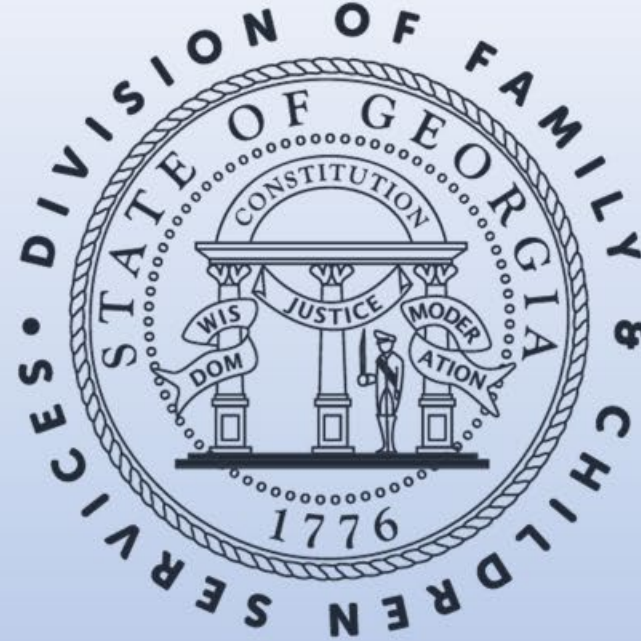




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CPA Monthly Series

OPM Resource Development

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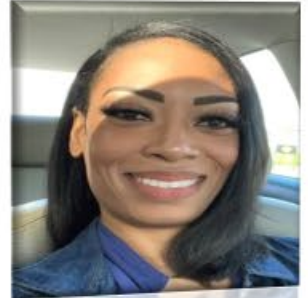
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CPA Data Overview



Curiosity in home assessing



WATER SAFETY



Reminders



Questions/Comments

AGENDA

CPA DATA REVIEW

APRIL 2024
UNAPPROVED
HOMES

Total of ***72 Unapproved Homes**

1 Overdue Re-Evaluation that is more than **120 days** past due

71 Unapproved Homes due to missing screenings or CPR/Ist Aid

*Providers must routinely review GA SCORE Home Compliance Alerts



WILL CURIOSITY REALLY GET YOU IN TROUBLE?

*Having hard conversations and
addressing the “gray” areas...*



Best Choice

PACKED FRESH

Cream Style
Corn[®]

POLL QUESTION I

In Chapter 14 of the Child Welfare Manual (Policy) which policy number addresses Curiosity?

- A. Policy 14.8
- B. Policy 14.1
- C. Policy 14.10
- D. Policy 14.13

A black and white photograph of a young child with curly hair, seen from the side, looking through a circular hole in a wooden door. The child is wearing a dark shirt. The background is a textured wall, possibly made of stone or brick. The overall mood is one of curiosity and exploration.

WHAT DOES POLICY SAY ABOUT
CURIOSITY WHEN ASSESSING FOSTER
HOMES?

POLICY 14.10 INITIAL FAMILY EVALUATION

- The SAFE Home Study Practitioner (HSP) will;
- Use the QI SAFE Harvesting Sheet regarding issues that generate CURIOSITY about each applicant in preparation for home study interviews.
- CURIOSITY should be prompt by possible strengths, inconsistencies, and issues that might be of concern
- Identify things that generate CURIOSITY and plan to address them over the span of all home study interviews, NOT a single interview.
- Discuss things that make the HSP and SAFE Supervisor CURIOUS

SENSITIVE TOPICS AND SITUATIONS

- Same Sex Couples (Married)
- Applicants with severe Mental and Physical Health issues
- Racism
- Infertility (Several Miscarriages)
- Loss (Grief)
- Applicants who were in the military and have PTSD
- Trauma (Complex, Childhood etc.)
- Past criminal history
- Past Substance Abuse history
- Sex (Sexual Compatibility)
- CPS history
- Child Abuse/Neglect
- Sexual and Physical Abuse
- Divorce
- Infidelity





DEALING WITH DIFFICULT SUBJECT MATTER

Do you find it difficult assessing the “dark corners” of prospective applicants?

A photograph of two women sitting at a round table in a bright room with large windows. The woman on the left is wearing a light-colored top and has her hands clasped. The woman on the right is wearing a dark blue long-sleeved shirt and has her hands clasped. They appear to be in a conversation. The image is dimmed to serve as a background for the text.

POLL QUESTION 2

- What topic(s) would you find it difficult to discuss with potential applicants?
 - A. Sexual Orientation (same-sex couples)
 - B. Infertility
 - C. Loss/Divorce (Grief)
 - D. Childhood Physical Abuse/Neglect
 - E. All the Above

2. Were you separated from any of your parent(s)/primary caregiver(s) or significant family members during your childhood for any of the following reasons?

