community, your state association or your county agency will assist you in forming one. Assistance is also available from foster care consultants in the state office and from those foster parents representing your area on the AFPAG Board.

COMPLAINTS AND CONCERNS FROM THE COMMUNITY

Occasionally, a County Department receives complaints regarding a foster family. These complaints may include reports of severe or unusual discipline, the lack of adequate care and maintenance of the children in placement, caring for extra children, problems with the foster family's own children, health problems in the foster family, inadequate supervision of the children in the home, or unusual traffic in and out of the home. Some complaints may be valid, but others are not.

Without checking further into the situation, the validity of the complaint cannot be determined. Therefore, for everyone's protection – yours, the child's and the agency's – *each* complaint received by DFCS must be carefully assessed. Keep in mind, however, this does not mean that the agency has accepted the report as *true*. Your Case Manager will discuss with you any complaint made against you and the outcome of the assessment.

A good rule to keep in mind in order to avoid complaints from the community is to share your role as foster parents with neighbors. Let them know that *"it takes a village to raise a child"* and that you welcome their input and observations as neighbors who have *"the interest of the child at heart."* Introduce the children to your neighbors, and make each child aware of the neighbors' care and concern for their well being also. Each situation is different. Some neighbors may be approached in this manner and others, of course, may not. Use your *best judgment* in this regard.

In the event the school system sends permission slips requesting authority to administer corporal punishment to children who are in the temporary or permanent custody of the agency, foster parents are to deny such permission.

ASSESSMENTS OF COMPLAINTS AND ALLEGATIONS BY PLACEMENT STAFF

DFCS Placement staff are responsible for assessing the following allegations involving foster homes:

- Discipline policy violations.
- Violations of Foster Care policy requirements.

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Any foster home that is the subject of a *report alleging* discipline policy violations, or other violations of foster care policy, will be assessed by a Placement Case Manager and referred back to CPS should there be any suspicion of abuse or neglect of a child placed in the home. The state's policy regarding the discipline of children in care emanated from the much heralded case that was decided in the United States District Court -- Taylor v. Ledbetter.

Kathy Jo Taylor was a child injured while living in an agency foster home. Her guardian ad litem filed suit against the Department of Human Resources and the case was settled in the United States District Court on October 6, 1989. The two general provisions of this consent order as it relates to CPS are as follows:

- The improper punishment of children in foster care is *prohibited*. (See "prohibited practices" under the *Discipline* heading in this manual)
- The *investigation* of and *response* to alleged incidents of unsuitable care or abuse and neglect shall occur immediately (within 24 hours of receipt of referral by foster care supervisor) to ensure the continued safety of the child in the foster home placement.

The assessment of a foster home resulting from allegations of discipline or other foster care policy infractions may experience any or all of the following consequences:

- Removal of the child(ren)
- A CPS investigation
- Corrective Action Plan and Interview
- Closure of the home
- Criminal prosecution

The following guidelines are generally followed following a report of discipline and other foster care policy violations.

- If the assessment *confirms* an initial violation of the *discipline* or *other foster care policy*, a Corrective Action Plan (CAP) *may* be initiated by a Placement staff person to insure the problem is addressed and a solution underway.
- The CAP is reviewed with the foster parents by the case Manager in a positive manner, with the added explanation that there is no CPS activity in the case. A part of the CAP includes *re-teaching* and *support* to the foster parent in effecting change in their implementation of discipline or other foster care policy issues.
- The CAP is signed by the Case Manager implementing the plan and the foster parents involved. A copy is given to the foster parents and a DFCS copy is filed in the foster home record.

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- The foster home is closely monitored for a stated period of time to assure that the requirements of the CAP are completed.
- Foster parents are allowed only one violation of the discipline policy. However, if a second violation occurs outside a three-year period, the home *may* remain open based on the circumstances and at the agency's discretion. In those instances where the CPS investigation or the assessment for discipline policy violations are not substantiated, *serious consideration* may still be given to home closure if other serious concerns are noted.
- When it is necessary to relocate children due to discipline policy violations, the ten-day notification to a foster family that a child is being removed from the home is waived.

The ultimate decision on closure of a foster home because of a violation of foster care policy rests with the County Director. In reaching this decision, the County Director considers factors such as the severity of the incident, the patterns and parenting history demonstrated by the foster parents, the personality of the child involved, the willingness of the foster parents to look at alternative approaches to correct the problem or change the undesirable behavior; (i.e., training or counseling), and the quality of the relationship between the foster parents and the child.

