



Division of Family and Children Services

Foster Parent Manual



Change the
BLUEPRINT
of a Child's Life!

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LETTER TO FOSTER PARENTS, ADOPTIVE PARENTS, AND CAREGIVERS

To our caregivers!

THANK YOU for sharing your home and your hearts with a child in need of a loving and safe environment during a challenging time in his or her life.

This manual was created as a resource to assist you as you prepare to meet the rewards and challenges of caring for the needs of a child in your care and to serve as the first resource for questions or concerns you may have. In this manual, you will also find practical information on topics such as healthcare, reasons children come into foster care, how the juvenile court system works, and many other helpful essentials for caring for a child placed in your home. You will find sections that discuss ways your family can welcome a new child into your home, improve your knowledge of appropriate discipline techniques for a child in foster care, how to successfully navigate and participate in child/parent visits, and more. Throughout this manual, we emphasize the importance of a working partnership between you, as the caregiver of a child in foster care, the child's assigned case manager, your Resource Development case manager, and birth parents, when appropriate, working together to help the child in your care achieve permanency for a lifetime of happiness and continued growth.

I encourage you to [visit our website](#) regularly for up-to-date information on foster parent and caregiver training opportunities, policy updates, and other resources available to you as a caregiver; and to sign up for our newsletter.

To view our photo gallery of children ready for adoption, access valuable adoption resources, and to find current adoption-related events throughout our state, please visit "[It's My Turn Now Georgia](#)", dedicated to helping every child find his or her forever family.

Warm Regards,

Candis L. Jones, LAPC
Director of Caregiver Recruitment and Retention
Georgia Division of Family & Children Services

FOSTER CAREGIVER NON-DISCRIMINATION POLICY

The Division of Family and Children Services (DFCS) shall ensure that no individual is excluded from participation, be denied the benefits, or otherwise be subjected to discrimination under programs, services, and activities for which DFCS has responsibility on the grounds of race, color, national origin, sex, age, religion, or disability.

DFCS shall not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Discrimination Act of 1975, or because the individual has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

Under the ADA, as public entity the Division must take appropriate steps to ensure that communications with applicants, participants, members of the public and companions with disabilities are as effective as communications with others. The Division is required to make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the Division can demonstrate that making the modifications would result in a fundamental alteration in the nature of a service, program, or activity or undue financial and administrative burdens.

The Division must therefore ensure that its policies, practices, and procedures adhere to the prohibition against discrimination as described in the Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996 (MEPA-IEAP) and Section 471(1)(18) of Title IV-E of the Social Security

Act, specifically Section 471(a)(18)(A)(B) which **prohibits:**

- The denial of any individual the opportunity to become a foster or adoptive parent on the basis of race, color, or national origin of the parent or the child
- The delay or denial of a placement of a child for adoption or into foster care on the basis of the race, color, or national origin of the adoptive or foster parent or child involved
- The maintaining of any statutes, regulations, policies, procedures, or practices that, on its face, are a violation of this requirement

However, compliance with the Indian Child Welfare Act of 1978 does not constitute a violation of the aforementioned requirements from Section 471(a)(18).

DFCS shall ensure that all service recipients or potential service recipients who choose to file a complaint alleging discrimination are not denied their right to file a complaint.

See [Appendix A](#) for additional information.

DFCS MISSION, VISION, AND GUIDING PRINCIPLES

In accordance with the Georgia Division of Family and Children Services Family Centered Practice Model, we affirm the following:

OUR MISSION

We prioritize the safety of Georgia's children in the decisions we make and the actions we take. We strengthen families toward independence and build stronger communities with caring, effective, and responsive service.

OUR VISION

Safe Children. Strengthened Families. Stronger Communities.

OUR GUIDING PRINCIPLES

- Demonstrate our commitment to the safety of our children in the decisions we make and the actions we take
 - Empower, strengthen and support families on their path toward independence
 - Serve with compassion
 - Provide caring, responsive, and effective service
 - Engage, listen, and respond to our constituents, communities, and each other
 - Collaborate with our communities to create systems of support
 - Develop a competent, professional, and efficient workforce that never stops learning and growing
-



DFCS RIGHTS AND RESPONSIBILITIES TO CHILDREN IN FOSTER CARE

As the legal agent for the child in care, DFCS has the right to knowledge, information and/or action regarding the following:

- All concerns related to the child and his or her well-being
- Any significant change in the foster parent's ability or willingness to provide continued care for the child
- Any change in the foster parent's home that will directly or indirectly affect the foster child

- To make placement decisions based on the needs and best interests of the child
 - The removal of the child from a foster home that jeopardizes his or her safety and well-being
-

The agency's primary responsibility to children in care is to work collaboratively with foster parents and other caregivers to achieve the goals outlined in individual case plans that have been established to secure permanency for the child.

This is primarily fulfilled in partnership with the child's case manager, whose responsibilities include, but are not limited to, the following:

- Place the child in a foster home that is best able to provide a safe, stable, and nurturing environment
- Work collaboratively with the foster parent in planning the placement of the child
- Provide as much information to the foster parent as possible, via the Georgia Department of Human Resources Foster Child Information Sheet ([Appendix B](#))
- Maintain a minimum of monthly face-to-face contact with the child; this contact must be made in the foster home
- Arrange visits between the child and his or her biological parents, siblings, or other family members, when appropriate
- Remove a child from a foster home that does not meet the safety, stability, or other care requirements of the child
- Provide foster caregivers a 10-day written notice of intent to remove a child from a foster home (except when a safety concern for the child exists)
- Arrange for the child's medical, dental, and psychological care
- Continually keep the foster parent informed of all case plans and permanency plans for the child in care

- Work collaboratively with the foster parent to prepare the child to successfully cope with unusual or unexpected events or situations
- Assist or provide guidance to the foster parent in obtaining materials for the child's Life Book
- Notify foster parent 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 a resource for permanent placement

WHY A CHILD COMES INTO FOSTER CARE

A child comes into foster care when a determination is made that to remain in his or her caregiver's care is not in his or her best interest. This is usually determined by a juvenile court order. Under most circumstances, a child enters foster care when a court determines it is unsafe to remain under the care of his or her caregiver (involuntary placement); when a parent(s) willingly places the child into care because of a special need or circumstance (voluntary placement), or when a child's legal status is uncertain due to being abandoned or he or she is a runaway (court ordered).

An involuntary placement occurs when there is an allegation that a child has been maltreated by abuse or neglect by his or her caregiver, such as a parent, or someone else in the household, and the child cannot safely remain in the home. Involuntary placements also occur when a court determines that the child needs services or is a juvenile delinquent. The court orders the child removed from the home and placed into foster care. The court uses information provided by DFCS and others to determine the length of the

foster care placement, or sets a date for further review by the court.

A voluntary placement occurs when a parent or guardian of a child decides he or she is temporarily unable to care for the child for reasons other than abuse or neglect. For example when a family is experiencing serious medical, emotional, and/or financial problems. The parent(s) sign a voluntary placement agreement that lists the responsibilities of the parent(s) and the agency during the temporary placement. As part of the voluntary placement agreement, the parent or guardian can request the return of the child by a specific date, event, or circumstance; or may leave the return time indefinite. By contrast, in a voluntary surrender for

adoption, the parent voluntarily gives up all parental rights permanently and transfers permanent custody and legal guardianship to an authorized agency.



HOW FOSTER CARE PLACEMENT MAY AFFECT A CHILD

A child who is removed from his or her home, regardless of the reason(s) for the removal, often feels significant personal loss by being separated from family members, including parents and siblings. The child has been removed from what he or she has come to know as familiar and normal patterns of living, including his or her home and the places that define his or her world.

A child's reaction to this separation may result in feelings of abandonment, helplessness,

worthlessness, and responsibility for the breakup of his or her family. Children often go through an adjustment process when they are initially placed in foster care. During this adjustment, children may react in the following ways, among others:

- Be excessively cooperative toward the foster family initially, acting well-behaved and cooperatively, but may feel emotionless or anxious
- Become excessively distant from the foster family during a period of withdrawal, behaving hesitantly, feeling depressed and/or distrustful, and seeking solitude
- Behave inappropriately towards the foster family, behaving in a rebellious and/or demanding manner, expressing anger and hostility

COMPREHENSIVE CHILD AND FAMILY ASSESSMENT

A Comprehensive Child and Family Assessment (CCFA) is a formal assessment completed soon after a child enters care to gain a thorough understanding of the child and his or her unique family situation. The assessment process is ongoing and involves gathering facts, observations, and information about and from the family, both immediate and extended. Insight is gained about how family members think, feel, behave, relate to one another, and respond to various situations, including the removal of the child.

A child entering foster care is at higher risk than the general population for developmental delays and/or disabilities. In addition, the shock of out of home placement for the child can result in significant emotional distress and trauma. Consequently, a comprehensive assessment of the child and his or her family

can have a powerful life changing impact if problems are identified and early treatment interventions are implemented.

This assessment will serve as the foundation for the child's case plan, future case planning decisions, and for making recommendations to the juvenile court. Assessment outcomes will guide staff in making sound decisions about the best placement for the child, the critical service needs of the child and his or her family, and the most viable path for achieving permanency. Initially, the assessment provides useful information for determining the likelihood of reunification, the preferred method for achieving permanency when the long-term safety of the child can be assured.

The assessment includes family-centered approaches such as family team meetings and multi-disciplinary team staffing to ensure family involvement in the planning and decision-making being done on behalf of the child.

Information gathered to compile the Comprehensive Child and Family Assessment will include:

- The level of parent-child attachment, including where the child feels a sense of belonging
- The child's extended family as a possible resource for support and/or placement of the child
- Family history and patterns of behavior, for example, previous CPS involvement or out-of-home placements, prior experience handling crisis situations, problems with addiction/substance abuse, or criminal behavior, among others
- Family strengths and resources that the family can apply
- The core needs of the family that, at a minimum, must be changed or corrected for the child to be safely returned within a reasonable period

- The probability of the child returning to his or her home or the likelihood of an alternative permanency plan
- Identification of the medical, emotional, social, educational, and placement-related needs of the child

CONFIDENTIALITY

Maintaining confidentiality is an essential responsibility of both the foster parent and DFCS. Information shared is intended to support achieving the highest quality care for the child and to facilitate permanency. When families feel that confidentiality is respected, they are more willing to share necessary information that will strengthen outcomes for the child and his or her future.

Confidential information about the foster child and his or her family may not be shared with others who are not members of the foster care partnership without the expressed written consent of DFCS, except in an emergency. When in doubt, always check with the child’s case manager before sharing any information about the child.

CONFIDENTIALITY TIPS:

- Keep all records in a safe and secure place
- Do not discuss confidential information with family or friends
- Use care in discussing details about the child in public places and when leaving messages on answering machines, texting, or other communication methods
- Protect the identity of the child and his or her family when communicating with other foster parents

PARTNERSHIP PARENTING MODEL

Partnership Parenting is a model used by the Division of Family and Children Services (DFCS) that promotes shared parenting practices between caregivers and birth parents, allowing parents to continue with a measure of parenting while the child is in care, so that a child’s parents remain closely involved in his or her life.

This shared parenting model proposes that by keeping birth parents closely involved in the care of the child:

- Permanency can be more rapidly achieved
- Placement trauma can be reduced for the child
- Parent/child bonds are preserved and nurtured
- Parents can demonstrate and improve their parental protective abilities

PARTNERSHIP PARENTING MODEL CAREGIVERS

Partnership Parents (PP)

Partnership parents (PPs), also known as foster parents, are those who provide temporary homes for children in foster care. Partnership parents work in partnership with birth families and act as parenting mentors whenever possible. Partnership parents share parenting responsibilities with birth parents through ‘parenting opportunities’. Parenting opportunities are any favorable times, occasions, situations, or conditions which allow

a parent to safely teach, support, nurture, discipline, care for, or guide his or her child.

Relative Partnership Parents (RPP)

Relative partnership parents (RPPs) are those related by blood, marriage, or adoption to the children placed in their home. RPPs provide a temporary home for a relative's child who is presently in foster care. RPPs may also care for non-relative children. RPPs follow the same approval process as regular partnership parents, including all the benefits and responsibilities of a partnership parent, including full foster care per diem reimbursement. RPPs have the same expectations as partnership parents.

Adoptive Parents (AP)



Adoptive parents (APs) create a forever family by making a lifelong commitment to a child whose birth parents' legal parental rights have been voluntarily surrendered or terminated by a court, thus making the child legally free for adoption.

Relative Adoptive Parents (RAP)

Relative adoptive parents (RAPs) are relatives of and can legally adopt the child.

Legal Risk Adoptive Parents

Legal risk adoptive parents are those who accept a child for placement who is not 100% legally free to be adopted; therefore, legal risk exists in accepting this placement.

Resource Parents (RP)

Resource parents (RPs) are foster parents who are willing to become adoptive parents to the child being cared for. Children placed with RPs have a concurrent permanency plan, meaning

that two permanency goals (reunification and adoption) are being evaluated simultaneously. The resource parent is named as the permanency resource and must concurrently fulfill the roles of partnership parent and potential adoptive parent. If a resource parent is a relative partnership parent, he or she is known as a relative resource parent (RRP).

QUALITIES FOR BEING A SUCCESSFUL FOSTER PARENT

As a foster parent, you are responsible for the temporary care and nurturing of a child who has been placed outside his or her own home. During this often stressful time of disruption, uncertainty, and change, you are giving a child a home. While the child remains in your care, you have a responsibility to work closely with your case manager and the child's family (when appropriate) toward the goal of safe and lasting family reunification.

FOSTER PARENT ESSENTIALS

- Provide a safe, stable, and nurturing environment for the child in your care
- Understand the need for family visits and support all family visitation goals, especially supporting visitation between siblings who may, or may not be, in foster care
- Recognize how the addition of a new family member can affect family relationships (including extended family), lifestyles, and support systems and be prepared to effectively address any challenges
- Help the child deal with being separated from his or her home and family, including

recognizing, understanding, and working to resolve any potential attachment issues

- Understand the effect of trauma on childhood development and learn ways to help the child successfully cope
- Provide guidance, appropriate discipline, and as many positive experiences as possible
- Effectively and respectfully communicate with the child, staff members, service providers, birth parents, and other placement or adoptive parents who may have diverse outlooks (as shaped by unique life experiences, ages, and cultural beliefs, among others)
- Help the child to develop a positive self-concept and identity, recognizing that past experiences or loss may have contributed to poor self-image and identity confusion
- Understand the feelings and reasons behind negative behaviors, and provide support that will make the child feel loved, secure, confident, and responsible

GEORGIA FOSTER PARENT BILL OF RIGHTS AND GRIEVANCE PROCESS

BILL OF RIGHTS

The Division of Family and Children Services recognizes the need for a systematic process of expression, examination, and resolution of foster parent grievances. Through the course of strengthening our partnership and working together to support children and families, conflicts unfortunately may arise that threaten to deteriorate our established relationships. These differences, if left unsettled, have the potential to negatively impact the quality of service provided. We encourage all caregivers

to reach out to their local DFCS County offices first to attempt resolution, in an effort to preserve and strengthen the partnerships with the local county staff and leadership. When such informal attempts to resolve the matter are unsuccessful, each foster parent has the right to file a grievance when he/she has an irreconcilable difference.

Timely responsiveness is paramount to good customer service. Mandated timeframes have been established to ensure foster parents have a clear expectation of when their concerns will be addressed. By implementation of this policy, foster parents have the right to file complaints and discuss concerns with County Directors, the foster parent liaison, the DFCS staff liaison, supervisors, case managers, advocates appointed by the Adoptive and Foster Parent Association of Georgia, the Office of the Child Advocate, or the State Mediation Committee, without being considered in violation of the rules of confidentiality. Care should always be taken to mention only case situations, not case names. Care should also be taken to avoid discussion with other individuals not listed above as this might be considered to be in violation of the rules of confidentiality.

Foster parents should never feel alone in the process of filing a complaint. DFCS is required to ensure that every source of support for the foster parent is arranged. The foster parent can request assistance from the local county department liaison and the Office of the Child Advocate. Additionally, the Adoptive and Foster Parent Association of Georgia provides trained advocates to assist and support foster parents throughout the process. Foster parents can contact the Adoptive and Foster Parent Association of Georgia at 1-877-804-6610 or at www.afpag.net to make an advocate request.

NOTE: Foster parents may choose not to have an AFPAG advocate, but rather a personal support person of their choosing. These individuals are not provided the same access to confidential information, and will be limited to portions of the grievance process which does not violate confidentiality laws.

Actions taken by the Department when a complaint is filed should never be retaliatory/punitive in nature. No person who files a grievance, complaint, or concern will be punished, discriminated against, threatened, or retaliated against in any way for filing such action. Caution should be taken to prevent this from becoming the agency vs. the foster parent situation. Foster parents are partners in the planning for children and have every right to have their opinions and concerns heard as well as the right to be considered as a valuable part of the professional treatment team.

To read the State of Georgia’s complete Foster Parent Bill of Rights and the grievance procedure process, please refer to [Appendix C](#).



GRIEVANCE PROCESS

STEP ONE: COUNTY DFCS LEVEL

- The foster parent must submit a written complaint utilizing Form 80 “Grievance Notification County Director” to the local DFCS County Director
- The local DFCS office must acknowledge receipt of the grievance using Form 81 “Notification of Receipt: Step One Grievance”. If the Form 80 indicates an agreement to receive notices via electronic mail, this and subsequent communications can be emailed and then copied via US mail
- The local DFCS office must inform the foster parents of their right to have an AFPAG advocate assist and support them with their grievance. If the foster parents choose to have an AFPAG advocate, they must be provided with the contact information: <http://www.afpag.net> where they can request an advocate online or via phone at **1-877-804- 6610**
- Local DFCS has *(15) fifteen working days to resolve the complaint and send a written response. A staffing is required if the grievance cannot be resolved otherwise. For example, a grievance concerning a delayed reimbursement may not require a meeting if the check has been sent or will be sent. The staffing must include the County Director, supervisor, case manager and other pertinent staff. This includes the foster parent and advocate if one was requested. The following must be accomplished within the (15) fifteen working day timeframe:
 - 1) Acknowledge receipt of the grievance using Form 81;
 - 2) Investigate the grievance;
 - 3) Facilitate a staffing with the County Director, supervisor, case manager, foster parent, AFPAG advocate (if requested) and any other pertinent staff present unless the grievance can be successfully resolved without it; and
 - 4) Send a written response indicating the resolution or decision reached.
- Under no circumstances shall the county department take more than fifteen (15)

working days to resolve the problem unless good cause can be shown as to why it would take longer, in which case the county department must send the foster parent a letter, which specifies a date by which the county expects to resolve the issue

- If the complaint is not resolved within fifteen (15) working days from the date the complaint was received by the county department, OR the foster parent does not feel that there was a timely response OR a satisfactory resolution, then the foster parent can send the complaint to the State DFCS Division Director or his/her designee for resolution

*The first day is the next business day after receipt of the grievance. Example: If the grievance is received on Tuesday, day one is counted as Wednesday.

STEP TWO: DFCS DIVISION DIRECTOR LEVEL

If the complaint is not satisfactorily resolved within 15 business days from the date the complaint was received by the local DFCS, submit a written complaint to the State DFCS Division Director via Foster Parent Grievance Notification: State Division Director along with a copy of Foster Parent Grievance Notification: County Director, the local DFCS response, and any other pertinent documentation to the State DFCS Division Director or his/her Designee for resolution at:

Division of Family and Children Services
Division Director
2 Peachtree Street N.W. Suite 19.490
Atlanta, GA 30303

STEP THREE: STATE MEDIATION COMMITTEE

If the complaint is not satisfactorily resolved within 15 business days from the date the

complaint was received by the State DFCS Division Director, submit a written complaint to the State Mediation Committee (SMC) via Foster Parent Grievance Notification: State Mediation Committee along with the entire complaint packet, including responses from the local DFCS and State Division Director to:

State Mediation Committee
Office of the Child Advocate
State of Georgia
7 Martin Luther King Jr. Drive, Suite 347
Atlanta, GA 30334

NOTE: If the Step Three Grievance is not filed within 10 business days of the Step Two (DFCS Division Director Response), the grievance is considered closed and no mediation will occur.

- Confirm acceptance of the review/staffing appointment from the SMC via telephone, facsimile, or letter before the complaint will be placed on the SMC's calendar
- Comply with any requests from the SMC for additional information within three business days of receipt
- Accept the outcome from the mediation as final and determinative of all issues

NOTE: The mediation will result in a written agreement signed at the mediation or an impasse. Either way, it is the end of the grievance process.

See [Appendix D](#) for Grievance Process Flowchart

REQUIREMENTS TO BECOMING A FOSTER PARENT

PRE-SERVICE ORIENTATION AND INFORMATION SESSION

A family interested in becoming a DFCS foster family, including foster parents, relative foster parents, or adoptive parents, must attend a two-hour orientation and information session that may be completed either in-person or via a web-based webinar. This serves as the first step in the approval process.

IMPACT PRE-SERVICE TRAINING

IMPACT was developed by the Georgia Department of Human Resources, Division of Family and Children Services, to prepare foster parents, and those desiring adoption, for the joys and challenges of caring for a foster child and for potentially adopting a child in care. IMPACT addresses the entire service continuum from initial inquiry through completion of the family evaluation.

IMPACT stands for Initial Interest, Mutual Selection, Pre-Service Training, Assessment, Continuing Development, and Teamwork. The curriculum focuses on the IV-B Core Competencies for Pre-Service Training, helps potential foster families to make an informed decision about their desire to resource parent, enhances skills for parenting and nurturing children, and clarifies the foster care and adoption parent's role in the social service continuum.

IMPACT FCP Pre-Service training consists of 15 modules totaling 24 hours covering the following broad topic areas:

- The Foster Parenting/Adopting Process

- Emotional/Cognitive and Behavioral Implications in Foster Parenting/Adopting
- Sexuality and Sexual Orientation
- Communication and Partnership
- Identity and Cultural Issues

CONTINUED EDUCATION ANNUAL TRAINING REQUIREMENTS

ALL families approved to provide foster care (including relative caregivers) must obtain a minimum of 15 training hours of Continued Parent Development (CPD) each calendar year. At least five of the required hours must be obtained via in-person (one-on-one or group) interaction.

CPD must be relevant to the needs of the child being placed in your home.

Areas of training may include, but are not limited to:

- Child safety
- Parenting a developmentally disabled child
- Caring for a medically fragile child
- Parenting a child with ADHD
- Conflict resolution
- Managing specific behaviors
- Understanding and implementing agency policies
- Helping a child learn appropriate behaviors
- Parenting the gifted child
- Supporting personal growth and development
- Helping a child achieve permanency and independence



Areas of training (continued):

- Working with birth families and nurturing family connections
- Gender-specific issues
- Attachment disorders
- Personality disorders
- Working with the school system
- Managing the impact of foster parenting
- Child development issues
- Parenting a drug-exposed child
- Helping a child develop self-esteem
- Cultural awareness and sensitivity
- Promoting cultural identity

ADDITIONALLY:



- DFCS requires all applicants to be certified in CPR and First Aid prior to approval as a caregiver. Certification must be kept current and checked at each Family Reevaluation.

- DFCS shall issue a policy violation to caregivers who have not received 15 hours of CPD by December 31 of each calendar year. DFCS shall permanently close an approved foster care foster home following a second policy violation for failing to obtain the required CPD hours.

SUPPORT AND RESOURCE SERVICES

FINANCIAL RESPONSIBILITIES AND REIMBURSEMENTS

DFCS is ultimately responsible for the financial support of all foster children. Per diem payments are primary expenses paid by DFCS to

the foster parent that include but are not limited to:

- Room and board
- Clothing replacement
- Medications
- Toiletries/personal hygiene items
- Food

Per diem payments are all-inclusive, individual costs are not assigned to each portion (i.e. room and board or food). Costs for physician-prescribed over-the-counter medications are reimbursable. Submit receipts with your monthly invoice.

The per diem rate is periodically changed through legislation; your child's case manager will provide the current rate.

Additional financial support may be provided based on the specific needs of the child and will be approved by your local DFCS agency. Temporary increases may be approved for circumstances including when a child is recovering from a major surgical procedure or may be ongoing, such as with chronic behavioral, medical, or emotional needs.

INCOME TAX CONSIDERATIONS

Tax laws often change annually. The National Foster Parent Association publishes an annual guide that outlines how providing in-home care for a child in need will affect your federal taxes.

The *Tax Benefits for Placement, Adoptive Parents, and Kinship Caregivers* resource guide provides valuable information and can be accessed at <http://nfpaonline.org/taxinfo>.

REIMBURSEMENT FOR OUT-OF-POCKET EXPENDITURES

CLOTHING AND INCIDENTAL ALLOWANCES

Reimbursement costs for clothing allowances may be applicable to children in traditional family foster homes and those in relative care placement settings. Purchases of initial clothing must be made during the first six months of a child's placement into care. A child coming from another foster home must bring his or her own clothing to his or her new foster home.

The maximum amount, per child, **for initial clothing**, is outlined in the DFCS Field Fiscal Services Policy Manual. Approval for this clothing allowance should be received from the child's case manager prior to making purchases that are expected to be reimbursed with funds from the initial clothing allowance and incidentals. Generally, the amount that can be reimbursed is:

\$311– Birth through age 12

\$415 – Age 13 and older

An annual clothing allowance, per child, (beyond the initial clothing allowance) will be \$415. This may not be claimed during the same calendar year as the initial clothing allowance. The approved rate as stated in the DFCS Field Fiscal Services Policy Manual is subject to change. For the most recent approval clothing allowances, confirm with the child's case manager prior to making a purchase that is expected to be reimbursed.

All clothing allowances may be charged in incremental amounts or a lump sum but cannot exceed the maximum allowable amount.

If a child has unusual clothing requirements, inform your case manager; agency approval is

required prior to purchasing clothing that will require additional reimbursement. Maintain all receipts and submit approved purchases with your monthly invoice.

There may be times when a foster parent pays out-of-pocket for an expense incurred on behalf of a foster child. Certain expenses may be fully reimbursed when prior approval is given. A foster parent should never assume that the agency will cover a specific expense.

For out-of-pocket expenditures incurred while caring for your foster child, the following procedures should be followed:

- Obtain permission before making the purchase to be sure it is a reimbursable expense
- Retain all receipts for purchases and/or payments to be submitted to DFCS; make copies for your records
- Attach all receipts to your monthly foster care invoice

REASONABLE AND PRUDENT PARENTING STANDARD OF CARE

The Division of Family and Children Services (DFCS) has established policies to follow the Reasonable and Prudent Parenting Standard for Georgia Foster Care families in accordance with Public Law 113-183, enacted September 29, 2014. This act specifies that all foster caregivers shall make careful and sensible parental decisions that maintain the health, safety and best interests of the foster child while encouraging his or her emotional and developmental growth and well-being. This standard should be applied when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities.

Major decisions that have a significant effect on the life of a child in foster care require approval from DFCS and/or juvenile court, and in some cases, decisions should be made in consultation with the child's birth parent(s) if the child's parental rights have not been terminated.

Major decisions in which DFCS and/or juvenile court, and in some cases, birth parent consultation include, but are not limited to, the following:

- Changing a child's school, school attendance, Individualized Education Program (IEP), or participation in a GED program
- Changing a child's psychotropic or other prescribed medication (including initiating or stopping) or altering the administration of medication (dosage, frequency, etc.)
- Authorizing a child to undergo a major medical procedure
- Changing a child's court-ordered visitation plan (date, location, supervision, etc.)
- Preventing a child from visiting his or her biological sibling(s)
- Drastically altering a child's appearance (cutting and/or applying chemicals to hair, body piercing, tattoos, etc.)
- Altering a child's religion and/or religious beliefs
- Allowing a child to receive a religious sacrament (Baptism, Confirmation, etc.)
- Preventing a youth from participating in the DFCS Independent Living Program (ILP)
- Authorizing a youth to obtain his or her driver's license or driver's permit
- Authorizing a youth to travel out-of-state
- Granting a youth dating privileges

Major decisions made on behalf of the child in which a caregiver does not have authorization

to make include, but are not limited to, the following:

- Returning a child to the caregiver from whom he/she was previously removed (including birth parents, adoptive parents, relatives, legal guardians, etc.) without court approval
- Violation of the DFCS discipline policy
- Violation of a standing court order

DFCS will provide caregivers with training on this policy during and following pre-service training.

BABYSITTING

Foster parents must provide or arrange for care and supervision appropriate to the foster child's age, his or her level of development, and individual needs. A plan is established by the foster parent for the care and supervision of the child as needed by a competent and reliable adult in his/her absence due to employment, training, or personal necessity. No foster child may be left in the care of a minor; **ALL** persons providing reimbursed or non-reimbursed care for a foster child must be at least 18 years of age or older (21 years old for CAPS reimbursement).

Babysitters are classified as either routine or occasional. Routine babysitters must be screened and approved by DFCS. Routine care means care provided more than once a week, usually at designated times. These individuals must be screened by a DFCS case manager. Screening will include DFCS CPS records, Sexual Offender Registry, Board of Pardons and Parole Registry and the Department of Corrections screenings.

Occasional care means care provided once a week or less with no more than three occurrences. Upon completion of the third occurrence, the occasional provider is considered routine and is subject to the screening requirements of a routine



babysitter. Contact the agency to ensure that screenings are conducted before an occasional caregiver becomes routine.

The Reasonable and Prudent Parent Standard (RPPS) applies to both babysitting and overnight stays for children and youth in foster care. The foster caregiver may approve babysitting and overnight stays without prior approval from the agency if it meets the guidelines below.

A babysitter must:

- Be at least 18 years old, reliable, and competent to provide the necessary care to the child
- Be prepared and able to meet the needs of the child placed in his/her temporary care
- Have reviewed the DFCS discipline policy and been provided with behavior management instructions for each child in his/her care
- Be provided information regarding specific care needs of the child and emergency contact information

Overnight/sleepover guidelines:

- May not exceed two nights without DFCS permission
- Caregiver must be able to meet the needs of the child placed in his/her temporary care

- Caregiver must have reviewed the DFCS discipline policy and been provided with behavior management instructions for each child in his/her care
- All out-of-state travel, regardless of length, must be discussed with and approved by the child's DFCS case manager
- Caregiver must be provided information regarding specific care needs of the child and emergency contact information

SAFE TO SLEEP® FOR INFANTS

Sudden Infant Death Syndrome (SIDS) is the leading cause of death for infants over one month of age. Ninety (90) percent of sleep-related deaths occur prior to six months of age. During this timeframe, caregivers must be especially attentive and follow the Safe to Sleep® recommendations.

The ABC's of Safe Infant Sleep –

- **Alone** – A baby should always have his or her own safe sleep space, close to – but separate from – the caregiver. An infant may never share a sleep space with others, including children
- **Back** – A baby must always be placed on his or her back for every sleep time, including naps
- **Crib** – A baby needs a crib, bassinet, or other appropriate sleep space, without blankets, quilts, stuffed toys, crib bumpers or other potentially dangerous items. Please do not place babies on couches, adult beds, or other soft surfaces to sleep

Additional safe sleeping recommendations include:

- Never smoke around a baby
- Once feeding is established, consider offering a dry pacifier at nap time and bedtime, no bottles should be placed in the infant's sleeping area
- Avoid overheating; babies only need one additional layer of clothing than what we are comfortable wearing
- Never use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS
- Supervised 'tummy time' while the infant is awake and alert is encouraged to assist baby in developing his or her neck and back muscles



- Judgment and level of maturity or development
- Demonstration of dependability, responsibility, and trustworthiness
- History of emotional and psychological stability
- History of running away and other status offenses
- History of delinquent behavior
- History of alcohol and/or substance abuse
- Number of youth present in the home and their relationships with one another
- Gender, number, and relationships of the youth to be left alone
- History of acting out in a sexual manner
- School performance
- Safety of home environment, including firearm and water safety, as well as any other potential safety concerns
- Youth's ability to immediately reach foster parent or other identified person should the need arise

SUPERVISION OF OLDER YOUTH

Responsible, competent youth may benefit from experiences that nurture a sense of responsibility, independence, and self-control, including caring for oneself in the absence of a caregiver.

Caregivers shall make reasonable and prudent parenting decisions when determining whether to allow a youth, 14 years of age or older, to be left under his or her own supervision for short periods of time while the foster parent is away from the home. The foster parent must ensure that the youth is aware of what to do in case of emergency and has access to all emergency contact numbers, including the foster parent and a nearby relative, neighbor, or friend.

Consider the following guidelines when making the supervision decision:

- Length of time in your home thus far

EXTRACURRICULAR ACTIVITIES

Recreation is an important aspect of a child's development. It provides opportunities for self-expression and aids in the development of positive self-identity through personal achievement. Recreation also provides a positive emotional outlet for children as well as opportunities to develop traits such as sportsmanship, fairness, cooperation, and self-control, among others.

Whenever possible, a child should be given the opportunity to participate in organized activities such as after-school clubs, dance classes, playing on a sports team, taking music or art lessons, and participating in theater productions. Special outings also should be encouraged. For example, roller skating, picnics, attending sporting events or age-appropriate movies, camping, and visiting theme parks.



Consider visiting local places of interest that provide opportunities for learning, including the zoo and children's museums.

Your local DFCS agency and/or local organizations may provide access to certain extracurricular activities or events at a reduced cost or free of charge to children in care.



In accordance with the Reasonable Prudent Parenting Standard, a caregiver shall:

- Engage the child's parents regarding the types of activities the child would like to participate in and include parents in the decision-making process whenever possible
- Provide or arrange for transportation to support child's participation in extracurricular, social enrichment, and cultural activities (clubs, sports, service organizations, etc.)
- Keep records of child's requirements for and participation in extracurricular activities to be shared with DFCS/CPA
- Share the child's extracurricular activities and participation with DFCS/CPA staff during regular communications, such as home visits and telephone contacts

A foster parent or other authorized adult should accompany children on all outings. Children age 14 or older may attend appropriate events without adult supervision as determined by a reasonable prudent parenting decision.

PRE-PLACEMENT, PLACEMENT, AND PLACEMENT PREPARATION

ALLOWABLE NUMBER OF CHILDREN PER HOME

DFCS has determined minimum standards that foster homes must follow **at all times** regarding how many children can reside in a home and where they are permitted to sleep.

- A foster home can include a total of no more than six children, including the foster family's biological and/or adopted children, under the age of 16. The parent-child ratio may never exceed 1:6 at any time
- No more than two children under two years of age, including the children of the caregiver's family, shall be placed in the home
- A bedroom is the only allowable sleeping space for a foster child
- Each non-related child must sleep in his or

her own bed

- A maximum of two children may sleep in a double-sized (or larger) bed if they are siblings and of the same sex (with no known sexually predatory behaviors)
- No child is permitted to sleep in a bed with an adult
- Children over the age of one are not permitted to sleep in an adult's bedroom
- A maximum of three children per bedroom is preferable; the suitability of children sharing a bedroom should be assessed based on the individual backgrounds and history of the children
- Children of five years of age and older are not permitted to share a bedroom with a child of the opposite sex

DETERMINING APPROPRIATE PLACEMENTS

Assigning a child to a foster home best suited to meet his or her unique needs is key to helping the foster child adjust to and thrive in his or her new environment. Factors for consideration include:

- Are relatives or fictive kin available and willing to serve as a placement resource?
- If the child was previously in foster care, is that foster family available for the current placement?
- If the child has siblings, can a sibling placement be made?
- Is the child of Native American heritage?
- Does the child have special needs, physical or emotional?
- Is there a foster home near the child's biological family?
- Who are the other children in the home?

Cultural, ethnic, or racial backgrounds can be considered when determining the best foster

home for a child, but placement cannot be delayed or denied based on these factors alone.

TRANSCULTURAL PLACEMENTS



The Multiethnic Placement Act and the Provisions for the Removal of Barriers to Interethnic Adoption (MEPA-IEP) state that the placement agency

cannot delay or deny the placement or adoptive placement of a child based on the child's race, color, or nationality. In addition, federal guidelines prohibit maintaining lists of foster parents based on race, color, or ethnicity. To comply with this requirement, foster parents may be called upon to accept a child of a different race, color, or nationality.

You are the best judge of your family's ability to genuinely welcome a child of a different cultural, ethnic, or racial background and to ensure that the best interests of the child will be met.

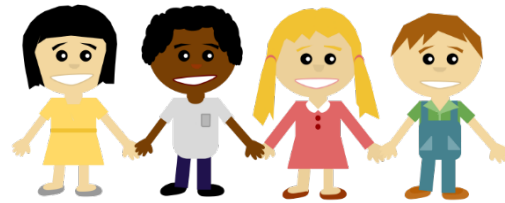
The following guidelines are provided to help you determine whether you can successfully parent a child with a different background:

- Be aware of your family's general feelings and limitations regarding different races and cultures; you must be able to serve as a positive role model for others with a background different than your own
- Understand the strengths of the child's racial or ethnic group and the positive contributions they have made to the community and to society
- Understand that the losses suffered by children who are placed transracially are sometimes compounded by the added loss of being placed with an entire community or neighborhood of people who are much

different from the people they are accustomed to being with daily. This may include the absence of familiar foods, music, traditions, eating patterns, and social and religious customs

- Allow the child to bring meaningful personal items from his or her previous placement
- Be prepared to make some adjustments in your lifestyle, but not your entire life! Include media materials (i.e. books, magazines, DVDs, CDs) that are representative of the child's race, culture, or ethnicity in your home; the public library is an excellent source for obtaining these materials
- Allow opportunities for the child to interact with people of his or her own racial or ethnic group. Support the child's contact with his or her birth family and other significant people in his or her life
- Demonstrate a willingness to work with the child's case manager and others within the community in addressing the child's racial, ethnic, or cultural needs
- Make provisions for the child to practice his or her religion if different than those of your family
- Be willing and able to advocate for the child in any situation involving prejudice or racism. Guide the child to develop healthy ways of filtering negative behaviors from any source
- Be aware of the child's personal hygiene needs, including the skin and hair care necessities of various ethnicities
- Understand the impact that accepting a transracial placement will have on your family
- Engage an appropriate mentor who shares the same race or ethnicity as the child
- Celebrate the child's heritage! Attend ethnic festivals, celebrations, and other local events

- Share your racial, cultural, and ethnic history with the child to promote familiarity and comfort when he or she interacts with your culture
- Validate the child's feelings when faced with discrimination by encouraging him or her to speak freely about any instances of racial or ethnic prejudice



INFORMATION AT PLACEMENT

Once you are approved as a foster parent, several factors will determine when you will receive a child. Some of these factors are the number of children in your area who need a foster family at a given time and the age range, gender, and other characteristics of children that you have been approved to care for.

If time allows, the case manager will work with you in advance of the child's placement. When a child is removed from his or her home after regular business hours, he or she will be brought to your home after receiving a brief call from the agency or other emergency placement personnel along with the DFCS case manager. The child's case manager should always share with foster parents all available information pertaining to the child and his or her unique situation, including a completed Foster Child Information Sheet ([Appendix B](#)) and Match Screening Summary that specifies:

- Why the child is being placed in care
- The child's placement history, if applicable
- The child's portion of his or her current case plan
- Grade level and educational challenges and successes

- The child’s expected ability to adjust to his or her new environment, including behavioral patterns, and prior experiences with parents and/or other caregivers
- Medical history and specific health-related needs
- Special instructions regarding dietary restrictions, medical needs, emotional well-being, etc.
- The child’s eating and sleeping patterns
- Information about the child’s siblings or other significant individuals in his or her life
- The child’s Life Book

CHILDCARE EXPENSES

When childcare services (supplemental supervision) have been approved, childcare expenses are paid via the Childcare and Parent Services (CAPS) Supplemental Supervision program. All Children in DFCS are eligible. As long as a child in DFCS custody, the caregiver’s activity is ‘protecting the child,’ which eliminates the need to verify employment. Children must reside in a regular or relative DFCS foster home.

Reimbursement for care (and applicable registration fees) are paid directly to the childcare provider through the CAPS payment process.

Irregular, or temporary childcare, is sometimes necessary while foster parents attend required DFCS foster parent training sessions. These childcare expenses are reimbursed through the foster parent invoice process for payments made by the foster parent directly to the childcare provider. Caregivers must attach original receipts to their monthly invoice.

Please consult with your case manager to

determine the appropriate type of childcare provider for your childcare needs.

EDUCATIONAL COSTS

Older children attending a junior or senior high school, vocational school, or college who receive services through the Independent Living Program may also receive funds for educational expenses. Funds

may be paid directly by the agency or reimbursed to the foster parent. Please contact your DFCS Independent



Living coordinator or case manager for details related to your individual case.

Educational expenses may include:

- Summer school fees
- Educational youth conferences, training, and related expenses
- Books and supplies, tools and equipment, uniforms and/or training supplies
- Graduation fees
- Driver’s education fees
- Tutoring fees
- Testing fees (SAT, ACT, etc.)
- Registration and fees not related to healthcare/insurance
- On-campus housing costs

AGREEMENT SUPPLEMENT

When a foster child is placed in your home, both you and your case manager will sign a completed Agreement Supplement ([Appendix E](#)). This document specifies the beginning and

ending dates of the child’s expected stay in your home. Additionally, your case manager will also provide you with a Contact Information Form. This form ([Appendix F](#)) provides the caregiver with the contact information for the child’s case manager, his or her supervisor, county director, and emergency after hours contact information.

The fundamental responsibility for the child placed in your home rests with the placement agency. The agency must do everything in its power to promote, protect and safeguard the welfare of the child. The case manager is responsible for ensuring that the placement is appropriate to meet the individual needs of the child and that he or she receives proper care while in placement. The case manager also must work diligently to improve conditions in the child’s home so that, whenever possible, the child may return to his or her biological family.

The case manager shall ensure that the rights and responsibilities of the child, his or her birth parent(s), and the foster parent(s) are respected and fulfilled. The case manager must also maintain continued supervision of the child while he or she remains in the foster home. As a valued member of the foster care team, your perception of what is in the best interest of the child is essential. Your involvement in case reviews, conducted every six months for the duration of placement, will be welcomed and encouraged.

PLACEMENT OF A CHILD FROM ANOTHER FOSTER HOME

When a child is expected to be placed in your home and is coming from another foster home, unless he or she was abruptly removed, pre-planning should take place as led by the child’s case manager.

Information shared with you should include:

- A pre-placement visit to your home
- An up-to-date Child Information Sheet ([Appendix B](#)) and Match Screening Summary
- The child’s most recent case plan
- All additional information and/or items that will help to minimize the trauma of the move for the child, including information regarding the child’s experience at his or her previous placement
- If appropriate, the opportunity for the child’s former foster parent(s) to share information about their parenting experience with the child

QUESTIONS YOU MAY HAVE

DFCS is responsible for providing you, as a foster parent, with basic information about each child placed in your home. At a minimum, this will include knowledge regarding the child’s health and safety, how many times he or she has been moved and why, and all information relevant to his or her proper care.

You are encouraged to ask any questions that will help you to best care for the child in your home, for example:

- Anticipated length of stay
- School attendance/registration needs
- Family dynamics and relationship status
- Visitation plans and permanency goals

Keep in mind that all information shared with you on behalf of the child is to remain confidential.

WHAT TO HAVE AVAILABLE BEFORE THE CHILD ARRIVES

Often, a child comes into care with few or no personal belongings, therefore, it may be beneficial to have a few items available if the child arrives with little or no planning time. Keep in mind the age range and sex of the child you have been approved to care for and prepare accordingly.

Items that you may find helpful to have on hand include:

- Toiletries (toothbrushes, personal hygiene necessities)
- Hair care (brushes, combs, ribbons)
- Diapers, undergarments
- Sleepwear
- Night lights
- A few comforting toys and books
- Child-friendly snacks and beverages
- A special blanket, pillow or stuffed animal



reaction to a new setting depends significantly on his or her past experiences. While your home will provide a safe and nurturing environment, an adjustment period is a natural human process and should be supported.

To make the transition as smooth as possible for everyone in your home, here are a few things to keep in mind:

- Be patient, a little time and compassion will go a long way
- The child is attempting to make sense of new surroundings, new people, and behaviors that are different than what he or she is accustomed to
- No matter how awful his or her previous environment, the child will likely display some sadness and anxiety
- The child may be appropriately clean and dressed or unclean and poorly dressed; regardless of his or her condition, do not discard any clothing or personal belongings since they may have special meaning to the child
- The child may feel responsible for what has taken place. Be supportive and reassure the child that he or she is not to blame
- The child may appear withdrawn, tearful, anxious, angry, overly active, or playful, among other behaviors. Some children will display no obvious effects of the placement
- Regardless of the child's behavior, it is key that you and your family provide him or her with unconditional acceptance, warmth, understanding, patience, and love during this transition

PLACEMENT

ON THE FIRST DAY OF PLACEMENT

When a child first arrives in your home, he or she will need time to adjust to and gain a level of comfort with these new surroundings; even infants may experience a period of adjustment sensing an unfamiliar environment. A child's

WHAT SHOULD YOUR FOSTER CHILD CALL YOU?

The child placed in your home should feel free to call you whatever is easiest and most comfortable for him or her and what is acceptable and appropriate for you.

Experienced foster parents have found it helpful to offer several options and allow the child to decide which he or she prefers. An older child may not be able or willing to address a foster parent by a name that suggests his or her own parents are being replaced. In many instances, a foster child will adopt the name being used by other children in the home in addressing foster parents.

INTRODUCING A FOSTER CHILD IN SOCIAL SETTINGS

As a foster parent, you should make no specific distinction when introducing your foster child other than referencing his or her name and that you are providing temporary care. If the child is of age, you are encouraged to engage the child in deciding how he or she wishes to be introduced to others in your family and/or in social circles. Confidential information regarding the child and his or her birth family may not be disclosed at any time.

FAMILY RULES AND ROUTINES



Your everyday family routine probably occurs without much thought. Everyone in the household knows when and what will happen because that is how it always occurs. This is a routine. Routines are

great for children because they establish consistency and expectancy, which develops trust and security. Consider the child entering a new placement: How will he or she learn the routine? How will the child learn the rules of the household? Perhaps the child did not come from a family with established routines or many rules. How will he or she fare in this new environment?

Tell the child about the family's schedule, but don't expect that he or she will fall into the routine immediately. Also, inform the child of the rules as soon as it seems reasonable to do so. Overwhelming the child with a lot of information at your introduction may be intimidating and certainly will not be remembered. Ease the child into your family routine and rules by establishing a rapport first. Talk to the child and get to know who he or she is, what things are similar about his or her family, what the child likes, and what is most familiar. Remember not to be rigid, but also not a push-over. Some rules (safety) and routines are not up for discussion and must be enforced immediately. The rest can be shared as rapport and trust are built.

APPROPRIATE DISCIPLINE

The Division of Family and Children Services Discipline Policy states that any physical/corporal or emotional punishment as a method of disciplining a child in foster care is strictly prohibited. All foster parent caregivers will be provided a copy of the Caregiver Child Safety Agreement ([Appendix G](#)) and must adhere to the agency's discipline policy.

Physical/corporal punishment is defined as the deliberate infliction of pain to the child's body. Emotional punishment is defined as deliberately causing the child hurt, fear, anxiety, or other negative emotions.

DFCS understands that the responsibilities of caring for children in agency custody are great and require an understanding of each child's individual needs. Foster parent caregivers are required to understand the difference between discipline and punishment. Disciplinary approaches should be based on the child's age, needs, and circumstances.

Children entering foster care may experience a mixture of confusing emotions that result in mixed messages to their foster parents. These emotions may be exhibited in undesirable behaviors, displays of violence, disobedience, and oppositional behavior.