Violation of the discipline policy and the decisions made are not subject to appeal at the state level. Decisions made as a result of Child Protective Services investigations are not grievable under the Foster Parent Grievance Procedures. Even though a CPS investigation may not be substantiated, the foster home may *still* be closed as a result of issues/concerns arising from the investigation.

CHILD PROTECTIVE SERVICES (CPS)

The primary goal of Child Protective Services is the safety and protection of the child. Hopefully, as a foster parent, your only involvement with CPS will be in the placement and removal of children from your home under ordinary circumstances. In reality, however, foster parents sometimes find themselves faced with allegations of child abuse and neglect which result in a CPS/SIU investigation of their home.

Child Abuse means any physical injury or death inflicted upon a child by a parent or caretaker by other than accidental means. *Neglect* refers to a caretaker's deliberate or chronic disregard of the needs (physical, intellectual, social and emotional) essential to a child's development as a human being, or the deliberate permission of a child to experience avoidable pain and suffering.

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When a report of the maltreatment of a child in your home is alleged, the following procedures generally occur:

- **Your county DFCS office has a written internal procedure to assure that the appropriate staff persons are notified when allegations of abuse or neglect of children in foster homes are received.**
- **DFCS CPS staff has a mandatory immediate response time (Taylor v. Ledbetter) of 0-24 hours in investigating complaints of abuse or neglect of children in DFCS custody.**
- **The report is screened by agency supervisory staff to determine if it meets the criteria for investigation by CPS (the report may be a violation of the discipline policy or other foster care policy violation which requires an assessment by Placement staff).**
- **Following the initial CPS contact, the foster parent may be contacted by the Resource Development Case manager who may at this time serve in a supportive role. However, this interaction should not compromise the integrity of the investigation.**
- **DFCS immediately forwards all reports alleging abuse or neglect of children in agency custody to law enforcement. A joint investigation may or may not be required.**
- **DFCS removes the child from the foster home if the child's safety cannot be assured.**
- **A CPS Case Manager who is not directly involved in services to you will be assigned to complete the investigation in order to maintain objectivity.**
- **The CPS Case Manager will be interviewing various persons, including the foster parent, the child, Case Managers witnesses, the reporter and, in addition, will review case records, etc., for additional information relative to the case.**
- **The County DFCS agency will conduct a staffing with all involved Supervisors and Case Managers to 1) share the results of the investigation 2) review the need to remove the child, and 3) jointly develop a plan of action.**
- **If allegations are serious and substantiated, the foster home is closed.**
- **If allegations are unsubstantiated, minor, reactive and not chronic, corrective, or the caregiver is amenable to change and a Case Plan instituted to assist foster**

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parents and prevent further abuse, the home *may* remain open.

THE FINAL DECISION TO CLOSE A FOSTER HOME LIES WITH THE DFCS COUNTY DIRECTOR.

DFCS SPECIAL INVESTIGATIONS UNIT

The DFCS Special Investigations Unit (SIU) was formed to address the need for the urgent and comprehensive investigation of serious injury and fatality cases involving children. This unit deals primarily with situations involving open CPS cases and investigates incidents in family homes, foster homes or any other place where the maltreatment may have occurred.

The Program Director, Social Services Supervisor or State CPS management staff may request the involvement of the SIU. An investigator assigned to your area of the state will be called in to conduct the investigation. If a child experiences a serious injury or dies while placed in your care, the SIU will be involved in the review and investigation process.

<p>DURING THE COURSE OF THE INVESTIGATION OF A FOSTER HOME FOR ALLEGED VIOLATIONS OF AGENCY POLICIES OR ACTS OF CHILD ABUSE/NEGLECT, FOSTER PARENTS SHOULD HAVE SOME MECHANISM FOR SUPPORT IN PLACE. THIS FUNCTION WOULD BE MORE APPROPRIATELY HANDLED BY THE LOCAL AFPAG OR SOME OTHER IDENTIFIED GROUP OR INDIVIDUAL OUTSIDE THE AGENCY. HOWEVER, FOLLOWING THE INITIAL INVESTIGATION OF THE HOME, THE CASE MANAGER MAY PROVIDE MORAL SUPPORT TO THE FOSTER PARENT WITHOUT COMPRIMISING THE INTEGRITY OF THE INVESTIGATION OR THE SAFETY NEEDS OF THE CHILD.</p>

INSURANCE

A. Liability Insurance Coverage

The Division of Family and Children Services purchases self-insurance to cover certain civil liabilities of foster parents. The policy provides coverage only in respect to your activities in your actual roles as foster parents.