The confusion of emotions may manifest in the child's misbehavior or attention seeking behaviors such as described below:

- Feeling that negative attention is better than no attention at all
- Believing that a natural response to frustration, disappointment, or anger is violence and/or verbal abuse

- Any physical action coming from a caregiver may lead to severe abuse, creating fear and mistrust
- The child is not lovable, which has been reinforced by physical/corporal and/or emotional abuse
- The child is the reason for his or her family not being together and, therefore, he or she is deserving of the punishment

The following guidelines for foster parents offer positive approaches to discipline:



- State your expectations in a clear manner – Often children are unaware of what is expected of them
- Be encouraging and promote self-confidence – Use phrases such as “I know that you can do it” or “I am sure that you will do the right thing”
- Acknowledge improvements – Let the child know that you have noticed, appreciate, and are proud of the efforts he or she has made to behave appropriately
- Guide undesirable behavior by making simple changes. If an environment is too stimulating, create a more relaxed setting; if a child is restless or bored, offer activities that encourage creativity
- Prepare children ahead of time for upcoming changes – This allows children time to adjust, cooperate, and participate in upcoming events; for example, pack together for a weekend trip home to visit parents or other family members
- Remember that often emotional stresses weighing on a child (being away from home, heading to a new school) will affect his or her behavior – Allow the child to work

through these emotions and feelings in a safe, nurturing, and positive manner

- Keep in mind the age and stage competencies of the child and what he or she is emotionally able to handle
- Offer alternatives to negative behaviors – For example, loud voices are fine, just save them for playing outside rather than indoors
- State the rules without using the child as a direct example – “Crayons are for coloring on paper” rather than “You cannot color on the walls”
- Be prepared to repeat limits several times. Most children need reminders before long-term memory becomes effective
- Allow the child to express his or her feelings about a situation before expecting them to know how to appropriately resolve it
- Reinforce the use of words during times of anger or frustration rather than acting out physically
- Let the child know in a firm but not frightening way when you are upset – He or she will feel more secure when you show your feelings in an honest manner
- Offer the child some control and decision-making – As children grow, they need more flexibility and to learn how to prioritize; for example, “You may decide when to do your homework, if it is done before you head outside to play”
- Reverse the roles – Pretend to be each other just for fun and to provide a new perspective and understanding of the child
- Use humor! This can be a terrific tool for resolving conflict



PROHIBITED DISCIPLINE PRACTICES

All foster parents are **strictly prohibited** from using any of the following practices. Keep in mind that this list is not exhaustive. If you have any questions, please consult your case manager before using a questionable form of discipline.

DFCS policy prohibits the following:

- Spanking, slapping or hitting a child with your hand or any other object
- Shaking, pinching or biting a child
- Tying up a child in any way with a rope or similar item
- Withholding food or drink
- Denying a child mail, family visits, telephone calls, or other forms of contact with family, or activities with his or her case manager or other department staff
- Criticizing the child’s family or the child’s experiences with his or her family

DFCS also prohibits humiliating or degrading punishment that subjects the child to ridicule, such as:

- Cutting or combing the child’s hair for punishment
- Name calling and/or public scolding
- Forcing any child to wear clothing or accessories usually associated with the other sex
- Threatening a child with removal from the foster home; this creates fear, anger, and increased anxiety for the child
- Locking a child in a room, closet, other confined space, or outside the home
- Group punishment for the misbehavior of an individual child

- Delegating authority for punishment to or allowing punishment by other children or adults
- Destroying the child’s personal property/belongings

Any foster home that violates the above-stated discipline policies may result in administrative actions that include placing a hold on future placements, temporarily or permanently closing the foster home.

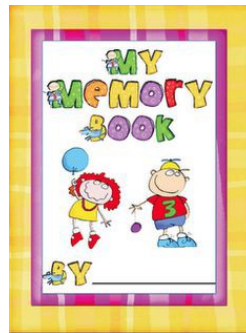
It is your responsibility to IMMEDIATELY notify the child’s case manager and your family Resource Development case manager regarding any behavioral or parenting challenges. Your case manager has many resources available for support in addressing such challenges.

If the school system asks for written and/or verbal permission to administer physical punishment of any kind to the child in your care, as his or her foster parent, you are obligated to deny ALL permissions to this effect.

CREATING A CHILD’S LIFE BOOK

A Life Book is often a combination of stories, diary entries, and scrapbook items and includes information about a foster child’s life experiences, with such items as pictures of his or her birth family and placement families, report cards, souvenirs of special events, and medical history. A Life Book should be started when a child first comes into care. Life Books are best developed in partnership between the child’s foster parents, birth parents, case manager, and the child. A child’s Life Book belongs to the child and should go with the child on his or her journey.

Helping a child to create a Life Book is a valuable way that you, as a foster parent, can help the child in your care to create positive memories of his or her past and to celebrate the new memories that are being made as a member of your household. A life book can also serve as a resource for helpful information for any future caregivers, whether another foster family, an adoptive family, or reunification with the child’s birth parents and/or biological family.



In addition to the Life Book contents mentioned above, some of the most common include a compilation of significant dates in a child’s life, milestones, photographs, and other memorabilia (theater playbooks or sporting event tickets, for example). Whether the Life Book is made from an inexpensive folder or a more elaborately made scrapbook, the book should be designed with the purpose of creating a meaningful history of the child’s life that will help him or her to develop a sense of connectedness to others and positive feelings of self-worth.

Here are a few considerations as you get your foster child’s Life Book underway:

- Create pages of significance, such as a birth family page, the child’s own birth page, a family tree, and other people of importance in a child’s life (i.e. his or her foster family, friends, teachers, coaches, case managers)
- Write information in the Life Book soon after an event takes place, this will help to maintain the accuracy of the new memory
- Always write in a positive manner that does not reflect upon the child or his or her birth parents or family in a negative way; even

the most sensitive situations can be described in a meaningful manner

- Use a variety of colored pencils, pens, markers, or crayons that can be used to record information in a vibrant way
- Add calendar pages that can be used for recording special milestones and accomplishments in the child's life; these can be an indispensable tool for spur-of-the-moment recording, for example, an infant taking his or her first steps or a child losing his or her first tooth
- Large envelopes are terrific for storing photographs, the child's art projects, report cards, school awards and/or certificates

Additional items you may wish to include are:

- Any 'firsts' such as his or her smile, tooth, or first haircut
- Favorite foods, toys, places to visit, school subjects, books, or movies
- Travel adventures to another county or state, school field trips, or family trips
- Special holiday memories
- Birthday cards, pictures, and details about parties, cakes, and other memories of the day

FAMILY AND SIBLING VISITATION

Whether a child has been removed by court order or has been voluntarily placed into foster care by parents or other caregivers, they will likely request to maintain a continuing presence in the child's life. An exception is applicable for parents or other caregivers whose parental rights have been terminated and the child is placed into an adoptive home. Unless parental rights have been terminated or voluntarily surrendered, it is essential that visitation occurs at least monthly, or more frequently, as

ordered by the court between the child and his or her birth parents. Statistics have shown a high correlation between the number of parent/child visits and successful long-term reunification.

- Every child who enters foster care must have a face-to-face family (parent/caregiver and sibling(s)) visit no later than seven calendar days from the date of removal unless restricted by the court. If the child is placed out-of-state or more than 75 miles away from his or her family, the initial contact may be done via telephone or a video conferencing method
- A written visitation plan should be developed as part of the child's case plan to support continued contact between the child and his or her parents, siblings, and/or significant others in the child's life
- The frequency of parent-child visitation for children between the ages of birth and five years shall be increased when reunification is defined in the permanency plan to facilitate familial bonding and the overall well-being of the child

Unless otherwise specified by the court, the minimum frequency of parent-child visitation for children between birth and five years of age with a permanency plan of reunification is:

- At least three parental visits per week for children from birth to two years of age
- At least one parental visit per week for children between the ages of three and five

Foster parents play a key role in ensuring that the foster child experiences successful visits with his or her family by effectively helping the child to prepare for the visit beforehand and following up with him or her afterward. Foster parents and the child's case manager should work collaboratively to make family visits as

positive and beneficial as possible for everyone involved.

Your case manager will assume the primary responsibility for scheduling and coordinating family visits based upon the child's case plan. Great care will be made in planning with consideration for all persons involved, including the foster parents, since they will be responsible for assisting the case manager in getting the child to and from the family visits. Under certain circumstances, the foster parents may be given the responsibility of planning and coordinating the visits while keeping the case manager informed at all times.

Family visits between a child and his or her family usually take place at a neutral location such as the DFCS office. These visits may be supervised or unsupervised, depending on the child's unique situation. In some instances, foster parents may agree to have the child visit with his or her parents and/or family in the foster home. This depends largely upon the relationship that has been established between the foster parents and the child's parents. The case manager should be involved in the planning of these visits.

If it is in the child's best interest, he or she has the right to visit with his or her parents and siblings. Even if the parents are presently unable to provide a home, they are still important people in the child's life. It is imperative for the child to feel comfortable talking about his or her parents at all times, including after visitations. Even if the feelings or emotions the child shares are negative, your goal is to provide a safe and comforting environment for open communication.

VISITATION CONCERNS

Immediately report to your case manager any concerns you have about a child's parents, including unauthorized visits, telephone calls, or any threatening behaviors. While our ultimate goal is to work together to support a child's familial relationships, his or her safety and that of the foster family comes first. It has been our experience that, in most cases, birth families welcome the care and stability that you are providing during this challenging time in their lives.

MANAGING FAMILY VISITATIONS

Children often experience an array of emotions and reactions during family visitations that range from fear, apprehension, and anxiety to excitement and joy. These feelings can be displayed in the form of various behaviors before, during, or after the visit takes place. Any behaviors of concern should be discussed with your case manager if they are disruptive to the child (interfering with his or her ability to function) or to the family.

Keep in mind that this may not necessarily be indicative of a need to change the visitation plan. Visits may be difficult for a child, especially given that the child has been removed from his or her home, parents, and, at times, other siblings. Spending time with them and having to say goodbye again can be a traumatic and confusing time for a child.

- If a child is upset following a family visit, encourage open communication about what he or she is feeling
- If the child did not want to leave his or her biological family, mark the next visit on the

calendar as a way of looking forward to the next visitation date

- Most children remain loyal to their families, even in the worst cases of abuse or neglect; never make negative or derogatory comments about his or her family, simply offer a sympathetic ear for whatever feelings he or she chooses to share with you
- Maintain accurate notes about each visit, including behavioral changes, to share with your case manager so that care plans can be adjusted accordingly to meet the needs of the child going forward
- As a foster parent, you are welcomed and encouraged to help your foster child maintain family connections. For example, via emails, phone calls, school activities, or other means of communication. Please get prior approval from your child's case manager for all planned interactions with family or relatives prior to making contact. If there is any unauthorized communication made between the child and any member of his or her birth family, whether positive or negative, it is imperative that you document the contact and inform the child's case manager in a timely manner.

SAFETY AND QUALITY STANDARDS IN FOSTER HOMES

DRIVING AND OWNERSHIP OF A MOTORIZED VEHICLE



Driving a car or other motorized vehicle is considered a privilege, not a right, including for a child in foster care. The ability to drive represents a significant milestone in a child's life and demonstrates a specific level of

maturity and responsibility that can enhance a child's sense of independence and self-confidence. The responsibilities that accompany allowing a foster child to obtain a driver's license will impact the child, his or her parents and foster parents (or another caregiver), and the placement agency. **The potentially fatal consequences of irresponsible driving cannot be overemphasized to the child on a regular basis while he or she remains in your care.**

Driver's license options for children under the temporary or permanent care of DFCS include:

- Intermediate Class D license granted to drivers between 16 and 18 years of age who have held an Instructional Permit for 12 months and passed a driver's exam
- Full Class C license granted to drivers age 18 or older who hold a Class D license and have incurred no major traffic convictions during the past 12 months

The following specifications also apply:

- The child is making continued satisfactory progress toward the completion of his or her written Transitional Living Plan
- A valid Georgia driver's license must be obtained prior to the operation of any motor vehicle for any reason, with or without an adult present
- If parental rights have not been terminated, biological parent(s) must provide written consent by signing the Consent for Youth to Drive a Motorized Vehicle ([Appendix H](#)). This form also documents the parent(s) understanding that he/she/they are

To learn more about Traffic Safety Laws in Georgia, please visit:

www.dmv.org/ga-georgia/safety-laws.php.

ultimately responsible for any liability that occurs because of the child's driving

- The foster parent or another caregiver must provide written permission for a child to use his or her personal vehicle by signing the Acknowledgement of DFCS Driving Policy for Youth in Care form ([Appendix I](#)), thereby acknowledging liability in the case of a car accident wherein the child will be covered under the foster parent(s) insurance policy

Considerations for granting a foster child permission to drive and obtain a driver's license should be based on the following:

- The maturity level of the child and his or her ability to make sound judgments
- The successful completion of a driver's education course and quality instruction by a mature adult driver
- Successful academic performance
- The intended use of the vehicle, i.e. transportation to and from school, work, extracurricular activities, etc.
- Previous driving record
- History of substance and/or alcohol use and/or abuse
- Completion of a formal driving contract between the foster child and foster parent(s) regarding the general use of the motor vehicle and any contingencies; a sample contract is available from your case manager or Independent Living Coordinator

Persons over the age of 18 who remain in foster care must abide by the above policies and procedures and the following:

- He or she must sign the Consent to Remain in Foster Care form that reflects an understanding of the youth's responsibility relative to the ownership and operation of a motor vehicle and other liability issues

- He or she must demonstrate a clear understanding that ownership of a vehicle is dependent upon his or her ability to maintain the expense of operating a vehicle, including sufficient insurance protection (must be minimum level required by the State of Georgia)

While the foster parent(s) and case manager shall work together to ensure that all requirements have been met, as described above, final approval will come from the agency, county or regional director.



FIREARM SAFETY

DID YOU KNOW?

It is estimated that one in three households with children under the age of 17 have at least one gun in the home.

Firearm safety measures must be followed AT ALL TIMES and are non-negotiable:

- All firearms in the home must be kept securely locked and out of reach of children **AT ALL TIMES**. As an added safety measure, any reliable gun-safety mechanism available commercially is strongly encouraged. These may include:
 - **Trigger Lock or Plug/Rod Lock** – Blocks access to gun trigger and prevents the gun from firing. Trigger locks cannot be used on loaded guns. The lock must be removed with a key before the gun can be loaded
 - **Lock Box** – Securely locks the gun away and limits accessibility. The box must be unlocked for use. The key should not be accessible to children

- **Additional Safety Locks** – Locks are available that can be used on a loaded or unloaded gun while providing the homeowner with instant accessibility to the gun if needed for emergency safety purposes. A firearm dealer can help you choose locks to fit your firearm safety requirements

All ammunition must be securely locked and stored in a separate location from firearms in the home.

Foster parents MAY NOT PERMIT any child in the home to handle any type of firearm except under certain circumstances as outlined below.

- Youth age 13 or older who have successfully complied with all applicable hunting licensure requirements for the State of Georgia may engage in hunting activities, while under the direct supervision of his or her foster parent or another DFCS-approved adult, who must also be in full compliance with current Georgia hunting licensure requirements
- The State of Georgia requires completion of a hunter’s education course, including safety guidelines, for all individuals born after January 1, 1961. Permission may be granted by the county director or designee based upon the psychological and emotional capacity of the child as well as any developmental or behavioral needs. If parental rights have not been terminated, prior written approval must be obtained from the parent

If a visitor brings a firearm into your home, it must be stored in a securely locked location out of reach of all children in the home as outlined above, **without exception**.

Talking to children about firearm safety:

- Teach all children in your home never to touch a gun and immediately notify an adult when a gun is present
- Explain that a gun a child may see on television or in a video game is not the same as a gun he or she may encounter in a real-life situation
- Talk to all caregivers and parents of other children that the child in your care may visit about firearm safety and storage practices. If your child is visiting another residence, ask the homeowner if there are guns in the home and, if so, how they are stored

CAR SEAT SAFETY

The State of Georgia requires that all children under the age of eight be secured in a federally approved child safety seat, in the backseat of the vehicle, per the manufacturer’s instructions. All children eight years of age or older must be properly secured with a safety belt in the back seat of the vehicle.

Safety First – Rear or Forward-Facing Car Seat?

- For the best protection, keep a child in a rear-facing car seat per the height and weight limits specified on the side or back of the car seat. Rear-facing car seats offer the best protection for a child’s head, neck, and spine. Rear-facing car seats must always be placed in the back seat, away from airbags
- When a child exceeds the height and/or weight limit for a rear-facing car seat, a forward-facing car seat is required. Refer to car seat instructions regarding proper installation and use

Is it Time for a Booster Seat?


A booster car seat is appropriate if:

- The child exceeds his or her car seat's height or weight limit
- The child's shoulders are higher than the car seat's top harness slots
- The top of the child's ears are above the top of the car seat

Words of Caution

- All car seats come with expiration dates, typically six years, and should not be used beyond the date specified
- Car seat recalls can be found at www.recalls.gov by choosing the Motor Vehicles tab; be sure to know the car seat's brand name, date of manufacture, and model number (found on the car seat's information label)
- Know your car seat's history; if a car seat has been in a car crash, is expired, or broken, it must be replaced

Proper Car Seat Installation

- **Inch Test.** Once the car seat is installed, give it a good tug at the base where the seat belt goes through. A properly installed seat will not move more than an inch
- **Pinch Test.** Make sure the harness is tightly buckled and coming from the correct slots (check your car seat manual).

With the chest clip placed at armpit level, pinch the strap at the child's shoulder. If you are unable to pinch any excess webbing, you're good to go

- A certified child passenger technician can confirm your car seat is properly installed. Find a technician or car seat checkup event near you at www.safekids.org or www.nhtsa.gov

Pre-approved car seat purchases are reimbursable. If the car seat is purchased for a specific child, it belongs to the child and should accompany him or her when no longer under your care. If the child outgrows the car seat, the agency may provide it to another child in need of a safety seat. If advanced funds are needed to purchase a car seat for the child in your care, please notify your case manager for immediate assistance.

WATER SAFETY



DID YOU KNOW?

- Most infant drowning deaths happen in bathtubs or large buckets
- African American children between the ages of five and 14 are nearly three times more likely to drown than Caucasian children
- The use of specially made drain covers, safety vacuum release systems, multiple filter pumps, and other pressure-venting pool filter mechanisms can reduce the risk of entrapment in swimming pools
- Put the cell phone away, forget about all the other things you must do, and give young children 100 percent of your

attention when they are near or around water

- When using inflatable or portable pools, remember to empty them immediately after use. Store them upside down and out of children's reach. These types of pools can pose a drowning risk
- Empty water from tubs and buckets after use. Never leave small children unattended in tubs or leave other children in charge of small children in tubs
- Keep toilet lids closed and use toilet seat locks to prevent drowning
- Hot tubs and spas are an overlooked drowning danger for children. Drowning can result from unintentional falls into the water, from hair that becomes tangled in drains or jets, or from body parts becoming trapped. Consider keeping hot tubs and spas off-limits to young children
- When there are several adults present while children are swimming, share the responsibility of monitoring the children in and around water-filled areas to prevent lapses in supervision
- Swimming aids such as water wings or noodles are fun toys for children, but they should never be used in place of a U.S. Coast Guard-approved life jacket

For a comprehensive guide to water safety, please refer to *Safety Barrier Guidelines for Residential Pools: Preventing Child Drownings (Appendix J)*.

BOATING SAFETY



Georgia law (Code 52-7-8(d)(3)) requires that all children under the age of 13 wear a U.S. Coast Guard-approved personal flotation device

(PFD) while onboard any moving boat. The life jacket should fit snugly. Have the child raise both arms straight into the air, if the life jacket hits a child's chin or ears, it may be too big or the straps may be too loose.

WHEELED SPORTS SAFETY



Wheeled sports include bicycles, scooters, skates or rollerblades, and skateboards, among others.

DID YOU KNOW?

- Every two minutes, a child is treated in an emergency room for an unintentional cycle-related incident
- More children between the ages of five and 14 are seen in emergency rooms for biking-related injuries than any other sport
- Helmet use is the most effective way to reduce bicycle-related fatalities
- Non-motorized scooters cause more injuries to children than any other toy

Georgia law (Code 40-6-296(d)(1)) requires that no child under the age of 16 shall operate or be a passenger on a bicycle on a highway, bicycle path, bicycle lane, or sidewalk under the jurisdiction or control of this state or any local political subdivision thereof without wearing a bicycle helmet.

When skateboarding and longboarding, make sure the child wears a skateboarding helmet approved by the Consumer Product Safety Commission (CPSC).

As a Foster parent, you are required to provide a properly fitting helmet to each foster child

under your care that must be worn and securely fastened while participating in any wheeled sports activity. This is a reimbursable expense.

Tips on Helmet Safety

A helmet should sit on top of the head in a level position, and should not rock forward, backward or side to side. The helmet straps must always be buckled, but not too tightly.

Use the helmet fit test to ensure proper fit:

- **EYES check:** Position the helmet on the child's head. When looking up, the child should see the bottom rim of the helmet. The rim should be one to two finger-widths above the eyebrows
- **EARS check:** Make sure the straps of the helmet form a "V" under the child's ears when buckled. The strap should be snug but comfortable
- **MOUTH check:** Have the child open his or her mouth as wide as possible. Does the helmet hug the child's head? If not, tighten those straps and make sure the buckle is flat against his or her skin

BIKE AND SCOOTER SAFETY TIPS

Proper equipment and maintenance are important.

- **Ensure proper bike fit.** Select a bike that is the right size for the child, not one he or she will grow into. When a child is sitting on the seat of the bicycle, his or her feet should be able to touch the ground
- Before the ride, make sure the reflectors are secure, the brakes work properly, gears shift smoothly, and tires are tightly secured and properly inflated
- Long or loose clothing can get caught in bike chains or wheel spokes. Dress young children appropriately to ensure a safe ride

Keep an eye out!

- Actively supervise children until you are comfortable that they are responsible for riding on their own
- Every child is different, but developmentally, it can be hard for a child to judge the speed and distance of cars until around age 10, so limit riding to sidewalks (although be careful for vehicles in driveways), parks, or bike paths until age 10. No matter where you ride, teach the child to stay alerted and watch for cars and trucks
- Children should be able to demonstrate riding competence and knowledge of the rules of the road before cycling with traffic

SKATING AND SKATEBOARDING SAFETY TIPS

Per the American Academy of Pediatrics (AAP), children under the age of five should never ride a skateboard. A child's balance and judgment are not fully developed, which means high risk for serious injury.

Helmets and other safety equipment are a must!

- Every skater must wear a helmet. Wrist guards, knee pads, and elbow pads are a good idea for everyone, but especially for beginners. Mouth guards are good protection against broken teeth
- Buy skates that truly fit to make learning easier and safer for the child
- Limit skating to bike paths or areas set aside in public parks. Children should ride on smooth, dry surfaces located in a well-lit area away from traffic. Streets should be off-limits, as most in-line skating fatalities involve collisions with motor vehicles



- Teach children to minimize the impact of a fall by crouching down as they lose balance to reduce the distance to the surface
- Teach kids to check skates and boards for problems before each use. If there are any cracked, loose, or broken parts, the item should not be used until it is repaired
- Different skates and skateboards do different things, so make sure children have the right gear for their activity

PET AND ANIMAL SAFETY

Georgia law (Chapter 31-19-1) requires that all dogs, cats, and ferrets be vaccinated for rabies. Re-immunizations are required annually or triennially, depending on the vaccine.



Foster homes with exotic animals or wildlife (i.e. chimpanzees, snakes, raccoons, or large mammals) will require a health and suitability statement from a veterinarian and receive approval from the DFCS county director. However, any animal or pet concerns should be thoroughly discussed and documented during the assessment and re-evaluation process.

National statistics have shown that children represent more than 60 percent of all dog bite cases. While no specific breed of dog can legally be classified as vicious or dangerous, it is important that foster parents are aware of the potential risks and consequences inherent with any pet or animal in general. Typically, a child is bitten by a familiar dog (i.e. a pet or the pet of a friend or neighbor). Frequent areas of attack include the child's face, hands, neck, and head.

CANINE, PET, AND ANIMAL SAFETY

Foster parents are required to exercise reasonable safety precautions and closely monitor children around pets.

- Refrain from bringing a type or breed of animal into your home that has a known history of violence and/or aggressiveness toward people
- 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
- When considering a pet to welcome into your home, choose an animal with a history of friendliness toward people (and especially children)
- Provide instruction to children regarding safely socializing with animals
- Immediately report any acts of violence by an animal toward a child in care or others in a foster home to the agency



GENERAL ENVIRONMENTAL SAFETY

While caring for a child in your home, you must continually meet specified health and safety standards.

Some of the areas that will be observed during monthly contacts with your case manager and at re-evaluations include:

- A safe, sound home free of visible dangers, (i.e. roofing, porch structure, steps, doors, windows, flooring, etc.)
- Overall cleanliness (i.e. clothing, furnishings, trash, animal feces, or other waste)
- Appearance of electrical wiring system, fixtures, and outlets
- Appearance of gas lines, heating units, and cooking appliances
- Availability and condition of indoor running water
- Availability and condition of indoor toilet facilities
- Presence and appearance of external storage facilities and/or potentially hazardous items including:
 - Equipment/Vehicles (including operable/inoperable and/or unlocked)
 - Adequacy of fencing/gates
 - Access to busy streets and/or highways

CARBON MONOXIDE SAFETY

The number one cause of poisoning-related deaths in the United States is carbon monoxide, referred to as the silent killer because it is an odorless, colorless gas. Carbon monoxide most commonly escapes from defective or unvented heating sources in the home including gas ovens, water heaters, space heaters, furnaces, wood-burning stoves, and fireplaces.

To prevent carbon monoxide from escaping from these sources, take particular care to ensure that they are appropriately maintained and functioning properly. DFCS policy states that a carbon monoxide detector is required **on every level** of a foster home that includes a bedroom or other sleeping area.

SECOND-HAND SMOKE EXPOSURE

Per the Environmental Protection Agency, exposure to secondhand smoke presents health hazards to children, including increased risk of asthma, Sudden Infant Death Syndrome, lower respiratory infections such as pneumonia and bronchitis, and middle ear infections.

Particular caution should be taken when smoking in the home. When medically fragile care is necessary for a child, a smoke-free environment is required.

HOT WATER SETTINGS

Hot water scalding and burns are two of the most serious – and preventable – causes of injury or death of a child in a home environment. Small children are active explorers and can get to sinks or bathtubs quickly, acquiring severe burns within minutes or even seconds. Infants are unable to move away from hot water if it is accidentally too hot or the cold water is unintentionally turned off.

The following chart shows just how dangerous hot water can be.

Temperature	Time Required for Third-Degree Burns
120° Fahrenheit	5 Minutes
125° Fahrenheit	2 Minutes
130° Fahrenheit	30 Seconds
140° Fahrenheit	5 Seconds
150° Fahrenheit	2 Seconds
160° Fahrenheit	1 Second



What is burn severity?

- First-degree burns are superficial burns of minimal depth (epidermis)
- Second-degree burns extend through to the second layer of skin (dermis)
- Third-degree burns penetrate through all layers of skin

Foster families are encouraged to have a technician check the temperature of all hot water heaters in the home and make appropriate adjustments to ensure the safety of children and to prevent accidental injury caused by excessively hot water.

FIRE SAFETY



DID YOU KNOW?

- Working smoke detectors reduce the risk of dying in a fire by half
 - Home fires are responsible for nearly 85 percent of all fire-related deaths
 - Fire will spread rapidly through a home, leaving as little as two minutes to safely escape once the alarm has sounded
 - Home cooking equipment is the leading cause of residential fires
-

Be sure that your home is as safe as possible and have a practiced plan in place in the event that a fire begins.

SMOKE DETECTORS AND FIRE EXTINGUISHERS

- Working smoke detectors must be installed and operable on each level of the home to include the kitchen area
- Even if your smoke detectors are wired directly to your home's electrical system, properly functioning battery backups must be in place and checked regularly
 - Check/replace batteries every six months
 - Consider installing smoke detectors that have 10-year batteries
- All smoke detectors expire after 10 years and must be replaced; refer to the date located on the smoke detector to determine this date
- An ABC approved hand-held fire extinguisher is required in your kitchen for cooking-related fires. Be sure that you are familiar with the manufacturer's operating instructions



CREATE, SHARE, AND PRACTICE A FIRE ESCAPE PLAN

- Be sure your fire escape plan includes two ways out of every room
- Designate one person to get infants and children out safely. Include a backup plan if the designated person is overcome by smoke

FOSTER FAMILY CONTINUING DEVELOPMENT AND TRAINING

- Smoke is toxic – teach children to ‘get low and go’ if there is smoke present when evacuating the premises
- Feel the door, doorknob, and cracks around the door with the back of your hand to determine if they are hot and fire is present on the other side
- Choose a meeting spot outside that is a safe distance from your home
- Be sure that all keys are in or visibly near deadbolt locks and security doors
- Be sure that no windows have been painted closed and are unable to be quickly opened from the inside

In a fire emergency, leave the burning structure IMMEDIATELY – once you are out, stay out. Call 911 only after you are safely outside.

IF YOU ARE TRAPPED INDOORS

- If you cannot safely escape, keep smoke out of the room by covering all vents and cracks around the door and call 911 IMMEDIATELY; signal for help from the window with a flashlight or light-colored cloth

FLAMMABLE MATERIALS

- Space heaters must be kept at least three feet away from anything that can burn. Always closely supervise children and pets when the heater is in use
- Always turn off space heaters when you leave the room
- Keep all matches and lighters in a safe place, inaccessible to children

FOSTER PARENT TRAINING COSTS

Training Registration Fees –

Registration fees for agency-approved training may be reimbursed if prior approval is obtained.

Travel Costs/Lodging/Meals –

Expenses for travel, lodging and meals incurred while attending approved agency-related training may be reimbursed.

Basic Water Rescue Courses and Swimming Lessons –

All foster parents who have a home with a swimming pool, waterfront property, or located near a large body of water are required to complete a Basic Water Rescue Course within the first year of approval of their foster home. This includes those who reside in subdivisions or apartment complexes that have a community pool on the property. In addition, any children placed in the home, age three years and older, must be placed in a swimming class within one year of placement. The class must be taught by a certified instructor and, if necessary, re-taken until the child learns to swim. Water safety training expenses are reimbursable.

CPR and First Aid Training –

DFCS foster parent applicants are required to complete CPR and First Aid training prior to earning final approval and must keep these certifications current while serving as a foster parent. This required training is reimbursable.

The caregiver should discuss potential costs for all training prior to registration to ensure the courses are eligible and will count toward continuing education credits.

MEDICAL EMERGENCIES ON NIGHTS AND WEEKENDS

For immediate medical emergencies CALL 911. For non-immediate medical emergencies, call the child's physician. If you are unable to reach the physician, take the child to the nearest emergency room. Immediately notify your case manager at the emergency number provided.

CHILD DEVELOPMENT

When a child enters care, his or her case manager will obtain as much developmental history as possible from the child's parent(s), extended family, and medical records. The observations you make daily of your foster child's developmental progress are especially beneficial for the case manager and others providing services to the child. The age that a child reaches specific developmental milestones can provide valuable information regarding his or her medical status and other needs that may require special services. The earlier these needs are identified, the greater the likelihood they can be corrected or prevented from becoming worse. The child's health provider will complete developmental assessments during scheduled screenings.



For additional information, please refer to the developmental chart in [Appendix K](#).

CHILDREN 1ST AND BABIES CAN'T WAIT

Because foster children generally have a higher prevalence of physical, developmental, dental, or behavioral obstacles, all children in foster care from birth to age five participate in the Department of Public Health's Children 1st program. Through a systematic process, children are identified, their risk factors are screened, and children with sufficient biological, social, and/or emotional risk factors are linked to appropriate public health programs and community-based resources.

Children under the age of three may be eligible for the Department of Public Health's Babies Can't Wait program. This program provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday educational opportunities.

UNIVERSAL HEALTH PRECAUTIONS

The Center for Disease Control (CDC) has composed a set of universal health precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all individuals are considered potentially infectious for HIV, HBV, and other blood-borne pathogens. Hand washing is the cornerstone of infection control.

Universal precautions apply to blood, other body fluids containing visible blood, semen, and vaginal secretions. Universal precautions do not apply to feces, nasal secretions, sweat, tears, urine, and vomit unless they contain visible blood. Universal precautions do not apply to

saliva except when visibly contaminated with blood.

Universal precautions include:

- Always wash your hands after diapering or wiping a child’s nose, before preparing or eating food, after using the restroom, and after cleaning
- Always wear latex gloves when coming into contact with blood or bodily fluids containing blood; properly dispose of gloves immediately and never reuse
- Regularly clean all surfaces and children’s play areas with a disinfectant
- Teach children never to touch another person’s blood
- Do not allow toothbrushes to be shared
- Avoid placing your fingers in a child’s mouth

HIV TESTING FOR CHILDREN IN CARE

If a child shows signs or symptoms consistent with HIV infection or whose history confirms positive risk factors for acquiring HIV, he or she must be evaluated by a medical professional to determine whether testing is appropriate.

Risk factors include:

- The child has been sexually abused by a person from a high-risk group
- The child has engaged in sexual behaviors with a high-risk partner
- The child has a history of IV drug use
- The child was born to a parent from a high-risk group
- The child is a hemophiliac

HIV TEST RESULTS

Almost all children who have become infected with HIV are infected prenatally by their mother. The maternal HIV antibody is present in children up to 18 months of age, which results in a “false positive” for the HIV virus. A “true negative” finding can only be made during the 18 to 24 months following birth, at which time the child seroconverts to his or her own antibody status.

MEDICAL COSTS – GEORGIA FAMILIES 360°

DFCS follows a statewide Medicaid Care Management Organization (CMO) provided through the Amerigroup Georgia Managed Care Company. This new program, known as Georgia Families 360°, is the general Medicaid program administered by the Georgia Department of Community Health (DCH). Georgia Families 360° is designed to provide coordinated care across multiple services and focus on the physical, dental, and behavioral needs of member children. The program is designed to ensure each child has a medical and dental home, access to preventive care screenings, and timely assessments. It also ensures that medical providers adhere to clinical practice guidelines and evidence-based medical treatments.

AMERIGROUP CARE COORDINATION TEAMS (CCT) AND CARE MANAGERS

Each Georgia Families 360° child is assigned to a regional Care Coordination Team (CCT) with a specified care manager. The CCT members are masters level staff, most of who hold a professional license to practice in his or her

respective field. The CCT completes a Health Risk Screening (HRS) on each child to identify medical and/or behavioral needs. The CCT is responsible for coordinating the health components of the Comprehensive Child and Family Assessment (CCFA), including the initial physical assessment, dental screening, and trauma assessment. Care managers serve as primary partners for identifying and making referrals for needed services. They ensure that each child has an individualized care plan that addresses both physical and behavioral health needs. These managers will collaborate with community agencies to ensure appropriate services are provided in a timely manner.

MEDICAL CARE FOR FOSTER CHILDREN

When a child is in care, DFCS is legally responsible for determining the nature of care and treatment for the child, including routine medical and dental care. DFCS must approve and sign all consents for medical and dental treatment.

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, thus, will not be available for you at the time of the child's placement. If this is a child's initial placement, his or her case manager or CCFA provider will arrange for a health check within 10 days of the child coming into care. Your case manager will always provide you with information regarding the child's physical and mental health as soon as it becomes available.

As a foster parent, you are required to work collaboratively with your case manager to ensure that the child in your care receives a physical examination at least once a year in

addition to all Early and Periodic Screening, Diagnostic and Treatment (EPSDT) consistent with the recommendations for preventive pediatric health care.

Children covered under Medicaid are automatically enrolled in the Health Check program. Children who are not Medicaid eligible will receive their routine health screenings from a private health care provider. You will receive 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 current list of Medicaid providers from your case manager.

Since you will be providing the day-to-day care for the child in your home, it is recommended that you accompany the child to all his or her health examinations and any necessary treatments. Your case manager will provide you with any information needed by the doctor or another healthcare provider. It is important that you keep the child's case manager informed of all information you receive, verbal or in writing, from the child's doctor or medical provider.

Please keep your case manager informed of all illnesses and health issues of the child in your care. In case of serious illness, immediately take the child to the emergency room if you cannot reach his or her physician for instructions. As soon as possible, notify your case manager about the child's condition. If hospitalization is necessary, the agency is responsible for providing the necessary authorizations.

Most children in placement are Medicaid eligible and will be covered for in-patient hospital care. For those who are not, payment of in-patient hospital costs will be covered with state and county resources. Because these

funds are limited, it is vital to obtain services from facilities that provide them at free or reduced costs, such as Grady Memorial Hospital, Talmadge Memorial Hospital, Children’s Healthcare of Atlanta (Scottish Rite/Egleston Hospitals), regional mental health hospitals, and Children’s Medical Services. Whenever possible, the local health department is used to provide health screenings, 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, or prescription medications, attach them to your monthly invoice.

DENTAL CARE

Routine dental care, including bi-annual dental cleanings, should begin at the age of one year and may be obtained through public or private (Medicaid) providers. Dental examinations should be done every six months and all recommended corrective treatment should be completed in a timely manner. If the child’s health history indicates that dental care has not been provided or has started but could not be completed before placement, the foster parent and the case manager should work collaboratively to ensure that the dental treatment plan is fulfilled.

All non-Medicaid expenses must be paid from state or county funds, except when there is a public or private clinic available to provide dental services to the child at no cost.

If you receive bills for dental care from a private dental care provider, attach them to your



monthly invoice. Additional information regarding procedures for dental care will be shared with you by your case manager. Orthodontic care may be available if the oral health of the child will be adversely affected without treatment. Consult with your case worker with any questions or concerns you may have.

INSURANCE MATTERS

LIABILITY INSURANCE COVERAGE

The Division of Family and Children Services is self-insured to cover specific liabilities that occur as a direct result of fulfilling your role as a foster parent.

A foster parent is covered:

- If a foster child is injured while in his or her care and a claim or lawsuit is initiated by the child’s parent or legal guardian
- For incidental malpractice for failure to provide necessary medical care, therapy, dietary, or other required needs of the child
- For personal injury claims including libel, slander, and false arrest (wrongful eviction or entry and alienation of the affections of the foster child from his or her parents)
- For injury or damage caused by a foster child to others for whom the foster parent is responsible
- If he or she breaches an oral or written contract entered in conjunction with his or her responsibilities as a foster parent

PROPERTY DAMAGE COVERAGE

The Division of Family and Children Services provides insurance to cover damages to a foster parent's personal property caused by the foster child in his or her care. Coverage includes the loss of property between \$100 and \$1,000 per incident. There is a \$100 deductible for this coverage. All original bills for the repair and/or replacement of the damaged property must be submitted with the insurance claim.

COVERAGE EXCLUSIONS

Major exclusions include:

- Damage to a foster parent's property caused by a foster child less than \$100 or greater than \$1000
- Bodily injury or property damage resulting from a business pursuit of any uninsured person
- Bodily injury or property damage resulting from the operation, ownership, maintenance, use of, or entrustment to others of any motor vehicle, with or without the permission of any foster parent. This includes any automobile, motorcycle, small motor vehicle (i.e. cart, go-kart, ATV, etc.), snowmobile, aircraft, sailboat, or other watercraft greater than 50 horsepower inboard or 25 horsepower outboard
- Liability assumed by the insured under any agreement, other than an expressed written agreement, relating directly to the car of a foster parent or to the foster parent's residence
- Any obligation for which the insured would be covered by worker's compensation, unemployment compensation, disability benefits, or any similar insurance coverage
- Liability resulting from any criminal or illegal act of any insured wherein he or she has been found guilty via criminal prosecution

or has entered a plea of guilty or nolo contendere to a criminal act

Certain claims may be covered by a homeowner's or automobile insurance policy; therefore, you also must report all claims to your personal homeowners or automobile insurance agent.

The DFCS insurance policy is excess coverage beyond your personal liability, homeowner's, or other insurance and will only serve as primary insurance (to the stated limits) when you do not have personal liability coverage of your own. In specific situations, the State of Georgia's liability insurance policy may cover expenses such as court costs, legal fees, or certain damages that can be settled monetarily. Please discuss all specific incidents with your case manager.

REPORTING PROCEDURES

The foster parent must immediately notify DFCS of any incident, accident, or event that may result in a claim or lawsuit against you. Your case manager will gather all necessary information and notify the proper insurance office.

CHILDREN'S RIGHTS

A CHILD'S PERSONAL BELONGINGS

All personal items that a child brings or receives from his or her parents – regardless of condition, appearance, or cost – often have significant meaning to the child. Always allow the child to maintain possession of these items or have free access to them unless an item poses a threat to the child or others. The child

should never be expected to give up possession of his or her personal belongings or made to value them less, and should never be criticized because of his or her attachment to these items. Packing a child's personal belongings in a special place while not being used may satisfy his or her need to secure the belongings and the foster parent's desire for tidiness in the home. If the child's lack of neatness is of significant concern, use this as an opportunity to teach him or her how to care for and store personal belongings that hold special value.

FOSTER CHILD SENDING AND RECEIVING MAIL



Sending or receiving mail or small packages can be an exciting event for a child in care. Foster parents are encouraged to assist a foster child in preparing

correspondence to send to his or her family members or other prominent people in his or her life. Small things like a handwritten letter or colored picture are meaningful ways for a child to express his or her feelings for others he or she may be missing.

When mail arrives for a foster child, it should never be opened or read by anyone other than the addressee without his or her expressed permission. If you have concerns about the contents of mail received by the child, please share these with your case manager.

SCHOOL ATTENDANCE

If a child was enrolled or participated in a preschool or early intervention program prior to his or her entry into foster care, the foster parent and case manager will work collaboratively to ensure that the child remains at the specific school to maintain a sense of normalcy for the child. When this is not feasible, the case manager will work with the foster parent to locate another program that will meet the developmental needs of the child.

Georgia law requires that all children between the ages of five and 18 be enrolled in and attend school. The foster parent is responsible for enrolling all school-aged foster children in classes immediately upon initial placement or change in placement. DFCS policy requires school attendance beginning at age five. Enrollment in school must occur immediately. A child must not miss a single day of school due to initial placement or changes in placement. The case manager will provide all information and documentation needed for enrollment. As a foster parent, you will fill the parenting role for the child at school in most circumstances.

However, there may be some instances when the child's case manager will need to be directly involved with the school, as well. Determination will be made on a case-by-case basis.

Items required for enrollment depend on the child's age, grade level, and individual circumstances.

These may include the following:

- Certified copy of the child's birth certificate
- Current immunization records
- Current medical records, including vision and dental
- Proof of current residence
- Current transcript or report card
- Other documentation as required by the receiving school

As an active foster parent of a school-aged child, your responsibilities will include:

- Helping with and/or checking the child's homework
- Signing various scholastic documents, such as report cards, teacher correspondence, etc.
- Attending and participating in PTA meetings and other school functions and activities
- Keeping the child's case manager informed of his or her progress and/or challenges in school
- Providing a comfortable and suitable place for the child to work on homework. There should be a specific time during each day that the child spends on schoolwork
- Maintaining an account of the child's school expenses and all receipts to be submitted with your monthly invoice
- Serving as a surrogate should the child receive special education

Challenges including truancy, emotional issues, or special education needs require collaboration with the child's case manager, foster parents, parents, and appropriate school personnel.

Please discuss all matters regarding private school enrollment or homeschooling with your case manager.

CREATING A LEARNING ENVIRONMENT IN THE HOME

Children often learn more from what they observe in their surroundings than from verbal instruction. Foster parents can create a stimulating home environment that encourages a love for learning.

Tips to inspire excitement for learning include:

- Keep a variety of children's books on hand for young readers (even picture books are terrific for inspiring imagination!); there are many wonderful books available at little or no cost from Friends of the Library book sales, second-hand stores, and yard sales, among others
- Obtaining local library cards for you and your foster child will provide limitless reading options
- Read, read, read! Reading to infants and younger children helps stimulate early childhood development that will last a lifetime
- Let children observe you reading the newspaper, books, and other materials of interest. Lead by example
- Encourage children to express themselves verbally. They may share information about their school day, a field trip, or other experiences (perhaps challenging) and how they felt throughout the day
- Encourage children to share their thoughts about lessons being taught as they watch developmentally-appropriate television shows or movies
- Create technology-free zones! Set aside special hours during the day or evening for playing board games, doing puzzles, or other hands-on activities that do not include television or other electronic devices
- Keep a variety of paints, crayons, markers, clay or Play-Doh, glue, buttons, felt, construction paper, and other colorful odds and ends ready for impromptu creativity
- Create a special, comfy corner or nook for quiet reading time...books can take you anywhere!
- Encourage creativity and proudly display your foster child's artwork. Inexpensive

frames and matting made of construction paper make imaginative display settings

- Encourage and support children’s hobbies such as collecting, making, or building things; even simple things like collecting buttons or rocks, or building simple things from Popsicle sticks can bring lots of joy and a sense of accomplishment to a child



confirmation, bar/bat mitzvah, etc.) must be recorded in the child’s legal name, never in the name of the foster parent. Keep such certificates in a safe place and give them to your case manager when the child leaves your foster home.

If a foster child needs certain clothing for religious purposes, check with your case manager to determine whether a special clothing allowance is available.

A CHILD’S RELIGIOUS BELIEFS

Parents (whose parental rights have not been terminated) have the right to determine their child’s religion and to request that their child is placed in a foster home of the same religious faith. If possible, such a request must be honored when it is in the child’s best interest and feasible given the availability of foster homes sharing a given religion.



As a foster parent, you should make every reasonable effort to enable the child to practice his or her religious faith even if it is different from your own. This means

arranging for the child to attend services conducted in his or her own religious faith and to receive instruction unless the parents expressly request otherwise in writing. The child’s religious faith designation cannot be changed except by written request and consent from his or her parent(s).

The agency must obtain the parents’ consent for a foster child to be baptized or receive any other religious sacrament. All religious certificates (baptism, first communion,

GIFTS GIVEN TO A FOSTER CHILD

Foster parents often provide the child in their care with tangible gifts such as bicycles, dolls,

skates, games, or clothing, just to name a few. As a foster parent, you are under no obligation to provide your foster child with gifts of



any kind – the safe home and nurturing environment that you are providing is the greatest gift that a child in need could ever receive. If you wish to do so, however, you are most certainly welcome to provide whatever gift(s) you choose. It is important that gifts be given with no strings attached. Be sure that your foster child knows that this special gift belongs to him or her and will be taken wherever he or she may go in the future.

PROVIDING AN ALLOWANCE

Giving a child an allowance is a useful way of teaching the value of money. If you provide an allowance to your foster child, it should be given freely and not linked to a specific type or volume of chores he or she must perform before being paid. Additionally, an allowance

should not be used to fulfill a child’s basic needs. We recommend that your foster child is allowed to spend an agreed-upon portion of his or her allowance as he or she wishes, as this promotes responsibility, independence, and decision-making skills.

Check with your case manager to see if a reimbursable amount for providing an allowance is available.

ASSIGNING CHORES

While children usually do not welcome the opportunity to help with chores around the house, assigning small tasks is a good way to promote responsibility and feelings of value and belonging within the family and the home.

Chores should be given keeping in mind the following factors:

- Chores should never be assigned as a condition of a child’s continued placement in a home or as method of discipline or punishment; rather, chores should be used as a modeling tool to teach responsibilities shared by all family members in the home
- Each chore should be age and developmentally appropriate – start simply and build upon skills developed over time
- Younger children will require assistance from you with their chores – try to make doing chores a fun, positive experience!
- Rotate chores so that the child can develop different skills and have a variety of experiences
- Chores should not require a significant amount of time, nor should they interfere with family activities, school, homework, play time, family visits, or the child’s normal daily routine

- Be ready and willing to work with the child in completing his or her chores rather than being an overseer or critic – teamwork and positive reinforcement go a long way in helping the child build the confidence and abilities to accomplish his or her responsibilities
- When the child’s capacity or interest diminishes, be understanding, and encouraging – a child who is given help when truly needed is best prepared to offer help to others in need
- *Praise your foster child for a job well done!*

Chores for younger children may include putting toys away, taking folded clothes to his or her room, helping to set the table or put away groceries, and taking care of family pets.



Older children can assist with raking leaves, sweeping the floor, loading, and unloading the dishwasher, making school lunches, sorting, and folding the laundry, and taking out the trash, just to name a few.

HAIR CARE

As simple as it seems, changing a child’s hairstyle (without permission or when not desired by the child) can negatively affect his or her self-esteem and your relationship with his or her family. When possible, you are encouraged to discuss potential hairstyle changes with the child’s parents and the child (if he or she is old enough). You must **always** obtain permission from your case manager before making any changes that will alter the appearance of your foster child, including

cutting long hair, straightening, perming, or coloring hair, among others.

CLOTHING CONSIDERATIONS

The way a child looks on the outside plays a significant role in how he or she feels on the inside. As a foster parent, you have a responsibility to help your foster child look and feel his or her best!