1. The foster parent is covered in the event a foster child is injured and a claim or lawsuit is brought against the foster parent by the birth parent or child's guardian.
2. The foster parent is covered for "incidental malpractice" for failure to provide necessary medical care, therapy, proper diet or other medical needs of the foster child.

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3. The foster parent is covered for personal injury claims such as libel, slander, false arrest. Wrongful eviction or entry and alienation of the affections of the foster child from his/her birth parents.
4. The foster parent is covered for injury or damage caused by a foster child to others for which the foster parent is held responsible.
5. The foster parent is covered in the event he breaches a contract (written or oral) entered into in conjunction with his/her activities as a foster parent.

B. Property Damage Insurance

Foster Parent's Property Insurance Coverage:

The Division of Family and Children Services also provides insurance to cover damage to the personal property of foster parents caused by the foster child in their care. It will cover the loss of property in excess of \$100.00 to a maximum of \$1,000.00 for each incident. However, as of July 1, 2003, there is a *\$100.00 deductible per occurrence* for real or personal property owned by or in the care, custody, and control of the foster parent. The original bills for the repair/replacement of the property must be attached to the claim for insurance coverage.

C. Exclusions

Some of the major exclusions, or situations not covered, under these policies are:

1. Damage to a foster parent's property caused by a foster child under the amount of \$100.00 or over \$1,000.00.
2. Bodily injury or property damage arising out of the business pursuits of any uninsured.
3. Bodily injury or property damage arising out of the operation, ownership, maintenance, use of entrustment to others of any vehicle, with or without the permission of any foster parent. Such vehicles include any automobile, motorcycle, midget automobile (kart, go-kart, ATV, etc.), snowmobile, aircraft, sailboat or other watercraft with more than 50 horsepower inboard or 25 horsepower outboard.
4. Liability assumed by the insured under any agreement, other than a written agreement relating directly to the car of a foster child or to the foster parent's residence.

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5. Any obligation for which the insured would be covered by workmen's compensation, unemployment compensation or disability benefits law or any similar law.
6. Liability resulting from any criminal or illegal act of any insured wherein he/she has been found guilty in a criminal prosecution or has entered a plea of guilty or nolo contendere to a criminal act.

Since certain claims you may have are covered by a homeowner's or automobile insurance policy, you must also report all claims to your homeowner's or automobile insurance agent, if any.

The Division's insurance policy is excess coverage over your personal liability insurance, homeowner's insurance, excess liability insurance or similar insurance but will become the primary policy to the stated limits when you do not have liability coverage of your own. Your service worker will discuss specific incidents with you.

In situations similar to those above, the state's liability insurance policy may cover certain expenses such as court costs, lawyer fees and other damages, which can be settled with monetary considerations.

D. Reporting Procedures

You, the foster parent, must immediately notify the local Department of Family and Children Services of any incident, accident or situation likely to result in a lawsuit or claim against you. Your service worker will obtain from you all the necessary information and notify the State Office and the Department's insurance claims office of the incident.

INCOME TAX

Tax laws vary from year to year. It is recommended that each year before filing your Income Tax Return, you consult with the appropriate tax departments of the State and Federal Governments or your personal tax consultant about the reimbursements you receive for the care of a child. If you receive "Services Fees," they are taxable as income.

The per diem and other expenses of the child reimbursed to you by the County Department are not considered income and are not taxable according to the U.S. Internal Revenue Service. The Casey National Center for Resource Family Support has produced the booklet, "Federal Tax Benefits for Foster and Adoptive Parents and Kinship Caregivers 2000 Tax Year." You may request a copy from the state office at the number listed at the bottom of the page in this manual. As with all income tax publications, updated copies should be used for each tax year. *Remember that your best course of action as to how to treat children placed in your home when filing income taxes is to consult with a tax advisor.*

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INDEPENDENT LIVING PROGRAM

The Independent Living Program (ILP) is a federally funded program that is a permanent part of the foster care system, and is administered through the Division of Families and Children Services.

Who is ILP for?

ILP is available for every youth in the agency's custody, ages 14—21.

What is the Purpose of the ILP?

The Independent Living Program was established to assist young people in setting goals and getting ready to move out on their own. The ILP seeks to improve the educational, social and personal outlook of all youth in DFCS custody, sixteen and above, and to work towards youth becoming self sufficient adults in the future.

Who are the People Involved in the ILP?