A child should always be dressed in clean clothing representative of his or her age, size, gender, and occasion. During the placement process, you will collaborate with your case manager to determine your foster child's clothing needs. When appropriate, your case manager will authorize funds for initial or annual clothing purchases. Before making any out-of-pocket clothing expenditures for the child, always obtain approval from your case manager. Receipts are required for all clothing reimbursements.

- Initial clothing may be purchased within six months of a child's first placement into care. A child moving between foster homes is expected to bring his or her wardrobe to the new foster home
- An annual clothing allowance is provided to replenish a child's clothing while in care and may not be purchased within the same calendar year he or she enters care. The best time to use a child's clothing allowance is at the beginning of the school year, whenever possible
- Replacement clothing may be purchased to replace worn or outgrown items with a portion of the per diem allocated for this purpose. Please check with your case manager for specifics

- Special clothing includes clothing not considered part of the child's daily wardrobe. This includes scouting or organized sporting uniforms, graduation caps and gowns, costumes for school plays, etc. These purchases require special funds and must be pre-approved by your case manager prior to purchase



A child's clothing is considered a part of his or her personal belongings and should move with the child. Clothing that he or she has clearly outgrown and is in good condition may be saved for other children coming into your home. This decision should be made in agreement with the child, as he or she may prefer to keep an article of clothing that holds sentimental value.

PERMANENCY

**Families
are
forever**

The placement of a child into care is a temporary solution to provide a safe, nurturing family environment when his or her parents are unable to provide the appropriate care that the child needs and deserves. Our primary goal is to permanently reunify the child with his or her parent(s), whenever appropriate.

Your foster child's case manager and other child welfare professionals will work closely with his or her birth family to resolve all problems that led to the child's removal. If all concerns are adequately resolved, the child will be reunified with his or her family. If reunification is not possible, your case manager will pursue alternate placement opportunities, including

with other relatives or potential adoptive parent(s).

CASE PLANNING

As a foster parent, you will be kept updated on the progress made with your child's case plan and upcoming case reviews. Your input regarding the future needs of the child is valued and welcomed and we encourage you to attend all reviews. If you are unable to attend, you may provide your observations about the child and his or her needs in writing for consideration during the review.

Following the initial 30-day case plan, case reviews are conducted at a minimum of every six months, or more often as the case requires. A copy of the necessary portions of the completed plan (and any updates) will be shared with you and others responsible for the care of the child.

SUPPORTING REUNIFICATION

Foster parents are often quite concerned at the thought of a foster child's pending return to his or her birth family, given the seriousness for which the child was initially removed from the home. While foster parents understand the temporary nature of the care they are providing the child, they are naturally concerned for his or her future safety and well-being, and for the family's ability to move forward together.

Whenever possible, a child should have the opportunity to grow and develop within his or her own family circle. While foster parents, and others involved in the care of the child, provide a tremendous service to every child entrusted

to them, a child's birth family remains a significant part of his or her life and identity.

The nurturing, care, and guidance that you have provided the child in your care has helped him or her to overcome one of the most traumatic times in his or her young life. Your care has made a profound influence in his or her life and will help the child to better relate to his or her parents, family, or other caregivers and to seek help when needed.

CHANGES IN A FOSTER HOME

Any planned or sudden changes in your home should be communicated to DFCS as they occur. Changes in the child's status, behavior, family status or behavior may affect the overall functioning of the home environment.

Please report to your Resource Development case manager all changes in the home including, but not limited to, the following:

- Moving from your current place of residence
- Change in telephone number
- Any person moving in or out of your home
- Change in income and/or employment
- Significant changes in the health of anyone living in your home
- Increase in family stressor(s)
- Birth and/or death of immediate family member(s)
- Any household member turning 18 years of age
- Any change that affects your ability to meet the minimum standards of providing prudent parenting to a child in your care
- Purchase/acquisition of any weapon(s) that will be stored in residence, or on the property – **must be reported immediately**
- Any criminal offense that affects approval status

CIRCUMSTANCES THAT REQUIRE DFCS APPROVAL

The expressed written consent of DFCS is required before any major change is made in the life of the child in your care. Please consult with your case manager before initiating any significant change, as this list is not all-inclusive.

- Change in school, other than traditional move, i.e. grade school to high school
- Major change in program of study or school curriculum
- Permanently leaving school prior to graduation
- Accepting gainful employment other than part-time and/or odd jobs
- Change in church membership and/or the receiving of religious sacraments
- Significantly altering the appearance of the child in your care, i.e. changes in hair or personal appearance, body piercing, tattoos, etc.
- Use of birth control
- Supporting and/or obtaining an abortion
- Granting dating privileges

WHEN TO CONTACT YOUR CASE MANAGER

Your case manager will be in contact with you on a regular basis, as outlined in your foster child's case plan. You should share all information about the child's care and time spent in your home, including his or her emotional and developmental progress, and any additional needs or concerns you may have.

If you need to speak with your case manager at any time, please use the contact numbers provided. If he or she is unavailable, you will be

able to leave a message and will receive a call back as soon as possible. You will also be provided with contact numbers to be used after normal business hours for emergency situations.

For ALL emergency situations, first call 911.

Immediately, or as soon as possible, notify your case manager if your foster child:

- Leaves your home without permission
- Becomes seriously ill or has been seriously injured and requires immediate medical attention
 - Take the child to the emergency room if his or her physician cannot be reached
 - DFCS will complete any authorization forms required for hospital records and payment
- Is in serious trouble at school, with the police, juvenile court, or anyone else

Or:

- If anyone, including the child's birth parents, tries to take the child from your home without the agency's permission
- If there is a significant change or serious illness in your home
- If your foster child's behavior poses a threat to themselves or your family
- If you are no longer able to care for the child placed in your home

PREPARING FOR PERMANENCY

When a child is ready to be reunified with his or her birth parents, adopted, or placed in a permanent home other than a foster home, it is your responsibility to assist the child and your family for the upcoming transition.

The child may feel betrayed or want to know why he or she can't be adopted and become a permanent part of your family. This is an important question and should be answered with as much honesty and clarity as you can provide. This will help to eliminate any uncertainties (including feelings of responsibility) that the child may have about why they are moving and provide them with your 'permission' to move on to another family. The child will be looking to you for positive and encouraging words about where he or she will be permanently living. Any feelings of hesitation you have about the child moving on are quite normal, but should never be a barrier to their permanent placement.

There are several things you can do to support the child's permanent placement, including:

- Accept and embrace that it is in the best interest of the child to move to this permanent home
 - Gather as much information from your case manager as possible about the child's permanent family
 - Provide the child's Life Book to his or her permanent family
 - Provide information to the child's permanent family detailing his or her daily routines and habits, favorite foods and toys, academic performance, and what you have observed as his or her strengths and needs
 - Allow the child to see positive interactions between you and their permanent family, whenever possible
- Make yourself available to the child's permanent family, if or when asked
 - Share with your case manager any feelings of concern you have about the child's permanent family or your upcoming separation from the child
 - Thoughtfully prepare and pack the child's belongings, sending along favorite books, toys, and other personal items he or she will need
 - Plan a celebration (formal or informal) in recognition of the child's departure from your family circle and acceptance of his or her permanent family, inviting people with whom the child has come to know and care about



Be ready to joyfully let your foster child go and to make room in your heart and home for other children who will need your care and nurturing. The time, energy, and love that you have given a child who has spent time in your home has made a lifelong, lasting impact. You have provided a child with a safe and nurturing family environment when he or she was most in need. During this time, he or she has grown emotionally and socially in meaningful ways that will last a lifetime.

RESPITE CARE OVERVIEW

Respite care is a support service provided to caregivers that allows for temporary respite, or time away, from day-to-day parenting responsibilities. Respite care can be arranged for a day or overnight. Only children who are in

private agency or DFCS-approved foster homes are eligible to receive this service.



Respite care costs are reimbursed at the current per diem rate and may not exceed 10 days per fiscal year, taken individually or consecutively during the fiscal year (July through June).

Note: Respite care for foster parents attending approved overnight conferences should follow the provider guidelines established. However, these days will not count toward your respite balance.

All respite care providers must meet the same basic requirements as supplemental supervision providers who are licensed center



or group-based providers; registered family child care homes; legally operating child care programs; informal relative or non-relative providers; or in-home or out-of-home providers.

Note: Requirements for in-home or out-of-home providers should be discussed with your case manager.

CASE MANAGER CONTACTS

RESOURCE DEVELOPMENT CASE MANAGER VISITS

Your Resource Development (RD) case manager is required to have, at a minimum, monthly contact with you and all persons living in your home. These contacts can be in-person (face-to-face) or via telephone, depending upon the status of your home. Your RD case manager must have one quarterly face-to-face home visit with all caregivers. They will make both announced and unannounced visits.



During visits with your RD case manager, the following will be discussed:

- Foster Parent Continuing Education (training) opportunities you require
- Any behavioral and/or parenting problems you are experiencing
- Any health and/or safety concerns
- Any needed support, training, and/or services you require
- Any changes to your household, the health of those in your home, or other significant changes
- Any concerns regarding the child's case plan that you may have.

FOSTER CARE CASE MANAGER VISITS

The case manager assigned to the foster child placed in your home is required, at minimum, to have monthly face-to-face contact with you and the foster child living in your home. The case manager will make both announced and unannounced visits.

During visits, the following will be discussed:

- The child's progress and any needs he or she may have
- Any concerns regarding the child's case plan that you may have
- Medical/educational/behavioral needs of the child
- Visitation with the child's birth family and/or siblings (if applicable)
- Upcoming court hearings

WRAPAROUND SERVICES

Wraparound services are designed to provide immediate, critical support to placement families and the children entrusted to their care, with the intent of promoting safe and stable families and early reunification. As children enter care, the need for wraparound services will be determined through the Comprehensive Child and Family Assessment (CCFA). If a child does not yet have a CCFA, or if the need for wraparound services does not arise until after the assessment is completed, services will be provided as needed.

Wraparound services include the following:

Crisis Intervention –

Provides immediate services to stabilize a volatile family situation where the safety of the child is not an issue, but may result in a child's current foster home, relative placement, adoptive placement (pre-finalization), or aftercare placement being at imminent risk of disruption and/or the child being at risk of re-entering foster care.

In-Home Case Management –

Provides case management assistance to families (placement and birth families) in completing the defined goals of the child's case plan to ensure successful and timely long-term reunification.

In-Home Intensive Clinical/Therapeutic Services –

Provides therapeutic and/or clinical services to the child's family in preparation for a safe return to his or her biological family and/or to maintain and stabilize a child's current placement.

Wraparound services should not exceed six months. If a period greater than six months becomes imminent, a waiver is required. Services may be used in combination or as separate service components. Wraparound services are accomplished using DFCS-approved private providers.

CONFIDENTIALITY AND PRIVACY PROTECTION

MEDIA /SOCIAL MEDIA

Children in foster care cannot be photographed for newspaper articles, Facebook, or any other

social media outlet, or a publication where their identities may be publicized, to include television, and/or radio programs. In the age of social media, careful attention must be paid to the posting of images, information, or location of foster children on internet websites, chat rooms, and social media outlets such as Facebook, Snapchat, Twitter, and other similar internet media outlets. Additionally, taking photographs and placing them in public venues is not authorized. Protecting the confidentiality and privacy of children, families, and resource caregivers is an essential and vital part of our agency's mission. Please see ([APPENDIX L](#) [APPENDIX L](#)) for Social Media Frequently Asked Questions.

TRIPS AND TRAVEL

DFCS requires knowledge of a foster child's whereabouts at all times and must provide "expressed, written consent" before the child can travel outside of Georgia. Special letters for travel out of state must be obtained from the child's legal county DFCS office. Contact your child's case manager to obtain this travel letter.

Whenever possible, please provide a minimum of two weeks for a travel request. More notice may be required for situations requiring parental and/or court approval.

If you are planning to travel out-of-state with your foster child for a period of two days or less:

- Accurate emergency contact information must be provided for where you can be reached at all times while you are away



- A written authorization shall be obtained from the child's birth parent and/or the Juvenile Court, when the child is in the temporary custody of DFCS.
- Written authorization may be granted by the County Director/Designee if the child is in the permanent custody of DFCS.
- Written authorization shall include express authorization for the caregiver to obtain emergency medical treatment for the child.

NOTE: This requirement makes an exception for children whose placement borders another state whose close proximity makes traveling across the state line part of the caregivers' normal routine.

If you are planning to travel outside the United States, all requirements stated above must be met, in addition to:

For out-of-country trips, written authorization shall be obtained from the child's birth parent and/or Juvenile Court, when the child is in the temporary custody of DFCS.

Even if you are planning to travel without the child, DFCS must be notified within the required timeframe so that adequate childcare can be arranged during your absence. These arrangements will be made by the agency or via collaboration between you and the agency. There is no financial reimbursement, other than the standard per diem, for vacations or other travel for a child in care.

OTHER TRAVEL

Requests for a child to attend a school, church, or other function that includes an out-of-town trip for a conference, sports competition, or another event will be considered a permission



given by the foster parent under reasonable, prudent, and responsible parenting policies.

YOUTH EMPLOYMENT

As children mature, they develop an increasing need for independence and self-fulfillment.

Often, teenaged children desire to be employed outside the home and earn income independently. A part-time job provides a good opportunity to learn the value of earning money and proper budgeting of income.

As a foster parent, you will play a significant role in helping to determine whether the youth in your care is ready to take on this responsibility. You will collaborate with the youth's case manager and, whenever possible, the child's birth parents, to make this decision.

Consider the following:

- Will employment interfere with his or her school schedule and time needed to dedicate toward homework and school-related responsibilities?
- Has the teen consistently shown responsible behavior?
- Will his or her work schedule allow time for adequate rest, recreation, and family time?
- Is the work environment conducive to the teen's overall health and development?
- Will employment affect the teen's Medicaid and/or IV-E eligibility?

While the teen is employed, as his or her primary caregiver, you must be observant and aware of any behavioral changes (positive or negative) and share these with your child's case manager to ensure that employment should continue.

While children are expected, as members of a household, to perform regular chores, this

expectation should not be so excessive that he or she is unable to hold a job outside the home, if desired. The teen should be appropriately compensated for working at a place of business owned or operated by the foster family.

INDEPENDENT LIVING PROGRAM

Georgia's Independent Living Program (ILP) is designed to provide eligible youth who are currently (or were formerly) in foster care with the skills necessary to successfully prepare them to transition into adulthood. The program's goal is to prepare every young adult to become self-sufficient, live independently, and maintain stable employment while becoming a well-rounded, healthy, happy young adult.

Eligibility is open to all teens and young adults between the ages of 14 and 21 if:

- He or she has been in DFCS custody as a foster child for at least six non-consecutive months prior to reaching age 18;
- He or she has been passed on judicially as dependent or as a child in need of services (CHINS) by a Georgia Juvenile Court; or,
- He or she is between the ages of 18 and 21 and is a citizen or a permanent legal resident of the United States and a legal resident of Georgia.

Through family and community partnerships, the Independent Living Program is designed to achieve the following goals:

- **Education** – Earning a high school diploma, GED, completion of a secondary education program, and/or opportunities for post-secondary education
- **Employment** – Financial self-sufficiency through employment and/or community

service opportunities that promote job-readiness skills

- **Housing** – Safe and secure housing without risk of homelessness
- **Healthcare** – Ensuring access to appropriate health insurance that will adequately provide for his or her physical and mental health needs
- **Adult Connections** – Ensuring permanent social connections with responsible, supportive adults
- **Avoidance of High-Risk Behaviors** – Empowering each young adult to be a productive, responsible member of his or her community

ILP PROGRAM ENROLLMENT

The teen’s case manager will provide an initial referral to an ILP specialist within 5 days of his or her 14th birthday. The case manager and foster parents will provide valuable and ongoing information that will help the ILP specialist in developing the teen’s formal, individualized Independent Living Plan. The support and active participation of all parties, including the foster parents, parents, case manager, and ILP specialist are essential in ensuring the teen’s overall success in the program.

The teen will play an active role in the development of his or her Written Transitional Living Plan (WTLP) and will be encouraged to take ownership of the plan’s overall outcome and success. The WTLP will be centered on the teen’s unique strengths and identify areas of need.

ILP SERVICES AND ACADEMIC ACTIVITIES

- College tours and preparatory workshops
- Life coaches and/or counseling (individual, group, peer support, family)
- Financial resources and assistance
- Post-secondary educational assistance
- Career guidance

- Maintaining healthy relationships
- Health education and risk prevention
- Budgeting and financial management
- Housing education/household management
- Legal matters

Throughout the year, ILP teens will be invited to attend meetings and mini-conferences focused on topics (in addition to those listed above) such as:

1. Overcoming substance abuse
2. Obtaining proper identification and documentation
3. Problem solving and critical thinking skills
4. Leisure activities
5. ILP awards banquets
6. ILP Summer Youth Conference (overnight trip)
7. College campus visits
8. Tutoring and/or vocational sessions
9. Daily living skills
10. Employment preparation
11. Parenting skills (prenatal, child care and development, appropriate discipline methods)

SUPPORTING TEEN FOSTER CARE YOUTH

As a foster parent, you have the significant responsibility of providing the teen in your care with role-modeling behaviors and actively teaching the practical life skills that he or she will need to live independently. You can do this by appropriately handling challenges with a spouse or significant other, friends, relatives, or co-workers. Most importantly, you must remain as a reliable support for the teen in your care, even after he or she is no longer in care, but needs a home to return to for visits and moral support.

COMMUNITY SUPPORT FOR ILP YOUTH

The community can be a valuable resource for the Independent Living Program. Service agencies can provide needed supports and services, local businesses can provide jobs and training, donations for conferences and/or group meetings can be collected, speakers and/or trainers can volunteer to share their time and talents with the teens, and mentors from within the community can provide support and encouragement.

BIRTH PARENT SUPPORT

When a birth parent is still a part of a teen's life, his or her support is crucial to the success of a teen's transition from adolescence to young adulthood. In addition to consistent encouragement, a birth parent can provide an additional level of support during the independence transition.

PARENTING SPECIAL NEEDS CHILDREN



Whether you are new to parenting a child who has special needs or you have done so for years, you can provide the additional care required by a child who is mentally, physically, or medically challenged. Above all else, he or she wants and needs to be viewed and accepted as a child with his or her own unique set of strengths and needs.

Welcoming a special needs child into your home requires specific considerations, including your family's ability to:

- Wholeheartedly accept and open your home to a special needs child
- Understand and accommodate for the medical and/or other special needs required for the child, including lifestyle and/or scheduling adjustments
- Advocate on behalf of the child
- Share accurate, pertinent information regarding the child's medical and behavioral needs with your case manager, health professionals, his or her birth family, educational staff, and others, as needed
- Understand and follow through on established plans and requirements for meeting the child's daily needs
- Understand the child's medical and/or emotional conditions and treatment needs, and how these factors will impact his or her growth and development
- Maintain a home environment that accommodates the child's special needs, including continuous supervision by a qualified adult, necessary physical space, equipment needs, wheelchair accessibility, etc.
- Be comfortable, yet realistic, about the child's strengths and needs; the ability to build on his or her strengths and nurture his or her needs; and the ability to bring as much normalcy to the child's life as possible
- 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
- Be willing to seek out and participate in support groups as needed
- Support the child in understanding and accepting his or her disability

It is important that the foster family is within reasonable proximity to medical and other needed resources and maintains reliable telephone service at all times.

When asked to care for a child who is mentally or physically challenged, find out as much as possible about the unique needs of the child and the resources that are available to you for support. Have an honest discussion with your case manager regarding the agency's expectations of you while the child is in your care. Share all that you have learned with your family so that you can make this important decision together.

ANNUAL FOSTER HOME RE-EVALUATION AND APPROVAL

A foster home is approved to accept foster children for a period not to exceed 12 months; however, this status may be revoked if deemed necessary by DFCS.

As the time for your home re-evaluation approaches, a case manager specifically designated to perform a home reassessment will schedule a home visit with you and your family.

The need to re-evaluate your home before the annual renewal process may occur for one or more of the following reasons:

- A discipline or foster care policy violation
- Relocation to a new place of residence
- Inappropriate care of a foster child
- Marriage, divorce, or other significant life event
- Any considerable change to the household (i.e. additional people living in the home, serious health issues, etc.)

The re-evaluation of your home is a collaborative process between you and your Resource Development case manager. Together you will review the successes and challenges of the previous year, including the maintenance of required minimum standards

and the provision of a defined level of quality care. You will have the opportunity to provide verbal and written feedback regarding your experiences during the previous year and request any supports needed that will strengthen your ability to be a successful foster parent.

You will also be asked to provide feedback to DFCS regarding how well we have served your family throughout the year by completing Section II of the Foster Home Re-evaluation Report.

CRIMINAL RECORDS

Fingerprints and background checks are required every five years for foster parents and all others living in the home who are over 18 years of age, including new household members and those who turn 18.

MEDICAL EXAMS

A medical exam is required every five years for all foster parents. Additionally, foster parents with health concerns that impact the ability to parent (cognitive or other diagnosed condition) are required to provide an annual statement of health until the condition has been healed.

Following the re-evaluation of your home and the results of your self-assessment, if the mutual decision has been reached to keep your home in active status, your home will be approved for placement for up to one year.

MANDATED REPORTER

As a foster parent, you are a mandated reporter. You have the legal responsibility to report any suspicion that a child has been or is

at risk for abuse or neglect. Reports should be made by calling **855-422-4453 (855-GA-CHILD)**.

MANDATED REPORTER PROTECTION

Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report to a child welfare agency providing protective services or to an appropriate law enforcement authority will be immune from any civil or criminal liability provided such a report is made in good faith.

Suspected child abuse is required to be reported by any person by law and must be reported notwithstanding that the reasonable cause to believe such abuse had occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law.

RESPONSIBILITIES OF MANDATED REPORTERS

If a person is required to report abuse because that person attends to a child, as a member of the staff of a hospital, school, social agency, or similar facility, that person must notify the person in charge of the facility or the designated delegate who then must report the abuse. A staff member who makes a report to the person designated is deemed to have fully complied with the law.

Any other person who has reasonable cause to believe that a child is abused may report.

An oral report must be made as soon as possible by telephone to DFCS Protective Services, which is designated by the Department of Human Resources, or to an appropriate law enforcement authority or district attorney. If a report of child abuse is made by DFCS or independently discovered by

DFCS, then DFCS must immediately notify the appropriate law enforcement authority or district attorney.

LIABILITY FOR FAILURE TO REPORT

Georgia Law O.C.G.A. 19-7-5 states that any person or official required by law to report a suspected case of child abuse who knowingly and willfully fails to do so will be guilty of a misdemeanor.

ADOPTIVE AND FOSTER PARENT ASSOCIATION OF GEORGIA (AFPAG)

DFCS strongly supports and encourages the formation of foster parent organizations throughout the state. Local organizations may vary slightly, although they will 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 DFCS'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, all centered on what is in the best interest of the child.

AFPAG, along with local child service organizations, associations, and advocates, has been instrumental in the development and implementation of beneficial DFCS policy changes. Examples include revisions to the foster parent grievance procedure, training requirements, smoke detector and fire safety

policies, state reimbursement for foster child 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 a Foster Child Information Sheet ([Appendix B](#)). Local associations 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 does assist and support local associations, it is autonomous and develops its own guidelines.

EFFECTIVELY HANDLING PLACEMENT DISRUPTIONS

A disruption in a placement or pre-adoptive placement is traumatic for everyone, most especially for the child. Thoughtful consideration prior to accepting a placement is paramount in preventing a disruption in the child's care, including pre-service training and assuring an appropriate match with your family by receiving comprehensive information about the child to be placed.

Once a child is placed in your home, appropriate behavior management will be essential in helping him or her to adjust to your home and family and remain with you until a permanent placement occurs. Keep a journal as an informational tool. A short, daily, written observation of the child's needs and behaviors can illustrate challenges and progress.

At the first sign of concern, contact your Resource Development case manager for guidance. There is no need to wait until you are exhausted and the child is distressed.

- **Seek strength in numbers** – Talk with your case manager and seek support from other partners on the foster care team who have experienced similar problems
- **Sort out the facts** – What you are experiencing may be quite normal; learn what expected behaviors are for specific ages
- **Look for patterns** – Refer to the child's family background and placement history to help determine what may be the root of the current problem
- **Keep a log of significant occurrences** – This is especially helpful to share with professionals from whom you are seeking guidance; include details such as when something happens, how often, the intensity level, etc.
- **Request wraparound services**
- **Be the parent** – Be assertive, when necessary, to obtain other resources and outside assistance, advocating for the child and your family

Using your skills, strengths, and supports to analyze a problem and plan an intervention is a process for fixing the responses to undesirable behavior, rather than fixing the child. Don't blame the child or yourself – get information and help right away!

If all attempts to support and strengthen the placement are unsuccessful, your case manager will plan to transition the child to another placement. Your support throughout this process is critical in helping the child make the necessary adjustments so that he or she will be able to move to a new foster home in the least disruptive way.

POLICY VIOLATIONS

Policy violations are actions by a foster parent that breach any foster home approval policy or procedure, but do not constitute abuse or neglect. While generally less severe than an allegation of abuse or neglect, **violation of policy may be sufficient grounds for closing a foster home** or other corrective actions. DFCS is responsible for assessing policy violations and disciplinary measures as deemed necessary.

Allegations that rise to the level of abuse or neglect are referred to Child Protective Services for immediate investigation.

CATEGORIES OF POLICY VIOLATIONS

DISCIPLINE OR OTHER SERIOUS VIOLATIONS

These violations include those acts or situations by the caregiver that pose an immediate or potential risk to the safety or well-being of the child in care. These may include, but are not limited to, inappropriate disciplinary measures (physical and/or emotional), violations of supervision, or any other safety concerns that pose serious risk to the child.

LOW-RISK POLICY VIOLATIONS

These violations do not pose a direct or immediate risk to the safety and well-being of the child in care.

These may include, but are not limited to, the following:

- Lack of required annual in-service training hours
- Inappropriate utilization of a foster home as defined in Minimum Standards

- Lack of cooperation in assuming partnership role with the agency in meeting the needs of the child in your care
- Inappropriate disclosure of confidential information regarding the child in your care
- Inappropriate use of acceptable disciplinary practices (extended periods of discipline, i.e. time out, etc.)
- Inappropriate assignment of chores or work responsibilities
- Any non-disciplinary violation of foster care policy that does not pose a direct or immediate health or safety risk to the child in your care

A Corrective Action Plan (CAP) shall be used as a rehabilitative measure to address policy violations when appropriate.

CORRECTIVE ACTION PLANS

A Corrective Action Plan (CAP) is implemented following a caregiver's first policy violation if the violation has not had a direct impact on the safety and well-being of the child in his or her care.

A Corrective Action Plan must:

- Identify the issues to be addressed
- Define the steps necessary for corrective action
- Identify any assistance or resources that will be utilized to complete the action steps
- Specify dates required for completion of each step

All steps must be completed no later than six months of the Corrective Action Plan approval.

A Corrective Action Plan is designed to support foster parents in the development and utilization of more appropriate methods of

meeting the needs of the child in care and to clarify the roles of the agency and the foster parents in preventing further violations of foster care policy, thus ensuring the utmost safety and well-being of the child in care. The CAP serves as a supportive, rather than a punitive, intervention.

INVESTIGATION OF A FOSTER HOME

When a report is received regarding the inappropriate treatment of a child in a DFCS foster home, **all allegations are immediately reviewed** by the Resource Development supervisor and forwarded to the CPS Intake Call Center (CICC) of DFCS for immediate screening if there is any indication or suspicion of possible abuse or neglect. The county director and other appropriate personnel are immediately informed of the report.

The child's case manager will contact the foster parent to explain the next step(s) to be taken and to provide support, clarification, and/or other services that will not compromise the integrity of the CPS investigation or the safety of the child in care.

CONSTITUENT COMPLAINTS

Occasionally, DFCS receives complaints regarding a foster family from an external source within the community. These complaints may include reports of severe or unusual discipline, the lack of adequate care and maintenance of the child in placement, caring for additional children, problems with the foster family's own child, significant health concerns of a foster family member, inadequate supervision of a child in the home, or unusual traffic in and out of the foster home.

Every complaint filed with DFCS must be thoroughly assessed to determine its validity. Your Resource Development case manager will inform you of all complaints regarding your home and the outcome of the assessment.

CPS INVESTIGATIONS OF FOSTER HOMES

The primary goal of Child Protective Services is to ensure the safety and well-being of the child placed in your care. There are times when a foster parent will be faced with allegations of child abuse and/or neglect, resulting in a CPS investigation of the foster home.

Child abuse is defined as any physical injury or death inflicted upon a child by a parent or caretaker by anything other than accidental means. Neglect refers to a caretaker's deliberate or chronic disregard of the needs (physical, intellectual, social, and/or emotional) essential to a child's development or the deliberate act of permitting a child to experience avoidable pain and suffering.

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

- The report is screened to determine whether further investigation is deemed necessary
- All appropriate DFCS personnel are notified
- Child Protective Services is mandatorily required to respond to the allegations within 24 hours
- DFCS will immediately forward all reports alleging abuse or neglect of children in agency custody to appropriate law enforcement; a joint investigation may or may not be required

- DFCS will remove the child from his or her foster home if the child’s safety cannot be assured without a reasonable doubt
- To ensure objectivity, a case manager who is not directly involved with your case will be assigned to complete the investigation
- The assigned investigative case manager will interview various individuals, including you, the child in your care, all other household members to include your birth/adopted children, witnesses, and the individual(s) responsible for making the initial allegation. In addition, he or she will review case records and other pertinent documents for additional information relative to the investigation
- DFCS will conduct a staffing with all involved supervisors, case managers, and other pertinent individuals related to the case to share the results of the investigation
- Review the need to remove the child and jointly develop appropriate action(s) to be taken
- If allegations of child abuse and/or neglect are substantiated, the foster home will be closed
- If allegations are found to be unsubstantiated, minor, reactive, and not chronic, corrective, or amenable to change, and a Corrective Action Plan is instituted, the foster home may remain open
- **The final decision to close a foster home lies with the DFCS county director**

During an investigation of a foster home or for alleged violations of agency policies or acts of child abuse/neglect, the foster parent under investigation can request an Adoptive and Foster Parent Association of Georgia (AFPAG) advocate for support.

REMOVAL OF A CHILD FROM FOSTER HOME

DFCS will remove a child at any time that his or her safety and well-being cannot be assured in a foster, foster/adoptive, or adoptive home.

The decision to remove a child is made immediately upon determination that a child’s safety cannot be assured.

CLOSURE OF A FOSTER HOME

DFCS shall permanently close the home of an approved caregiver under the following circumstances:

- Following a substantiated case of child abuse or neglect, unless a waiver from the county or state level DFCS authority is granted for the home to remain open to facilitate permanency for a specific child
- Following an unsubstantiated case of child abuse or neglect if, based on all known information, concerns remain regarding the ability of a foster parent to provide appropriate care
- Following any violation of foster care policy that has a direct impact on the safety and well-being of a child in the home
- Following a second discipline or serious foster care policy violation, unless a waiver from the county or state office authority is granted for the home to remain open to facilitate permanency for a specific child
- Following a second policy violation for failing to obtain the required hours of Continued Parent Development
- When a family is unable or unwilling to demonstrate caregiver protective capacity and is not open to change, correction, or DFCS intervention (for example, refusing to

sign and comply with a Corrective Action Plan)

- When the home fails to meet official Safety and Quality Standards despite directives for corrective measures and opportunity provided for improvements

DFCS shall assess the need to close an approved home if:

- The home has consistently refused to accept placements
- The caregiver has requested closure of the foster home
- The home has been deemed unable to provide the necessary care and services required of the child(ren) and family being served
- A foster family has relocated and failed to appropriately notify DFCS of the move within the six-month required timeframe

If closure of a foster home is deemed necessary, DFCS will inform the foster home, in writing, within 10 days of a face-to-face meeting, specifying the reasons for closure and the official closure date.

DEATH OF A CHILD IN FOSTER HOME

GENERAL GUIDELINES

When a child dies while in the care of a foster home, it can be traumatic for everyone involved in the child's care, including his or her biological family, the foster family, and the DFCS staff, among others. During this time, it may be challenging to know all that needs to be done.

Because the circumstances surrounding the death of a child are unique, judgment must be

used in determining the appropriate timing for the steps that must be taken. The child's death may be caused by a long illness, where relatives and friends have been aware of the seriousness of his or her condition for quite some time. Or, the child's death may be from an accident, foster parent neglect and/or abuse, or from a medical emergency. Regardless of whether the death occurred in a hospital or elsewhere, an autopsy will be required.

You must immediately report the death of a child in your home to appropriate authorities, the child's case manager, and all required DFCS personnel, including the regional director, in the child's county of residence.

An internal DFCS review staff member will immediately investigate the circumstances and reported cause of the child's death, as well as all relevant case information, decisions, and actions involving Child Protective Services. As stated above, law enforcement also is involved in investigating the death of a child in care.

AGENCY RESPONSIBILITY

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 is available from state funds to assist with burial expenses. Sometimes, the child has additional funds that may also be used for burial. Confirm with the child's case manager.

CASE MANAGER RESPONSIBILITIES

The child's case manager will be supportive to those who have had a meaningful and/or legal relationship with the child, including his or her

relatives (parents, siblings, and other relatives) and current or former foster parents. The case manager will inform the appropriate persons of the child's death, understand, and respect their grief, and will assist the child's birth parents to plan an appropriate service. The case manager will express to the birth parent(s) the foster parent's interest in attending the service or desire to participate in a meaningful way, if the foster parents desire.

If the birth parents are unable to participate in the planning of the services, the case manager will initiate plans for the burial service and other events that must be completed. It is anticipated the child's case manager and other service providers who have worked closely with the child or his or her family may desire to attend the services. Anyone involved in the care of the child may want to contribute toward flowers, funeral costs, or another donation in memory of the child.

BIRTH PARENT RESPONSIBILITIES

The child's birth parent(s) retain the right to plan the burial services of the child. If financially able to do so, the birth parent(s) will assume responsibility for all service-related expenses. The child's case manager will assist with 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 had legal custody of the child, the agency will assume responsibility for planning the 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.

FOSTER PARENT RESPONSIBILITIES

Foster parents have no legal responsibility for the burial of a foster child. However, as primary caretaker of the deceased child, you do have the responsibility of cooperating with the agency in the mandatory investigation of the child's death and any surrounding circumstances, when applicable.

You may want to attend the funeral, send flowers, or donate in memory of the child in another meaningful way. Foster parents should be aware that the child's birth parent(s) may react to the loss of the child by feeling anger toward you, the agency, and/or the hospital or medical staff involved in the child's care. Do not hesitate to seek support from the child's case manager and Resource Development case manager, when needed.

USE OF VOLUNTEERS AS PLACEMENT RESOURCES

When needed, DFCS uses volunteers to implement and support its programs for children and families. Volunteers provide invaluable services to families and children in their communities and can provide a consistent level of support to assist you in enriching the life of the child placed in your care.

Some ways that volunteers can be helpful include:

- Providing respite care for foster parents by supervising the child one afternoon a week
- Providing tutoring and/or mentoring to the child where areas of need have been identified
- Paying various fees related to recreational and/or other extracurricular activities

- Donating computers and/or other supplies necessary to enhance the child’s learning

Foster parents may be aware of individuals or organizations willing to share their time, talents, and/or financial resources with a child in need.

- Always inform your case manager when you become aware of a volunteer willing to work with the child in your care
- Never allow a volunteer to take the child away from your home without the written permission from the agency. DFCS is required to obtain the appropriate clearance (including a criminal record and CPS check) for all volunteers who come in direct contact with children in placement
- For a child who is appropriately able to express an opinion, consider his or her feelings regarding interacting with a volunteer



affirm his or her confidentiality with respect to all case information, and his or her ability to act in the best interests of the child he or she represents.

While this is an advisory role, the findings of the JCRP are submitted for consideration by the judge presiding over the child’s case. A Judicial Citizen Review Panel, if designated by the court, also may assist DFCS in the development of the child’s initial case plan and in assisting the court in conducting all permanency hearings (except for a permanency hearing recommending non-reunification).

A local Program Coordinator is appointed by the judge to schedule reviews, mail notifications to all necessary individuals, maintain official case and JCRP records, and to distribute panel recommendations to the judge, DFCS, birth parents, foster parent, and other appropriate parties.

COURT APPOINTED SPECIAL ADVOCATES (CASA)



A CASA, or Court Appointed Special Advocate, is a volunteer from within 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 dependency proceedings. The judge appoints a CASA, who must present a court order from the judge verifying he or she has been assigned to a case. The role of a CASA is to provide the court with independent and objective information regarding the status of children involved in dependency cases. The CASA also provides

CASE REVIEWS OF CHILDREN IN FOSTER HOMES

The Council of Juvenile Court Judges administers Judicial Citizen Review Panels (JCRP) of children in foster homes in select counties and jurisdictions. Volunteers receive specialized training to effectively conduct reviews for children in care. A judge will appoint a volunteer as a sworn officer of the court,

recommendations regarding the best interests of the child.

Because the CASA is engaged in assessing and monitoring the child's ongoing needs and status while in placement, there will be occasions when foster parents are called upon to provide pertinent information about the child in care.

The CASA and the child's foster parent(s) should collaborate as thoughtfully and effectively as possible to advance the best interests of the child, such as:

- CASA staff should be included as presenters at local IMPACT training sessions for foster parents
- Presidents of local AFPAG groups should make presentations at CASA volunteer meetings
- If your CASA volunteer and case manager cannot make the initial visit to your home together, your case manager will coordinate and schedule a CASA meeting with you
- Subsequent visits to the foster home and with the child will be made directly by the CASA volunteer
- Your CASA volunteer will make monthly face-to-face or telephone contact with the foster parent and/or the child in care. The law states the CASA will maintain regular and sufficient face-to-face contact with the child and, in a manner appropriate to the child's developmental level, meet with and interview the child prior to custody hearings, adjudication hearings, disposition hearings, judicial reviews, and any other scheduled hearings

The State's CASA Program states a CASA volunteer cannot transport the child at any

time. If a foster parent has a complaint or concern regarding the inappropriate behavior of a CASA volunteer, he or she should promptly inform the child's case manager.

DFCS foster parents are **not allowed** to serve as a Court Appointed Special Advocate in the State of Georgia.

ADOPTING YOUR FOSTER CHILD

If the case plan for the child you are caring for includes non-reunification with his or her birth parent(s), and there are no qualified biological relatives willing to care for the child,

you will be notified of the agency's plan to terminate parental rights and to change the child's goal to adoption. If you are interested in adopting the child, and you have been successfully meeting his or her needs, you may be an ideal candidate for adoption. The child will remain in a familiar environment that has been both safe and nurturing and will not have to face the challenges of yet another move. As foster parents, you have a right to be considered as an adoptive resource when there are no viable relatives and the plan is adoption.

If you and your family are not prepared to adopt the child in your care, you should make this known to your case manager as soon as you are made aware of plans to dissolve 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 than from the agency. Adoption is a serious and permanent commitment to the life of the child and to the status of your family. You will be making someone a permanent member of your family, which includes all the emotional and legal ramifications involved with being a family. In addition, you will have the long-term task of assisting the child with issues relative to adoption. Therefore, a foster parent must assess his or her capacity to permanently adopt the child into his or her family as well as to care for the long term physical and emotional needs of the child when making this life-altering decision.

ADOPTION CONSIDERATION EVALUATION

Upon the agency's plan to file the petition to terminate parental rights you will receive a Notification to Foster Parents of Intent to Petition to Terminate Parental Rights form. Your family will have the opportunity to sign and return specific forms to begin the selection process if you already know you do not wish to adopt. During this time, the agency will be requesting a determination from the DFCS state office regarding whether the child will be eligible for adoption assistance. Once this determination is made, your family will be asked to attend a Foster Parent Consideration Staffing.

The Foster Parent Consideration Staffing will be scheduled to provide you with additional information regarding the child, the adoption process, adoption requirements, and to determine your interest in formally adopting the child. The form Foster Parent Affidavit for Consideration of Adopting Foster Child(ren) currently in home will be given to you for your

signature and acknowledgement of the discussion. You will provide your written decision to adopt/not adopt the child in your home. You must submit the form within seven days of receipt.

If you indicate your interest to be considered as an adoptive resource for the child living in your home, DFCS will complete an Adoption Consideration Evaluation (ACE) on your home. This process includes the agency looking at several aspects to make the best-informed decision for the child's well-being. Aspects considered by the agency include the child's adjustment in your home, progress made since being placed, and your protective capacities and ability to meet the long-term needs of the child. The agency also considers social and family supports, willingness to maintain and support meaningful connections, and ongoing services, when needed, among others.

Additionally, the agency will require the following documents to officially convert your home to an approved adoptive home:

- Completion of application (Form 35)
- Medical statements on foster parents; if there is an approved medical (Form 36) on file in your 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)
- Criminal records report and fingerprints (must be current within five years of completion of the home conversion)
- Copy of marriage certificate, all divorce decrees and/or death certificates of former spouses
- Completion of IMPACT training, if not previously completed, may be waived at the

discretion of DFCS state office for homes approved prior to this requirement

Upon approval of your family as the adoptive family for this child and the child becoming legally free for adoption, a second meeting will be held. During this meeting, you will be provided the child's life history, medical records, family background information, etc. You will also sign adoptive placement forms. The period of post-adoption placement is also discussed. Once the agency and your family believe it is appropriate, you will be given a letter to take to an attorney to file a petition for adoption in superior court.



Last, but not least, is your finalization day in court! The judge will sign the adoption decree, making your adoption legal and final and the child

will become a permanent part of his or her new forever family! You will need to contact the agency when your adoption is final and provide a copy of the Final Adoption Decree. Congratulations on joining with many other families who have added a very special member to their families through adoption!

ADOPTION ASSISTANCE

If you adopt a child in Georgia who meets the special needs definition as defined for adoption, the child will qualify for adoption assistance.

Children falling into one of the following categories at the time of adoptive placement

are considered to meet the state's definition of special needs:

- The child has been in the care of a public or private agency or individual other than his or her legal or biological parent(s) for more than 24 consecutive months
- The child has a physical, mental, or emotional disability, as validated by a licensed physician or psychologist
- The child is a member of a sibling group of two or more placed in the same home for adoption



Adoption assistance is a financial and medical subsidy available to adoptive children with special needs being placed for adoption through DFCS for meeting the special needs of the adoptive child.

There are four categories of adoption assistance:

- **Monthly Assistance**
A monthly financial supplement to aid in meeting the needs of the child, as described above
- **Medicaid**
Available for any child eligible for monthly adoption assistance to aid adoptive families in meeting the medical needs of the child
- **Special Services Adoption Assistance**
Financial assistance provided for a limited or onetime special service that is not covered by Medicaid, monthly maintenance assistance, or through specific community

resources (i.e. orthodontics, prosthetics, or psychological counseling); special services approval is dependent upon the availability of funds

- **Non-Recurring Adoption Assistance**
Will cover attorney fees, court costs and other singular expenses directly related to the legal adoption of the special needs child
-

APPENDIX A – Foster Caregiver Non-Discrimination Policy and Contact Information

DFCS shall ensure that all service recipients or potential service recipients who choose to file a complaint alleging discrimination are not denied their right to file a complaint.

The determination of whether a modification is reasonable depends on the specific facts of each case and is not based on generalizations and stereotypes. Reasonable Accommodations are defined as any changes or enhancements that can be implemented to enable an individual to perform duties as a caregiver despite having a disability. Requests for reasonable modifications/accommodations made by or on behalf of disabled applicants and participants in the foster care and adoption programs should be directed to the Regional ADA/Section 504 Coordinator. Contact your local County Department for information about the Regional ADA/Section 504 Coordinator.

If a potential or current foster caregiver makes a request for Reasonable Accommodations such request must be assessed by an ADA/Section 504 Coordinator. DFCS has at least one state office ADA/Section 504 Coordinator and a coordinator for each region for the foster care and adoptions program. They are responsible for reviewing requests for reasonable accommodations.

You have the right to file a complaint in the event you feel you are a victim of discrimination.

All complaints based on national origin (e.g., limited English proficiency) and sensory impairments must be forwarded to:

Program Director
DHS LEP/SI Program
2 Peachtree Street, N.W., Suite 29-103
Atlanta, GA 30303
(404) 657-5244 (voice)
(404) 651-6815 (fax)
(404)-463-7591 (TTY)

All other discrimination complaints must be forwarded to:

Program Officer
DFCS Civil Rights Program
2 Peachtree Street, N.W., Suite 19-244
Atlanta, GA 30303
(404) 657-3735 (voice)
(404) 463-3978 (fax)
(404) 463-7591 (TTY)

Complainants can also file complaints with the following federal agencies:

U.S. Department of Health and Human Services
HHS Director, Office for Civil Rights
200 Independence Avenue, S.W.

Room 515-F
Washington, D.C. 20201
(202) 619-0403 (voice)
(800) 537-7697 (TTY)

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530
(888) 848-5306 - English and Spanish (inglés y español)
(202) 307-2222 (voice)
(202) 307-2678 (TDD)

(FOR ADA COMPLAINTS)

US Department of Justice 950 Pennsylvania Avenue, NW
Civil Rights Division
Disability Rights Section — 1425 NYAV
Washington, D.C. 20530
(202) 307-1197 (fax)
800-514-0301 (voice - ADA Information Line)
800-514-0383 (TTY)
ADA.complaint@usdoj.gov

APPENDIX B – Foster Child Information Sheet



GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES FOSTER CHILD INFORMATION SHEET

Child's name:

Name child prefers to be called:

Child's birthdate:

Social Security Number:

Reason child is in foster care:

Medical history (i.e. disorders, allergies, dental history):

Psychological/social history or other behavioral concerns:

School history (including last school attended, achievement level, school adjustment):

Foster care history (including area of city and why child was moved):

Does the child have a special toy or other item? Is it with him/her now?

Child's sleep patterns/rituals:

Child's food likes and dislikes:

Are pictures of the child's family available? Are they with the child now?

Where is the child's family?

Who are the members of the child's immediate family?

Are the child's sibling(s) in foster care? If yes, where?

What are the plans for this child?

What are the religious preferences for the child, if any?

Are there clothing preferences for the child (i.e. color, style)?

Does the child have any fears?

Does the child have any special skills or achievements?

APPENDIX C – Foster Parents’ Bill of Rights

BILL OF RIGHTS

The Foster Parent Bill of Rights became law on July 1, 2004 and outlines 23 rights for DFCS foster parents. The law (O.C.G.A. covers issues such as non-discrimination, distribution and disclosure of information, financial reimbursement, and the right to have input into case planning for children. It includes a provision for advocates who can provide support to foster parents during child protective services investigations or through the grievance process. The Bill of Rights also allows for foster parents to file grievances when they believe that any of these rights have been violated.

Besides partnering with DFCS and Foster Care Team members, there are two major organizations that provide support to Foster and Adoptive parents in the state of Georgia. The Adoptive and Foster Parent Association of Georgia (AFPAG) and the Georgia Center for Resources and Support provide ongoing training and advocacy to foster and adoptive parents. Their websites provide contact information and a wealth of resources for foster and adoptive parents. (www.AFPAG.net and www.gaadoptionresources.org).