“People” are the key to the success of the Independent Living Program. Each person involved has a significant role in ensuring that our youth gain the skills and knowledge needed to function in society. Some of the key people involved include:

- youth in placement
- agency staff
- foster parents
- the ILP coordinator
- birth parents, and
- other community resources.

How Can Youth Get Involved in ILP?

The agency case manager usually provides the initial referral of the youth to the ILP Coordinator within 30 days of the youth turning 14 years old. The initial referral process provides valuable information to the ILP Coordinator. The Case Manager and the foster parent will provide on-going information that might impact the independent living plan of the youth. The support and active participation of both the foster parent and the youth's Case Manager are essential in ensuring the participation of the youth in the program.

The active participation of youth in the development of their Written Transitional Living Plans (WTLP), their active participation in the development of short term goals, and their motivation and investment in the outcome, increase their chances for successful transition

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into adulthood after leaving foster care. The WTLP builds on the strengths of youth in care and identifies needs that impact their skill development.

What Type Services and Activities Does ILP Provide?

A wide range of services and activities are made available to youth through the ILP. Surveys and personal assessment instruments are provided to help youth pinpoint tasks and knowledge regarding daily living skills they already possess and identifies those areas that require further development. Throughout the year, youth will be invited to attend a variety of activities. These may include:

- Meetings and Mini-Conferences focusing on such topics as:
 - *Planning for College/Technical School*
 - *Money Management*
 - *Substance Abuse*
 - *Locating and Maintaining Housing*
 - *How to Find and Keep a Job*
 - *Obtaining Proper identification and Documents*
 - *Health Education*
 - *Problem Solving Skills*
 - *Leisure Time Activities*
- Awards Banquets for ILP Youth
- Summer Youth Conference (overnight)
- Visits on College Campuses
- Individual Sessions to Develop Personal Goals
- Financial Aid Workshops
- On-going Services
 1. Educational (remedial education /tutoring, vocational training)
 2. Daily living skills (budgeting, securing and maintaining housing, nutrition, laundry)
 3. Employment preparation (job seeking/job retention skills, collaboration with Job Corp, JTPA, Apprenticeship)
 4. Health maintenance (safety/first aid, sexuality, health education/prevention)
 5. Counseling (individual, group, peer support, family)
 6. Parenting skills (pre-natal, child care, child development, discipline)

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What Can Foster Parents do To Support the Success of the ILP?

Foster parents play a major role on the Independent Living team, providing youth with appropriate adult role modeling behavior and *actively* teaching daily living skills. By appropriately handling problems and issues relating to your spouse, friends or relatives, and making daily decisions, the foster parent demonstrates to the youth a real life example of the successful application of life skills. Foster parents also provide youth with hands on experience in learning practical skills such as doing the laundry, cleaning house, grocery shopping, budgeting, etc. Most importantly, however, the foster parent can remain as a support system for youth who transition from foster care, but need a home to return to for visits and moral support.

How Can the Community Assist With the ILP?

The community at large can be a resource for the Independent Living Program in a variety of ways. Other service related agencies can provide support and services to youth; businesses can help provide jobs and job training; donations to conferences and group meetings can be made; speakers, trainers can volunteer to work with youth; and mentors from the community can be trained to provide support and encouragement.

What is the Birth Parent's Role in the ILP?

Birth parents are a key ingredient in the successful transition of youth from adolescence to young adulthood. Although, in many instances birth parents are no longer involved with youth who have grown up in foster care, there are situations where birth parents do maintain contact. Birth parents can encourage youth do well and “give permission” for the youth to achieve goals. They also provide an on-going “safety net” should their plans for emancipation and independence fall short. Youth contact with birth parents also help to bring clarity to the issues surrounding their initial placement in care, and remove some of the fantasy and denial associated with separation.

What is the Role of the ILP Coordinator (ILC) ?

The ILP Coordinator's role is to reach, motivate, lead and locate resources for youth ages 14-21 in DFCS custody and to enable them to make a successful transition to post-foster care living. The approaches taken to accomplish this may differ based on the demographics of the ILC's assigned area. Area Field Coordinators typically serve an area that includes one or more clusters of counties, with youth scattered along a wide geographical area. Urban Area Coordinators usually are assigned to one large geographic area. Although the goals for each remain the same, the strategies used to accomplish the goals of the Independent Living Program may differ.

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Contact your local Independent Living Coordinator for information regarding the ILP in your area. As a foster parent, if you are providing care for youth who are 14 and over, you will provide an invaluable service by directing and encouraging their involvement in the Independent Living Program.