The Division of Family and Children Services (DFCS) and Child Placing Agencies (CPAs) are expected to comply with mandates contained in the Foster Parent Bill of Rights and Grievance Procedure. Foster parents have the following rights, which are subject to the grievance procedure later addressed in the manual:

1. The right to be treated by DFCS and other partners in the care of abused children with dignity, respect, and trust as a primary provider of foster care and a member of the professional team caring for children in foster care;
2. The right not to be discriminated against on the basis of religion, race, color, creed, gender, marital status, national origin, age, or physical handicap;
3. The right to continue with his/her own family values and beliefs, so long as the values of the child and birth family are not infringed upon and consideration is given to the special needs of children who have experienced trauma and separation from their families. This shall include the right to exercise parental authority within the limits of policies, procedures, and other directions of DFCS and within the limits of the laws of the State of Georgia;
4. The right to receive both standardized pre-service training (including training in DFCS policies and procedures) and appropriate ongoing training (by DFCS or the placing agency) at appropriate intervals to meet mutually assessed needs of the child, to improve fosterparents’ skills, and to apprise foster parents of any changes in policies and procedures of DFCS and any changes in applicable law;
5. The right to be apprised of information, laws, and guidelines on the obligations, responsibilities, and opportunities of foster parenting, and to be kept informed by DFCS of any changes in laws, policies, and procedures regarding foster parenting in a timely manner and at least annually;

6. The right to receive timely financial reimbursement according to the agreement between the foster parents and DFCS from funds appropriated by the General Assembly and to be notified of any costs or expenses for which the foster parent may be eligible for reimbursement. Grievances may include the following:
 - a. 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.
 - b. 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.
 - c. The County Department with financial responsibility for the child fails to provide reimbursement for supplemental supervision (approved child care) for working foster parents in accordance with State rates and policy.
 - d. 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 home or facility, hospitalization, admission to other institutions for evaluation, camp, respite, Independent Living Program (ILP) activities, and runaway (provided the foster parent is willing to have the child returned)].
7. The right to receive information from DFCS on how to receive services and reach personnel 24 hours per day, seven days per week;
8. The right, prior to the placement of a child, to be notified of any known issues relative to the child that may jeopardize the health and safety of the foster family or the child or alter the manner in which foster care should be administered;
9. The right to discuss known information regarding the child prior to placement. DFCS will provide such information as it becomes available as allowable under state and federal laws. Grievance may include if the 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.
10. The right to refuse placement of a child in the foster home or to request, upon reasonable notice, the removal of a child from the foster home without fear of reprisal or any adverse effect on being assigned any future foster or adoptive placements;
11. The right to receive any information through DFCS regarding the number of times a foster child has been moved, and the reasons therefore, and to receive the names and telephone numbers of the previous foster parents, if the previous foster parents authorized such release and as allowable under state and federal law;
12. The right, at any time during which a child is placed with the foster parent, to receive from DFCS, any and all additional pertinent information relevant to the care of the child;

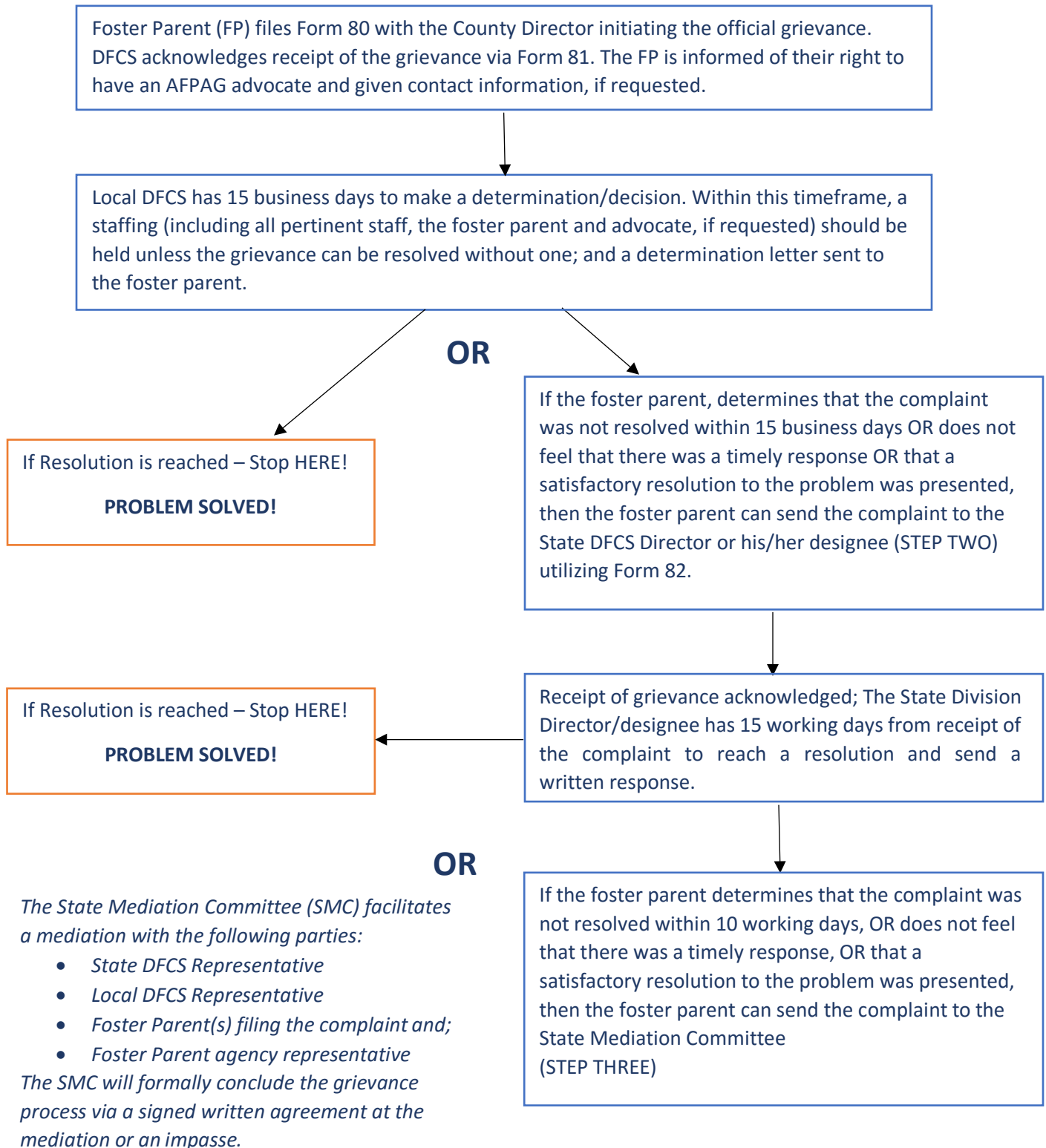
13. The right to be provided with a written copy of the individual treatment and service plan concerning the child in the foster parent's home and to discuss such plan with the case manager, as well as reasonable notification of any changes to that plan;
14. The right to participate in the planning of visitation with the child and the child's biological family, with the foster parents recognizing that visitation with his/her biological family is important to the child;
15. The right to participate in the case planning and decision-making process with DFCS regarding the child;
16. The right to provide input concerning the plan of services for the child and to have that input considered by the Department;
17. The right to communicate for the purpose of participating in the case of the child with other professional team members who work with such child within the context of the professional team, including, but not limited to, therapists, physicians, and teachers, as allowable under state and federal law;
18. The right to be notified in advance, in writing, by DFCS or the court of any hearing or review where the case plan or permanency of the child is an issue, including periodic reviews held by the court or by the Judicial Citizen Review panel, hearings following revocation of the license of an agency which has permanent custody of a child, and permanency hearings;
19. The right to be considered, where appropriate, as a preferential placement option when a child who was formerly placed with the foster parents has reentered the foster care system;
20. The right to be considered, where appropriate, as the first choice as a permanent parent or parents for a child who, after 12 months of placement in the foster home, is released for adoption or permanent foster care;
21. The right to be provided a fair and timely investigation of complaints concerning the operation of a foster home;
22. The right to an explanation of a corrective action plan or policy violation relating to foster parents; and
23. The right, to the extent allowed under state and federal law, to have an advocate present at all portions of investigations of abuse and neglect at which an accused foster parent is present. Child abuse and neglect investigations shall be investigated pursuant to DFCS policies and procedures, and any removal of a foster child shall be conducted pursuant to those policies and procedures. DFCS will permit volunteers with the Adoptive and Foster Parent Association of Georgia (AFPAG) to be educated concerning the procedures relevant to investigations of alleged

abuse and neglect and the rights of accused foster parents. After such training, a volunteer will be permitted to serve as an advocate for an accused foster parent. All communication received by the advocate in this capacity shall be strictly confidential.

DFCS shall also consider the following issues as grievable:

- The local DFCS 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 with other resources.
- The local DFCS fails to send a letter describing the reasons the home is being closed and notification of the closing date within 10 business days of the face-to-face contact.
- The local DFCS 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 timeframe as specified in the law, O.C.G.A. § 49-5-41(D).

APPENDIX D – Grievance Process Flowchart



APPENDIX E – Agreement Supplement



AGREEMENT SUPPLEMENT

Legal County _____ County of Placement _____

Caregiver Name: _____ SHINES Resource ID: _____

Is this a CPA foster home? _____ If yes, list agency name: _____

HOME PLACEMENTS		
I have this date _____ received into my home _____:		
(DATE)	(CAREGIVER ADDRESS)	
Child Name	Date of Birth	SHINES Case ID
From _____		
(DIVISION / AGENCY STAFF)	COUNTY	

HOME EXITS		
I have this date _____ released from my home _____:		
(DATE)	(CAREGIVER ADDRESS)	
Child Name	Date of Birth	SHINES Case ID
To _____		
(DIVISION / AGENCY STAFF)	COUNTY	

Primary Caregiver Signature

Secondary Caregiver *(If Applicable)*

Division / Agency Staff Signature

Agreement Supplement (Revised – 05/2017)

APPENDIX F – DFCS Contact Information



DEPARTMENT OF FAMILY AND CHILDREN SERVICES CONTACT INFORMATION

CHILD'S (CHILDREN'S) INFORMATION

CHILD'S (CHILDREN'S) NAME(S)	
DATE(S) OF BIRTH	
LEGAL COUNTY	

SOCIAL SERVICES PROTECT AND PLACEMENT CASE MANAGER'S INFORMATION

NAME	
OFFICE NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	

SOCIAL SERVICES PROTECT AND PLACEMENT SUPERVISOR'S INFORMATION

NAME	
OFFICE NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	

COUNTY DIRECTOR OR DESIGNEE

NAME	
OFFICE NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	

IN CASE OF AN AFTER-HOURS EMERGENCY

NAME	
CONTACT NUMBER	



CAREGIVER CHILD SAFETY AGREEMENT

Instructions: Review the information on each topic with the primary and secondary caregiver, as applicable. Include in the discussion any supporting information from the Foster Parent Manual. Have each caregiver initial each discussion area and sign the form.

Date of Review: _____	Agency/Department Representative: _____
Purpose: <input type="checkbox"/> Initial Approval /Placement <input type="checkbox"/> Re-Evaluation <input type="checkbox"/> Corrective Action Plan <input type="checkbox"/> Other _____	

	Caregiver Initials
<p>Foster Parent Manual—The Foster Parent Manual is your guide to understanding safety, supervision, and service expectations of caregivers. Standards of care for children in foster care are stringent due to the uniqueness of the situation. Caregivers must abide by the information in the Foster Parent Manual. Your agency /department should have provided you with a copy of the Foster Parent Manual. It can also be accessed at _____.</p> <p>To ensure the safety and well-being of the children placed in (my/our) home, (I/we) agree to the following:</p> <p>Review and abide by the information in the Foster Parent Manual</p>	
<p>Household Composition/ Significant Events—Your home’s approval has been based on the current household information and the safety screens of the current household members listed below.</p> <p>List Household Members:</p> <p>To ensure the safety and well-being of the children placed in (my/our) home, (I/we) agree to report any of the following to the agency/department within one (1) business day of occurrence:</p> <ul style="list-style-type: none"> • Report any additions to the household (regular resident or re-occurring overnight resident); • Report any 911 calls from the residence; • Report if law enforcement or the fire/EMS department is dispatched to the residence; • Report any arrests, convictions or other law enforcement involvement with any household member; and • Report any other such significant event. 	
<p>Corporal Punishment- DFCS policy prohibits the use of corporal or unusual punishment on a child in its custody. Children removed from their parents or other caretakers due to neglect or abuse must be disciplined in ways that do no perpetuate the physical and emotional pain experienced because of past inappropriate parenting practices.</p> <p>To ensure the safety and well-being of the children placed in (my/our) home, (I/we) agree to the following:</p> <ul style="list-style-type: none"> • To refrain from the use of any corporal or unusual punishment on a child placed in (my/our) home, including, but not limited to the following: <u>spanking, tapping, switching, shaking, pinching, biting, twisting, or pulling; tying with rope, withholding food, force feeding, denying mail; denying appropriate contacts with family, denying contact with worker; degrading child or child's family, or humiliating child; creating fear, anger and anxiety;</u> locking child in a room, toset or outside the home; <u>goup punishment ___or delegating older children to administer punishment; destroying the child's property and any other practices which may physically or emotionally damage the child.</u> • When managing children's behavior, use the suggested alternative methods (or other effective means of discipline) from the Foster Parent Manual and in consultation with the agency /department. • Seek on-going information/training to build and enhance (my/our) child behavioral management skills. • Immediately inform the agency / department of the need for assistance in managing the behavior of any child placed in (my/our) home. 	
<p>Supervision of Children- Caregivers must provide safe, responsible and appropriate supervision of children at all times.</p> <p>Names of Approved Substitute Caregivers:</p> <p>In keeping with this requirement, (I/we) agree to adhere to the following:</p> <ul style="list-style-type: none"> • Provide appropriate adult supervision for the children in my care at all times; 	

<ul style="list-style-type: none"> • Ensure that any substitute caregivers are approved in advance by the agency/ department. • Ensure that children are not placed under the care or supervision of anyone under the age of 18 years. • Ensure that children are not left unattended in a motor vehicle. • Obtain approval from the agency prior to leaving older children unsupervised. These youth must have a Graduated Independence Plan (GIP) before being left unsupervised. • Carefully review and abide by the information on safe supervision in the Foster Parent Manual 	
<p>Firearm Safety-Caregivers must ensure that children placed do not handle or have access to firearms. Caregivers must take precautions to ensure that preventable injury or death from firearms does not occur.</p> <p># of Firearms in the home _____ Location of Firearms _____</p> <p>In keeping with this requirement, (I/we) agree to adhere to the following:</p> <ul style="list-style-type: none"> • Inform DFCS of the presence of firearms in (my/our) home, now or at any time in the future. • Secure all firearms in the home, using a commercially available safety lock designed for this purpose, or in a storage cabinet that securely locks. <p>Keep all firearms unloaded; store firearms and ammunition separately.</p> <ul style="list-style-type: none"> • Never allow children placed in the home to handle guns. • Carefully review and abide by the information on gun safety in the Foster Parent Manual 	
<p>Motor Vehicle and Bicycle Safety- According to national statistics, motor vehicle accidents are the leading cause of death for children ages 5-14. Caregivers must take precautions to ensure the safety of children in motor vehicles including following all state laws dictating car seat use and restrictions regarding children riding in the front seat.</p> <p>Children must wear helmets while bicycling.</p> <p>In keeping with this requirement, (I/we) agree to adhere to the following:</p> <ul style="list-style-type: none"> • Secure children under age 8 in a federally approved child safety restraint seat, that is properly installed according to the manufacturer's instructions. • Secure children under 8 years of age in the rear seat of the vehicle with federally approved and properly installed safety seatbelts. • Ensure that children/youth under 18 years do not ride in the bed of a pickup truck at any time. • Obtain permission from the agency /department prior to allowing a child to ride as a passenger or driver on any of the following: automobile (as driver only); motorcycle; motorbike; all-terrain vehicles; small, high-speed water craft and other similarly motorized vehicles. • Ensure that children wear a properly fitted helmet while bicycling or engaged in other approved motor vehicle activities where a helmet is indicated (all-terrain vehicles, for example). <p>Carefully review and abide by the information on motor vehicle safety in the Foster Parent Manual</p>	
<p>*Water Safety- Children are at high risk for accidental drowning. Foster parents whose residence is equipped with an in-ground /above ground swimming pool, or who live on a waterfront property, are required to take extra safety precautions with children placed in their care.</p> <p>Does the caregiver have an in-ground/above ground pool? Yes No</p> <p>Does the caregiver live on a waterfront property? Yes No</p> <p>In keeping with this requirement (for homes with in-ground/above ground pools), (I/we) agree to adhere to the following:</p> <ul style="list-style-type: none"> • Know or learn how to swim. • Hold a current certificate in CPR/First Aid. • Obtain a certificate in Basic Water Rescue. • Enroll all children 3 years of age and older placed in the home in a swimming class taught by a certified instructor. • Foster Parent or an approved caretaker must provide direct supervision of children when around bodies of water (does not include lifeguards and pool personnel). • Ensure the compliance with any local or state ordinances regarding pools or waterfront property. • Secure the entire perimeter of the pool area with a fence and locked gate of sufficient height to prevent the entry of young children. • Complete all water safety requirements within one (1) year of the child's placement in the home. • Carefully review and abide by the information on water safety in the Foster Parent Manual. <p>In keeping with this requirement (for homes without in-ground/above ground pools), (I/we) agree to adhere to the following:</p> <ul style="list-style-type: none"> • Inform DFCS immediately prior to adding an in-ground/above ground swimming pool. 	

<p>Motor Vehicle “Hot Car” Safety Children are sensitive to heat as their body temperature can heat up three to five times faster than an adult. Children will die if their body temperature exceeds 107 degrees. Even at a temperature of 60 degrees outdoors, the temperature inside a car can exceed 110 degrees. At initial placement caregivers should be reminded of motor vehicle safety as it pertains to hot cars and steps they can take to avoid related serious injury or death. The U.S. Department of Transportation (DOT) National Highway Traffic Safety Administration (NHTSA) recommends the following precautions to take to avoid child heatstroke.</p> <p>In keeping with this requirement, (I/we) agree to adhere to the following:</p> <ul style="list-style-type: none"> • Never leave a child unattended in a vehicle – even if the windows are partially open or the engine is running and the air conditioning is on; • Make a habit of looking in the vehicle – front and back – before locking the door and walking away; • Ask the childcare provider to call if the child doesn't show up for care as expected; • Do things that serve as a reminder that a child is in the vehicle, such as placing a phone, purse or briefcase in the back seat to ensure no child is accidentally left in the vehicle, or writing a note or using a stuffed animal placed in the driver's view to indicate a child is in the car seat; • Always lock your vehicle when not in use and store keys out of a child’s reach, so children cannot enter unattended. Teach children that a vehicle is not a play area; <p>A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.</p>	
<p>Safe to Sleep for Babies</p> <p>Caregivers of infants ages 0-12 months old must be informed of conditions that constitute a safe sleeping environment and that reduce the risk of Sudden Infant Death Syndrome (SIDS), also known as “crib death”.</p> <p>At minimum, caregivers should practice the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABC’s’ of safe sleep.</p> <p>In keeping with this requirement, (I/we) agree to adhere to the following:</p> <ul style="list-style-type: none"> • Alone – Ensure the baby’s sleep area should be close to, but separate from, where caregivers and others sleep. The sleep area should be free of soft objects, toys, and loose bedding. • Back – Ensure that Infants are always placed on their back to sleep for naps and at night. • Crib – Ensure to place infants on a firm sleep surface, such as on a safety approved crib mattress, covered by a fitted sheet. Ensure that the child’s sleep area contains no blankets, quilts, crib bumpers, or toys. 	
<p>Environmental and Animal Safety-Caregivers must ensure that the home environment (inside and outside) is clean, free of environmental hazards and provides a comfortable, livable atmosphere. Household pets may not be dangerous or aggressive; exotic pets (snakes, wide life, etc.) require special approval. Additionally, caregivers must protect children from secondhand smoke (SHS). Smoke-free homes and cars provide the best protection against SHS for children. SHS can worsen asthma and increase the risk of bronchitis, lung and ear infections in children.</p> <p>In keeping with this requirement, (I/we) agree to adhere to the following:</p> <ul style="list-style-type: none"> • Maintain our home environment (inside and outside) to ensure that it is clean, free of environmental hazards and provides a comfortable, livable atmosphere. • Provide close supervision of children when around animals. • Properly secure animals as necessary with a leash, fence or cage, etc. • Notify agency/department immediately of any dog/pet attacks or bites sustained by a child placed in your home. • Take necessary precautions to protect children from SHS particularly those with medical conditions that can be worsened by exposure to SHS. <p>Carefully review and abide by the information on animal and environmental safety in the Foster Parent Manual.</p>	

Attestation: *By signing below, you are acknowledging that the agency/department representative has reviewed the safety information with you and that you agree to follow the expectations as discussed.*

_____/_____
 Primary Caregiver / Date

_____/_____
 Primary Caregiver / Date

_____/_____
 Agency/Department Representative/Date

APPENDIX H – Consent for Youth to Drive



GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES
**Consent for Youth to Obtain Driver's Education,
 Driver's License, and/or Drive a Motorized Vehicle**

Name of Youth: _____ Age of Youth: _____

Youth is requesting to: (check all that apply)

- Attend Driver's Education Courses
- To Obtain a Driver's License
- To Drive a Motorized Vehicle

I/We, _____ parents of the above named minor youth in the placement authority of the _____ County Department of Family and Children's Services (DFCS) understand that I/We retain the right to determine whether my/our child can participate in a Driver's Education course, obtain a Driver's License, and/or drive a motorized vehicle. Further, I/We understand that if permission is given, that I/We will be assuming responsibility for any acts or injuries caused by my/our child's driving, and that I/We will be responsible for any liability. Having read and discussed this statement with a representative from DFCS, I/We grant permission for my/our child to participate in one or all of the following: (check all that apply)

- Attend Driver's Education Courses
- To Obtain a Driver's License
- To Drive a Motorized Vehicle

By signing this form, you are indicating that permission is granted for your child to attend Driver's education, obtain a Driver's license, or drive a motorized vehicle. You also acknowledge that you are accepting further liability for any damages or injuries that may occur as a result of your child's driving.

Date	Signature	Relationship
Date	Signature	Relationship
Date	County Department Representative	Title

Rev (07/14)

APPENDIX H – Consent for Youth to Drive



GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES
**Consent for Youth to Obtain Driver's Education,
 Driver's License, and/or Drive a Motorized Vehicle**

No, I/We do not give permission for my/our child to participate in Driver's education, obtain a Driver's license or drive a motorized vehicle.

_____	_____	_____
Date	Signature	Relationship
_____	_____	_____
Date	Signature	Relationship
_____	_____	_____
Date	County Department Representative	Relationship

Birth or Adoptive Parents have not been located. Based on the youth's request, the County Department of Family and Children Services grants permission for the youth to: (check all that apply)

- Attend Driver's Education Courses
- To Obtain a Driver's License
- To Drive a Motorized Vehicle

Birth or Adoptive parents have not been located. Based on the youth's request, the County Department of Family and Children's Services **does NOT** grant permission for the youth to attend Driver's education courses, obtain a Driver's license or drive a motorized vehicle.

_____	_____
Date	SSCM
_____	_____
Date	SSS
_____	_____
Date	County Director

File the original in the Case Record, Upload to Georgia SHINES external documentation and provide copies to the parent.

Rev (07/14)

APPENDIX I – Acknowledgement of Driving Policy



GEORGIA DEPARTMENT OF HUMAN RESOURCES
ACKNOWLEDGEMENT OF DFCS DRIVING POLICY FOR YOUTH IN CARE

I/We, _____, DFCS foster parent(s), understand that certain youth served in my/our home may desire to operate a motorized vehicle and may even meet the requirements set forth by DFCS policy, i.e., parental permission, age of youth, length of time in care, etc.

However, I/we acknowledge that it is my/our decision to permit a youth to operate a motorized vehicle, considering such factors as higher maturity, judgment, school performance, intended use of the vehicle, etc., in granting such permission. I/We acknowledge that the Department of Human Resources assumes no responsibility or liability caused by my/our decision to allow the youth in my/our care to drive. I/We also understand and agree that I/we assume responsibility for any damages or injuries incurred to my/our own property or a third party's property.

Also, I/we understand that any loss occasioned by me/us, or a third party, can only be recovered from my/our own carrier to the extent of my/our personal coverage or from that of the third party.

Having discussed these liability issues with a representative of the _____ Department of Family and Children Services, I/we indicate our acknowledgement of such and my/our willingness to be bound thereby by my/our signature below.

Date	Signature
Date	Signature
Date	Signature

Prepare in triplicate. File the original in the child's case record – copies to the parent(s) and Social Services Coordinator/Urban County Program Director.

APPENDIX J – Pool Safety Guidelines

POOL SAFETY GUIDELINES

Visual Reference Guide

The U.S. Consumer Product and Safety Commission (CPSC) annually releases standards regarding residential pool safety barriers. Many of the visuals in this document are referenced in the CPSC 2015 booklet and are to be used as a quick reference when completing the water safety assessment.

POOL FENCING

Fencing around swimming pools should be at least 48 inches in height. Any horizontal structures on the outside of the fence should be more than 45 inches apart to prevent a child from using them to climb across the fence. The space between the vertical structures should not exceed FOUR inches to prevent a young child's body from passing through an opening. There should be no more than FOUR inches of space between the surface and the bottom of the fence. The fencing should be structured so that a young child is prevented from entering the pool. Safety pool covers, if used instead of fencing, must meet ASTM (American Society of Testing Materials) standards, and the pool cover should be so labeled. Standards include specific performance tests as to weight support, entry or entrapment, and surface drainage. Swimming pool supply vendors are familiar with ASTM.