GEORGIA'S CASA PROGRAM

The CASA, or Court Appointed Special Advocate, is a volunteer from the local community who has been screened and trained by the CASA program and appointed by the court to advocate for children who are involved in juvenile deprivation proceedings. A CASA is appointed by the judge as an officer of the Court. The role of the CASA is to provide the Court with independent and objective information regarding the status of children involved in deprivation cases. The CASA also provides recommendations regarding the best interest of the child.

Because the CASA is engaged in assessing and monitoring the child's on-going needs and status while in placement, there will be occasions when you will be called upon to provide pertinent information regarding the child. The following may be expected in the foster parent's involvement with the Court Appointed Special Advocate (CASA).

- The CASA staff should be invited to make a presentation to local GPS:MAPP training sessions for foster parents.
- The presidents of local AFPAG groups should make presentations at CASA volunteer meetings.
- If the CASA volunteer and Case Manager cannot make the initial visit to your home together, the Case Manager will notify you of the CASA appointment.
- Subsequent visits to the foster home and with the child will be made directly by the CASA volunteer.
- The CASA volunteer will make monthly contact with the foster parent and/or child face-to-face or by telephone.
- The State CASA Program recommends that a CASA volunteer not transport the child at any time. However, local CASA programs are free to develop their own written policy regarding this issue with their local DFCS agency.
- Any suspicions of abuse or neglect of any child in a foster home will be directed to the Services Intake Worker.
- If a foster parent has a complaint or concern regarding the inappropriate

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behavior of a CASA volunteer, she/he should contact the DFCS supervisor who will, in turn, contact the CASA Program Director.

- If a CASA volunteer has a similar complaint regarding a foster parent or the child's placement in the home, they should contact the CASA Program Director who will, in turn, contact the DFCS Director.

DFCS FOSTER PARENTS ARE NOT ALLOWED TO SERVE IN THE ROLE OF CASA'S IN GEORGIA.

GRIEVANCE PROCEDURES

The Division of Family and Children Services recognizes the need for a systematic process of expression, examination and resolution of foster parent grievances. It is further recognized that as people work together, conflicts will arise which may result in the deterioration of the quality of relationships and the quality of care provided. Each foster parent has the right to file a grievance when he/she has an irreconcilable difference with the Department.

The grievance procedure is an administrative, not a legal process. Therefore, the presence of attorneys will not be allowed. This does not preclude the foster parent's right to involve an attorney should they desire to take legal action at a future date. No additional persons shall attend

The foster parent(s) shall be free to use the procedure without fear of reprisal. The foster parent(s) and staff responding to the complaint should make all reasonable efforts to resolve the issues before a written grievance is filed by the foster parent(s). An informal meeting is required before the county can accept the Step I Grievance.

Upon identification of a problem, an immediately held informal meeting, including the foster parents(s), caseworkers and supervisor(s) sometimes solves the problem and reduces the anxiety of a formal grievance and the possibility of participants retreating into entrenched positions. Reasonable efforts shall be made by the parties to reach a clear understanding of the exact nature of the complaint, the issues involved, the relief requested, and to achieve resolution of the matter at the lowest possible step. The need for open and purposeful communication between foster care staff and foster parents is vital to the prevention or early resolution of any complaints. Every effort should be made to resolve the issue at this level, based on the following grievable issues.

If the required informal meeting fails to resolve the issues, the foster parent(s) has the right to move to the formal steps of the Grievance Procedure. This formal request is to be made on the Request for Step I Foster Parent Grievance Meeting, Form 80, and sent to the Director of the local county department. Once the grievance is filed, staff may not intervene

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in progression of the steps. However, the foster parent(s) can provide a written notice at any step in the grievance process asking to withdraw the grievance.

THE FOLLOWING ARE THE ONLY GRIEVABLE ISSUES:

1. **The County Department with financial responsibility for the child fails to provide reimbursement for the child in care in accordance with established per diem rates.**
2. **The County Department with financial responsibility for the child fails to provide reimbursement for the child in care in accordance with established clothing allowances for initial clothing, annual clothing, and special clothing.**
3. **The County Department with financial responsibility for the child fails to provide reimbursement for supplemental supervision (approved childcare) for working Foster Parents in accordance with State rates and policy.**
4. **The County Department with financial responsibility for the child fails to pay concurrent per diem to Foster Parents when the absence of the child is planned and purposeful; e.g., visits with a parent or relative; pre-placement visits to another facility, hospitalization, admission to other institutions for evaluation, camp, respite, ILP activities, and runaway (provided the foster parent is willing to have the child returned).**
5. **The local County Department fails to provide face-to face contact with the foster parent(s) to discuss the reasons for the involuntary closure of their foster home and to offer support to the Foster Family as children are placed in other resources.**
6. **The local County Department fails to send a letter describing the reasons the home is being closed and notification of the closing date within 10 working days of the face-to-face contact.**
7. **The local County Department denies the Foster Parent reasonable access to non-identifying information from the placement or child protective services record, with respect to any child who has been placed in the care of the Foster parents or for whom Foster Care is being sought.**
8. **The County Department denies the Foster Parent assistance with preparing a written request for access to a child's record and a response to the written request within a 14-calendar day time frame as specified in the law, O.C.G.A. 49-5-41 (D). (Open records request)**

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Step 1

Implementation of the first step is a meeting of the Foster Parent(s) with the County Director or Deputy Director or Social Services Program Director and the supervisor(s). This meeting is held within 15 working days of receipt of the formal grievance request.

The caseworker is also included in the meeting. Foster Parents shall be notified of the decision regarding their Step 1 grievance at the meeting. This decision will be confirmed in writing to the Foster Parents by certified mail and the Field and County offices within 48 hours on Form 81. If the Foster Parent disagrees with the Department's Step I decision, they may apply for a Step II grievance within 5 business days of receipt of the Department's written decision. Application for Step II Grievance must be made on State Form 82 and must be submitted to the local county director.

STEP II—ADMINISTRATIVE REVIEW

Step II will consist of a committee formed by the Field Director, who serves as the chairperson.

The committee shall meet within fifteen (15) working days of the date of receipt of the formal request, Step II. It will consist of the Field Director, Consultation and Support Consultant and one other state staff. The Field Director shall select the third state staff person who has not previously been involved in the case. The County Director selects a maximum of two staff to present the agency's position.

It is expected that all information prerequisite to informed decision-making shall be available to the committee for consideration. At the conclusion of the presentations, the two staff presenting the agency position and the grieving Foster Parent(s) may be excused to allow discussion among the panel members. The Foster Parents shall be notified of the decision regarding their Step II grievance at the meeting. This decision will be confirmed by the committee in writing to the Foster Parent(s) by certified mail and the County offices within 48 hours of the meeting on Form 83. All pertinent information shall be forwarded to the Division Director immediately following the conclusion of Step II.

If the Foster Parent disagrees with the Department's Step II decision, they may apply for a Step III grievance within five business days of the Department's written decision.

Application for Step III Grievance must be made on State Form 84 and must be submitted to the Social Services Section Director.

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Step III

Step III will be a paper review by the Social Services Section Director. The grievance will be reviewed within (15) working days of the formal request for Step III Grievance. The Social Services Director will notify the Foster Parents of the decision within 48 hours by certified mail on Form 85. This decision is the final one provided by the agency.

RESPONSIBILITIES OF THE FOSTER PARENT

1. Meet informally in an effort to solve the problem.
2. If unsuccessful in the effort to resolve the difference informally, file in writing for Step I within five (5) working days of the informal meeting.
3. If not in agreement with the Step I decision, file in writing for Step II within five (5) business days of the written notification of the decision.

RESPONSIBILITIES OF THE SERVICES WORKER

1. To attempt to resolve any identified difference of opinion between agency and foster parent(s) in an informal discussion prior to a formal grievance.
2. To inform foster parent(s) in writing of the grievance procedure when a problem remains unresolved, enclosing Form 80, request for Step I Foster Parent Grievance Meeting.
3. To participate in Step I Meeting.
4. To assemble all records and information pertinent to the problem for use during Step I and the following steps, if required, subject to department policy and all applicable state and federal laws, rules and regulations.
5. To provide the foster parent(s) with Step II grievance request, Form 82, as appropriate.

RESPONSIBILITIES OF THE SUPERVISOR(S)

1. To apprise the County Director of the nature of the disagreement prior to Step I meeting.
2. To forward to the County Director all information needed for his/her thorough understanding of the varying opinions, immediately following the failure of the

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informal discussions to resolve the problem.