If the distance between the tops of the horizontal members is more than 45 inches, the horizontal members can be on the side of the fence facing away from the pool. The spacing between vertical members should not exceed FOUR inches. This size is based on the head breadth and chest depth of a young child and is intended to prevent a child from passing through an opening. If there are any decorative cutouts in the fence, the space within the cutouts should not exceed 1 $\frac{3}{4}$ inches. (See Figure 1)

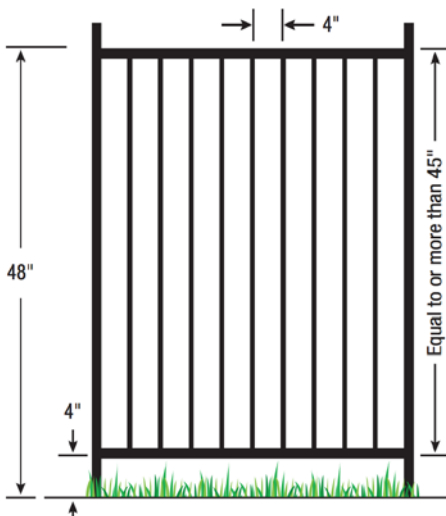


Figure 1

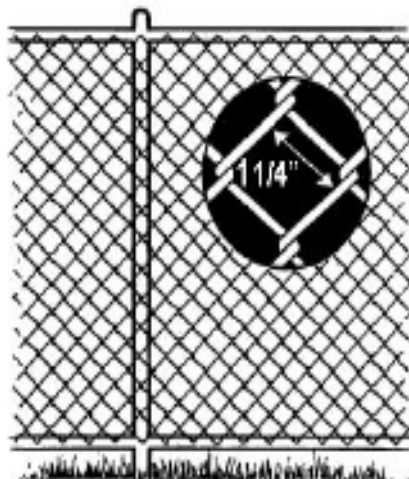


Figure 2

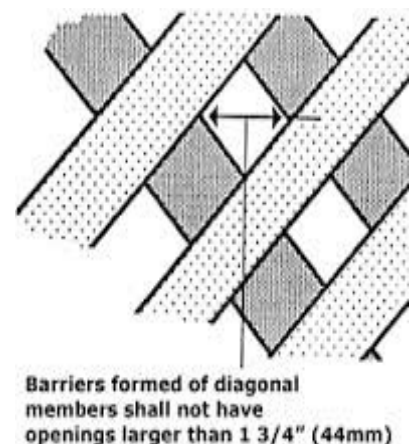


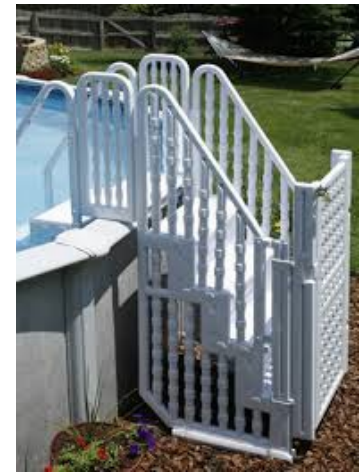
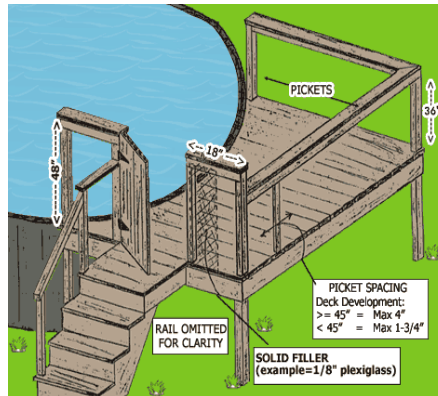
Figure 3

For a chain link fence, the mesh size should not exceed 1 $\frac{1}{4}$ square inches unless slats, fastened at the top or bottom of the fence, are used to reduce mesh openings to no more than 1 $\frac{3}{4}$ inches.

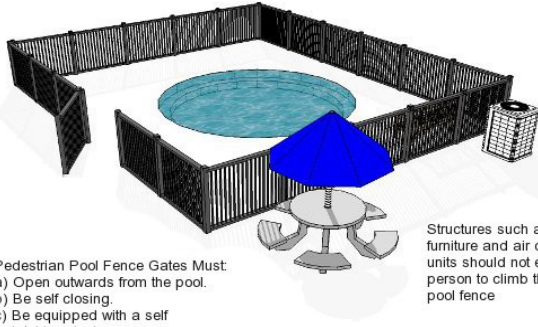
(See Figures 2 and 3)

ABOVE GROUND POOLS

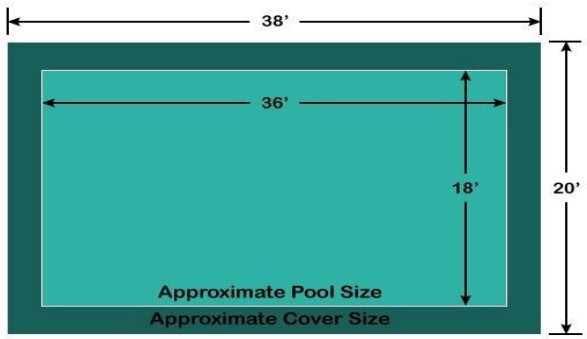
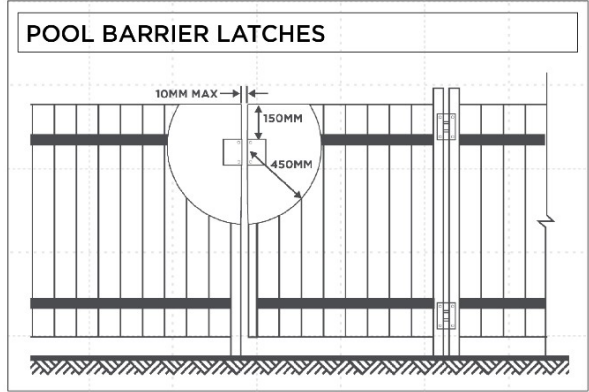
Above ground pools should have barriers. The pool structure itself serves as a barrier or a barrier is mounted on the top of the pool structure. There are two ways to prevent young children from climbing up into an above ground pool. The steps or ladder can be designed to be secured, locked, or removed to prevent access, or the steps or ladder can be surrounded by a barrier such as those in the examples below.



POOL FENCING AND SAFETY COVER ILLUSTRATIONS FOR IN-GROUND POOLS



- Pedestrian Pool Fence Gates Must:
- a) Open outwards from the pool.
 - b) Be self closing.
 - c) Be equipped with a self latching device.



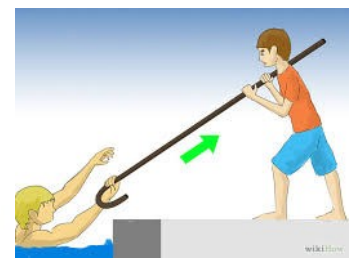
WATER SAFETY AND FLOTATION DEVICES



Buoy Ring



Safety Vests



Pool Reach Pole

APPENDIX K – Developmental Milestones

Developmental Milestones and Characteristics of Children

AGE	SOCIAL INTERACTION	PHYSICAL MASTERY MANIPULATION	SENSORY STIMULATION PERCEPTION	EMOTIONAL WELL-BEING/PERSONALITY	COMMUNICATION LANGUAGE
BIRTH TO SIX MONTHS OF AGE	<ul style="list-style-type: none"> ○ Briefly looks at person ○ Responds to voices ○ Fixes eyes on person ○ Reaches to be picked up ○ Clings when held ○ Imitates facial expressions ○ Excited at social approaches; reaches, pats faces ○ May use hug or kiss gesture 	<ul style="list-style-type: none"> ○ Lifts head briefly, turns head, kicks legs vigorously ○ Visually follows bright objects ○ Holds toy given, reaches and grasps rattles ○ Rolls over, sits with support in chair or unsupported ○ Fingers things, holds and mouths objects and bottle ○ Plays with toes ○ Transfers toys hand to hand ○ Feeds self finger foods 	<ul style="list-style-type: none"> ○ Responds to sound and temperature changes ○ Stares at light patterns ○ Excited at parent's voice or face ○ Listens to music ○ Tires of unchanging settings and positions ○ Likes and dislikes foods ○ Responds to mirror image ○ Conscious of strange settings and persons ○ Shakes rattles for noise effect ○ Visually inspects objects held, feels textures and shapes, rubs and pats 	<ul style="list-style-type: none"> ○ Alert some times of day, comforted by holding, rocking, stroking ○ Attends to mobiles and toys in view ○ Less crying, smiles spontaneously ○ Enjoys playing in bath or with people ○ Can soothe self sometimes ○ Sleeping/eating patterns established ○ Shows pleasure, anger, protest, fear, may complain, may giggle ○ Sleeps through night and daytime naps 	<ul style="list-style-type: none"> ○ Cries for assistance, quiets, attends to coos ○ Vocalizes alone or in social approach ○ Squeals, laughs, babbles, repeats sounds, vocalizes moods, repeats sound series, vocalizes for attention, imitates sounds

Developmental Milestones and Characteristics of Children

AGE	SOCIAL INTERACTION	PHYSICAL MASTERY MANIPULATION	SENSORY STIMULATION PERCEPTION	EMOTIONAL WELL-BEING/ PERSONALITY	COMMUNICATION LANGUAGE
SIX MONTHS TO ONE YEAR OF AGE	<ul style="list-style-type: none"> ○ Plays pat-a-cake, peek-a-boo ○ Offers toys to others ○ Shows some humor, teasing ○ Likes to be included and around people ○ Fears strangers at times ○ Can carry out simple requests ○ May "perform" for others ○ Is aware of approval/disapproval of others ○ Imitates others, waves "bye-bye" or mimics "so-big" 	<ul style="list-style-type: none"> ○ Bites and chews toys ○ Tries to crawl or pull self about ○ Gets self into sitting position ○ Drinks from cup ○ Crawls up and down stairs ○ Stands briefly holding on ○ Stands to play ○ Walks with help, then alone ○ Can pile blocks, open, shut, explore toys/containers ○ Tries poking, crumbling, rattling, banging, objects held ○ May have trouble sleeping 	<ul style="list-style-type: none"> ○ Rings bell, bangs toys for sound ○ Looks for dropped toy ○ Aware of some size differences with cups ○ Anticipates next events from cues ○ Will search for hidden object ○ Enjoys music, responds physically ○ Perceives some social uses of toys, i.e. handles on cup, necklace over the head, pushes car 	<ul style="list-style-type: none"> ○ Responds to own name ○ Prefers family members ○ Has some expressed toy preferences ○ Indicates wants, some needs with gestures ○ Responds to own image in mirror ○ Persists in some play activities ○ Displays moods, may fuss to have diaper changed ○ Responds with hesitation to "no-no" ○ Hugs favorite soft toy 	<ul style="list-style-type: none"> ○ Calls parent for help vocally by pulling or gesture ○ Shakes head for "no" ○ Understands "bye - bye" and words for eating, napping and family members ○ Vocalizes in jargon patterns ○ Has expressions for mom, dad, or a few objects ○ Understands some simple requests ○ Imitates speech inflections

Developmental Milestones and Characteristics of Children

AGE	SOCIAL INTERACTION	PHYSICAL MASTERY MANIPULATION	SENSORY STIMULATION PERCEPTION	EMOTIONAL WELL-BEING/ PERSONALITY	COMMUNICATION LANGUAGE
TWO TO FOUR YEARS OF AGE	<ul style="list-style-type: none"> ○ Plays well with other children in cooperative, imaginative games ○ Uses adults for assistance ○ Sometimes able to share and take turns ○ Can separate from parents with little upset ○ Adheres to some rules ○ Engages in imitative role-play, uses dolls, vehicles, puppets to act out events ○ Shows affection, concern for younger children, peers, and animals 	<ul style="list-style-type: none"> ○ Can pedal a small tricycle ○ Can string beads, uses small pegs ○ Alternates feet on stairs ○ Can undo buttons and zippers, dresses with supervision ○ Feeds self well ○ Adheres to some rules ○ Climbs, skips, tumbles, dances/balances ○ Can build construction toys ○ Manages own toilet needs ○ Can draw a simple person, some shapes 	<ul style="list-style-type: none"> ○ Enjoys action toys, imaginative toys and toy sets ○ Knows a few colors ○ Can count by rote ○ Recognizes and labels ○ some shapes, textures ○ Can use seriated toys, puzzles ○ Matches similarities/differences in sizes, weights, etc. ○ Can take apart and reassemble simple toys ○ Uses art media with some purpose and persistence ○ Can relate some amounts of objects ○ Can recognize some alphabet letters or signs 	<ul style="list-style-type: none"> ○ Can accept shared attention ○ Has own play interests, games, playmates ○ May be possessive with belongings ○ Attention span and purposefulness increased ○ May be easily frustrated in tasks and react negatively ○ Is responsible with own belongings ○ Knows age, address, phone, birthday ○ Talks to self in monologue alone or near others ○ Can handle difficult emotions with some control 	<ul style="list-style-type: none"> ○ Listens to simple stories ○ Uses language to indicate needs, desires; drops jargon and baby talk, has 50 or more words; then up to 1000 ○ Can repeat immediate experience ○ Gives full name, sex ○ Can repeat three digits ○ Chats with others, asks questions, uses language to resolve difficulties ○ Relates some stories, sings some songs, rhymes, labels animals

Developmental Milestones and Characteristics of Children

AGE	SOCIAL INTERACTION	PHYSICAL MASTERY MANIPULATION	SENSORY STIMULATION PERCEPTION	EMOTIONAL WELL-BEING/PERSONALITY	COMMUNICATION LANGUAGE
FOUR TO FIVE YEARS OF AGE	<ul style="list-style-type: none"> ○ Participates in group play, invites playmates ○ Contributes to adult conversation or activity ○ Relates to table and ball games with rules with supervision ○ Accepts and completes some chores ○ Attempts to organize play with peers ○ May boss or criticize ○ Able to share, wait, and take turns with ease, displays manners 	<ul style="list-style-type: none"> ○ Can dress and wash self independently ○ Can copy shapes, some letters and numbers ○ May write own name ○ Cuts shapes, able to draw person with many parts ○ Is active with good body control, can catch a ball, hang from a bar, pedals and steers vehicles well ○ Is accurate with bat, hammer, ball ○ Can prepare simple foods ○ Can climb tree, ladders or jump rope 	<ul style="list-style-type: none"> ○ Relates to time, weather, seasons ○ Can duplicate simple patterns ○ Counts to 20 or more ○ Remembers and recalls pictures, events ○ Notices discrepancies, things out of place ○ Recognizes most letters of alphabet ○ Knows left/right ○ Can predict what happens next, points out details, understands concept of size ○ Curious of outside world 	<ul style="list-style-type: none"> ○ Takes self-responsibility ○ Joins family activities ○ Knows right/wrong ○ Can control emotions well, behaves in public places ○ Often silly, teasing, telling jokes ○ Some awareness of adult concerns with safety, sex, work, money, friends ○ States feelings about self ○ Chooses own friends and Playmates ○ Independent in neighborhood ○ Accepts some instruction 	<ul style="list-style-type: none"> ○ Asks meaning of words ○ Describes uses of objects, shares ideas, exchanges information ○ Understands some abstract concepts ○ Can rhyme words, knows many words and familiar stories, relates stories well, few speech errors

Developmental Milestones and Characteristics of Children

AGE	PHYSICAL GROWTH AND SKILLS	SOCIAL PROGRESS	INTELLECTUAL GROWTH AND ACTIVITIES
SIX TO SEVEN YEARS OF AGE	<ul style="list-style-type: none"> ○ One or two permanent teeth ○ Very active, enjoys running, jumping, chasing, games ○ Likes wheel toys ○ Can dress without help ○ Dawdles 	<ul style="list-style-type: none"> ○ Likes group play, providing groups are small ○ Boys and girls play together ○ Boys wrestle, fight, and are best friends ○ Able to use phone well ○ Teachers' opinions very important ○ Rapid alternation between good and bad behavior 	<ul style="list-style-type: none"> ○ Uses between 2,500 and 3,000 words ○ Likes dramatic play ○ Has imaginary friends ○ May believe radio characters are real ○ Knows full name, how to cross street ○ Name-calling and vulgar talk common ○ Is beginning to read and knows coins and number combinations up to 10
SEVEN TO EIGHT YEARS OF AGE	<ul style="list-style-type: none"> ○ Adds 3 to 5 pounds of weight annually ○ Nervous habits such as nail biting and thumb sucking continue, but show no increase between the ages of six and 12 ○ Less impulsive and boisterous in actions 	<ul style="list-style-type: none"> ○ Competition at play begins ○ Wants to dress and act like friends ○ Choice of friends not influenced by social or economic status ○ Awareness of differences between home and those of others increasing ○ Recognition of property rights unclear 	<ul style="list-style-type: none"> ○ Has ability to make things, often not up to standards of what he/she would like to do ○ Can tell time ○ Can run errands and make purchases ○ Knows the current month ○ Argues about what he/she is expected to do ○ Curious about differences between sexes and how babies are born
EIGHT TO NINE YEARS OF AGE	<ul style="list-style-type: none"> ○ Ten permanent teeth ○ Likes games requiring coordination of muscles, hitting a moving target, catching ball (one hand) ○ Ability to write progressing ○ Can swim, bicycle and roller skate expertly, if given opportunity to learn ○ Bathes self imprecisely 	<ul style="list-style-type: none"> ○ Some evidence of modesty from social pressure ○ Group projects okay, weak teamwork ○ Recognition of property rights established ○ Doll and paper doll play 	<ul style="list-style-type: none"> ○ Begins interest in distant past ○ Likes Indian costumes, tales ○ Begins to read comics ○ Listens to radio, skeptical as to realness of program ○ Sense of humor marked ○ Likes to hear of faraway places

Developmental Milestones and Characteristics of Children

AGE	PHYSICAL GROWTH AND SKILLS	SOCIAL PROGRESS	INTELLECTUAL GROWTH AND ACTIVITIES
NINE TO TEN YEARS OF AGE	<ul style="list-style-type: none"> ○ Slow growth in height ○ Can care for all physical needs ○ Constantly on the go ○ Needs more rest and sleep ○ Disdainful of danger 	<ul style="list-style-type: none"> ○ Sex differences in play now seen ○ Antagonisms between sexes noticeable for next several years ○ Gang and club enthusiasm noticeable, often short lived ○ Visits alone away from home ○ May go to camp ○ Reserved with adults 	<ul style="list-style-type: none"> ○ Reading increases ○ Begin to have friends outside immediate neighborhood ○ Radio and drama appreciated ○ Interests begin in science, nature, and mechanics ○ Interested in how things are made, etc.
TEN TO ELEVEN YEARS OF AGE	<ul style="list-style-type: none"> ○ Rapid increase in weight for girls ○ Willing to work hard to acquire physical skills ○ Interest in risky activities 	<ul style="list-style-type: none"> ○ Organized and competitive games, more prominent teamwork now possible ○ Occasionally, privacy becomes important ○ A room of one's own and secret caches for personal property desired 	<ul style="list-style-type: none"> ○ Ability to plan increases ○ Gathering factual information is important ○ Now doing fractions ○ Able to discuss problems ○ Interested in other peoples' ideas ○ Growing capacity for thought
ELEVEN TO TWELVE YEARS OF AGE	<ul style="list-style-type: none"> ○ Girls falling behind boys in physical strength ○ No longer care to compete on equal teams 	<ul style="list-style-type: none"> ○ Membership in clubs and groups increasing in importance ○ Likes to take part in school and community affairs ○ Team games popular ○ Shyness may become more noticeable 	<ul style="list-style-type: none"> ○ Can understand human reproduction ○ Can criticize own artistic projects ○ Can understand health rules ○ Has hobbies and needs money; willing to work to earn it

Developmental Milestones and Characteristics of Children

During adolescence (between 12 and 18 years of age), primary task is to develop a strong personal identity, which involves detachment from and rebellion against parents. Many feelings of ambivalence, self-doubt, and isolation alternate with desire for adult roles and privileges. Have difficulty understanding his or her own anger and need to rebel. Typically require a lot of understanding, acceptance, and comfort from parents.

AGE	PHYSICAL GROWTH AND SKILLS	SOCIAL PROGRESS	INTELLECTUAL GROWTH AND ACTIVITIES
TWELVE TO FIFTEEN YEARS OF AGE	<ul style="list-style-type: none"> ○ Heightened physical power and coordination ○ Development of secondary sex characteristics ○ Typically, rapid growth for boys ○ Girls often attain final height and the onset of menarche 	<ul style="list-style-type: none"> ○ More selective in friendships, peers of opposite sex ○ Cliques are common ○ Assess people/situations in terms of the ideal ○ Idealistic and romantic ○ Transient mood swings ○ Drive for independence with many returns to security of dependence ○ Erratic work/play pattern 	<ul style="list-style-type: none"> ○ Capable of abstract thought ○ Deductive and inductive reasoning starting to develop ○ Likes to think and discuss ideas, problems ○ Exploration and experimentation with self and world
FIFTEEN TO EIGHTEEN YEARS OF AGE	<ul style="list-style-type: none"> ○ Growth patterns vary ○ Girls finish growing ○ Boys may continue growing into 20's ○ Genital maturation 	<ul style="list-style-type: none"> ○ Strong push toward independence ○ Inconsistent, unpredictable, behavior ○ Critical of self and others ○ Need for peer approval ○ Desire for economic independence to achieve adult cultural status ○ Ego concepts often include feelings of isolation, inferiority, and self-doubt 	<ul style="list-style-type: none"> ○ Greater ability to use deductive/inductive reasoning ○ Verbally able to test new thoughts and ideas ○ Argumentative ○ Learning to see universalization of behavior ○ Development of Intellectualism

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APPENDIX L – SOCIAL MEDIA FAQ FOR FOSTER PARENTS AND KINSHIP CAREGIVERS

Can I post pictures of my child in care on social media? Children in foster care cannot be photographed for newspaper articles, Facebook or any other social media outlet, or a publication where their identities may be publicized. It is the policy of the Division of Family and Children Services (DFCS) that foster parents/relative caregivers do not post any pictures of a foster child in their care online. It is important to never reveal personal information about your foster child on the internet as you risk jeopardizing his/her identity, safety and right to privacy.

Can I talk about my child in care to another parent (foster or other) who is seeking advice online? You can share advice, but discussing confidential information about your foster child is a violation of policy. When you need input from other parents, or vice versa, please only describe the situation in general terms. Discussing information beyond that is a breach of the child's confidentiality and could put him/her at risk.

How can I protect my child in care's privacy if I have to send an email to his teacher about his behavior, for example? Respecting the confidentiality of your foster child is vital. It is important to communicate with your foster child's teacher(s) so they can address his/her immediate needs while still keeping their information confidential.

Why should I monitor my child in care's activities on the internet? While the internet is a great source of information and an integral part of your child's education and development, it also has many risks. As a parent, being aware of the dangers of the internet is necessary.

How do I help my child in care use the internet safely? Cable and mobile phone providers offer the option of setting up parental controls. With these, you are able to restrict the sites your child can browse. This will prohibit him/her from viewing inappropriate content. For additional information, please refer to the guidance provided on this tip sheet: https://www.childwelfare.gov/pubPDFs/smtips_parent.pdf.

What can I do at home to encourage positive behavior on the internet? It is recommended that you model positive behavior when using social media. Some examples include: browsing the internet with your child to teach him/her about what is and isn't appropriate; talking with your child about various websites, just as you would talk about TV shows, video games and movies that are/aren't allowed; establishing boundaries by designating a family computer, tablet or mobile phone with rules to follow and scheduled times for use; setting up computers in common areas where activity can be easily monitored.

How to support youth while promoting positive social media opportunities:

Today, allowing youth in foster care to use social media is important as it provides a sense of normalcy for them and allows them to grow relationships with their peers (most of whom use social media daily, too). It is important to model appropriate social media use – including etiquette, language and post content. Sharing this tip sheet with your youth https://www.childwelfare.gov/pubPDFs/smtips_youth.pdf provides guidance on how they can stay safe while using social media.