3. To participate in the Step I Meeting.

RESPONSIBILITIES OF THE COUNTY DIRECTOR

1. To ascertain that sincere efforts were made to resolve informally the difference of opinions prior to a formal grievance.
2. To schedule the Step I Meeting upon receipt of the Form 80, assuring that it is held within five (5) working days from the date of the receipt of the request.
3. To review all information received from the supervisor prior to the Step I Meeting.
4. To conduct the Step I Meeting.
5. To complete Form 81, Step I, Foster Parent Grievance Procedure Report.
6. If Step I is unresolved, to forward to the Field Director/Urban Social Services Director all information required by the Step II Committee to make an informed decision and a copy of the Step II Meeting on Form 81.
7. To inform immediately the Field Director/Urban Social Services Director of the failure to conclude the grievance at Step I in order to facilitate convening the Step II Meeting at the earliest possible date.
8. To select two staff to present the agency position (example: Services Worker and Supervisor) for Step II meeting.

RESPONSIBILITIES OF THE FIELD DIRECTOR

1. To serve as committee chair for the Step II Meeting.
2. To schedule the Step II Meeting as soon as possible but within fifteen (15) working days from the date of the receipt of the request for Step II, Form 82.
3. To select and inform all participants of the Step II Meeting. The participants are to include:
 - (a) Two DFCS state staff, one of whom shall be the Field Services Consultant, knowledgeable of foster care.

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4. **To convene the Step II Meeting.**
5. **To complete the Step II Foster Parent Grievance Procedure Report, Form 83.**
6. **To write a letter within 48 hours of Step II to the grieving foster parent(s) informing them of the committee's decision.**
7. **To provide the foster parent(s) with Step III grievance request, Form 84, as appropriate.**
8. **To forward to the Social Services Section Director all information needed for a thorough understanding of the varying opinions, and a copy of the Step II meeting on Form 83.**

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OFTEN USED TERMS

Attachment Disorder- Inability to engage in close, meaningful relationships; superficially engaging; indiscriminate affection with strangers; lack of eye contact; not cuddly to parents; destructive to self, others, animals; lying; stealing; impulsive; lacks conscience; poor interaction with peers; sexual acting out.

Attention Deficit Disorder (ADD)- Excessive daydreaming, lethargic, shy, excessive confusion, problems processing information.

Attention Deficit Hyperactive Disorder (ADHD)- Inability to concentrate, impulsive, disruptive, non-compliant. This is common in children who have been prenatally exposed to drugs.

Basic Service Rate- The Basic Service Rate is the Division's established per diem for a child in care. It partially reimburses the provider for costs associated with room and board, clothing replacement, medicine chest and incidentals.

CASA- Court Appointed Special Advocate- Specially trained volunteers who advocate for the best interest of abused and neglected children.

Case Plan- A written tool which is mutually developed by the Case Manager and the parent to change the circumstances and/or conditions which caused the child to come into care.

Case Review- A periodic review of the Case Plan about every six months. The purpose of the review is to determine the appropriateness of the goals and services as well as the progress being made toward the ultimate achievement of permanency for the child. Foster parents often participate in Citizen panel reviews.

Downs Syndrome- Mild to moderate mental retardation due to chromosomal disorder. Normally very loving, friendly and responsive.

Dyslexic- A learning disorder which can include reversal of letters and words, poor writing and hand writing skills, memory difficulties; left and right orientation; requires professional diagnosis.

Fetal Alcohol Effect (FAE)- Prenatally exposed to alcohol but not displaying all the symptoms of FAS.

Fetal Alcohol Syndrome (FAS)- A pattern of abnormalities in children prenatally exposed to alcohol; leading cause of mental retardation; effects irreversible; low weight; dysmorphic facial features (flattened midface, low set ears, ear deformity; microcephaly; developmental delays; intellectual impairment; hyperactivity; motor problems.

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Hypertonic- High muscle tone, stiff, cerebral palsy like.

Hypotonic- Low muscle tone, floppy, overly flexible limbs, poor ability to support body.

Independent Living Program (ILP)- Federally funded program which provides life skills services to youth, age 16 and over.

Individualized Education Plan (IEP)- An educational plan made by the school system to meet the individualized educational needs of a child. IEP's are usually made for children with specialized needs.

Learning Disabled- A term used to describe a person with a handicap that interferes with the ability to process, store or produce information.

Least Restrictive Environment- a living or educational setting that allows a child to obtain the greatest benefits under the circumstances.

Medically Fragile- Infants and children whose medical problems and disabilities place them at risk for life-threatening conditions; e.g., substance exposed, ventilator dependents, etc.

Microcephalic- An abnormally small head.

Opposition Defiant Disorder- Often loses temper; often argues with adults; Often actively defies or refuses to comply with adult requests or rules; deliberately annoys people; blames others for his mistakes; angry; resentful; spiteful.

Orally Defensive- Sensitivity to eating utensils; food, especially food with consistency (not firm); tooth brushing; often seen in infants prenatally exposed to drugs.

Prenatally Exposed to Substance Abuse- Refers to one whose mother used drugs and/or alcohol during pregnancy.

Special Education- is instruction that is specially designed, at no cost to the parent or legal guardians, to meet the child or youth's unique needs.

Sudden Infant Death Syndrome (SIDS)- Also known as "crib death." Sudden unexpected death of otherwise healthy infant; infant will stop breathing during sleep; usually under the age of one. It is strongly suggested that this age group be put to sleep on their backs to lessen the risk of death.

Voluntary Placement Agreement- This agreement gives the county department placement authority for some children in care. Usually the child is placed due to a family crisis which is intended to be temporary in nature. Placement services are offered for 90 days, with a single extension of 90 days as a possible option.

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Continued Parent Development Training

As foster parents gain experience with children in care, they will be faced with more and more parenting challenges and will need opportunities to learn new and more relevant information, improve skills, and practice new strategies. All team members in this partnership for children in care are expected to become increasingly competent in working to meet the on-going needs of the children we serve and their families. Continued Parent Development training opportunities provides foster parents with opportunities for growth and expansion and is a requirement for continued approval as a family foster Care placement resource for children.

The following guidelines should be noted:

- Foster parents who have been approved as placement resources for children in care are required to complete a minimum of fifteen (15) hours of Continued Parent Development each calendar year.
- Completion of the required parent development activities begins the first calendar year after MAPP preparation is completed and the family is *approved*. The approval date determines when additional training is due.

Example: A family completes GPS/DT:Mapp and is approved in June 2001. The Family must complete parent development hours between Jan 1, 2002 and December 31, 2002.

- The yearly time period for completing parent development training activities is January 1 - December 31.
- Each county/cluster is responsible for arranging or securing parent development activities for its foster parents.
- Credit hours earned for continued parent development activities must relate to one or more of the twelve (12) GPS:MAPP skill areas.

-Twelve (12) hours must focus directly on skill development or enhancement in one of the 12 skill areas.

-Three (3) hours of credit may be used to meet the personal growth and development needs of the foster parent, including counseling by a professional, *credentialed* counselor, participation in a support group, or stress management.

- Parent development activities may be provided by state or county staff, or other qualified, *credentialed* and/or licensed professionals.

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- Parent development hours may be earned for :
 - Training sessions
 - Classes and courses
 - One-on-one training provided by a *credentialed* trainer or educator.
 - Conferences and mini-conferences (with prior state approval)
 - GPS:MAPP (The entire series, if not previously had)
 - Agency approved online training (6 hours maximum)
- Parents providing Level of Care (LOC) services to children must acquire additional training beyond the mandatory 15 hours in order to meet the special needs of children placed in their home.
- Relative foster parents are required to complete yearly continued parent development activities.

The following are not acceptable methods of earning Continued Parent Development hours:

- Continued parent development credits cannot be earned by attending individual GPS:MAPP sessions (ex. Meeting 5 only)
- Credit hours may not be earned by reading books, articles, literature, etc.

Continued Parent Development should be geared toward on-going training and development in the skills necessary to parent the children placed in care.

1. *Know your own family*
Enhance skills to assess and build individual and family strengths and needs.
2. *Communicate Effectively*
Expand and strengthen communication skills.
3. *Know the Children*
Develop a greater understanding of the various needs of children placed in care; what makes them unique or behave in the manner in which they do?
4. *Build Strengths; meet needs*
Sharpen skills for observing, building and encouraging the unique individual strengths of children toward overall growth and development.

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5. ***Work in Partnership***
Expand and solidify the ability to work in partnership with children, birth families, agencies and the general community in developing and carrying out the permanency plans for children.
6. ***Be Loss and Attachment Experts***
Enhance skills for helping children develop healthy ways of dealing with issues of loss and attachment.
7. ***Manage behaviors***
Sharpen disciplinary techniques that will be instrumental in helping children to manage their own behaviors and feel lovable, capable, worthwhile and responsible.
8. ***Build connections***
Develop a greater understanding of the importance of helping children maintain connections with their past and supporting their connection with significant others.
9. ***Build self-esteem***
Broaden knowledge and skills in mentoring positive self-concepts in children and an appreciation for their cultural and racial uniqueness.
10. ***Assure Health and Safety***
Learn ways of maintaining healthy and safe surroundings for children.
11. ***Assess Impact***
Enhance self-assessment skills to determine the on-going impact of fostering individually and as a family.
12. ***Make an informed decision***

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