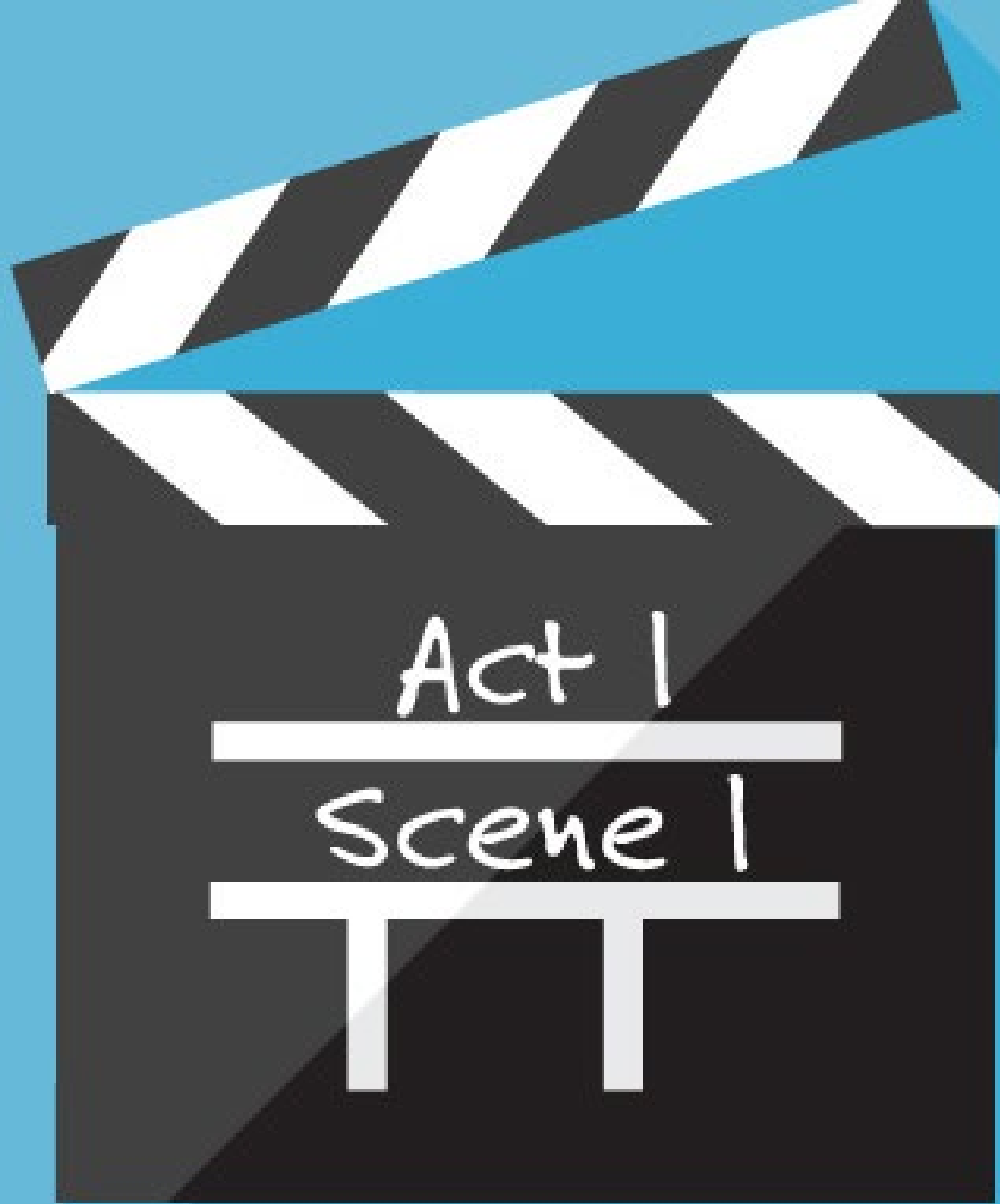
- | | | |
|---|---|---|
| <input type="checkbox"/> No separation | <input type="checkbox"/> Separation/divorce | <input type="checkbox"/> Military service |
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Jail/prison sentence | <input type="checkbox"/> Move/relocation |
| <input type="checkbox"/> Long-term medical hospitalization | <input checked="" type="checkbox"/> Death | |
| <input type="checkbox"/> Mental health and/or substance related hospitalizations or rehab | | |
| <input type="checkbox"/> Removed from home by police or social services | | |
| <input type="checkbox"/> Immigration/migration related reasons | | |
| <input type="checkbox"/> Other: _____ | | |

		Person #1					
A. HISTORY		1st	2nd	3rd	4th	5th	Mit. Rating
A-1	Childhood Family Adaptability	2	2	2			
A-2	Childhood Family Cohesion	2	2	2			
A-3	Childhood History of Deprivation/Trauma	2	2	2			5/2
A-4	Childhood History of Victimization	2	2	2			5/2
A-5	Adult History of Victimization/Trauma	2	2	2			
A-6	History of Child Abuse/Neglect	2	2	2			
A-7	History of Alcohol/Drug Use	2	2	2			
A-8	History of Crime/Allegations/Violence	2	2	2			
A-9	Psychiatric History	2	2	2			
A-10	Occupational History	2	3	2			3/2
A-11	Marriage/Partnership History						

3. Are there issues, traumatic incidents, or accidents from your childhood that currently cause you distress?

No Yes

No Yes *Father's death*



Act 1

Scene 1

Psychosocial History

Her father is deceased. When she was 12 he was murdered in a robbery. According to Ms. Katherine, his death was very hard for the family. The death of her father was profoundly traumatic since that was the first time anyone in her family had died, and he was murdered. She shared that her family had to depend a lot on each other to get through the pain. She admitted that it took them a while, but they were able to get through it. They found relief when the police caught the man who shot him, he went to jail and her mother shared that now “daddy can rest”. She shared that she still misses him but can now go on with her life.

SAFE DESK GUIDE SKILL BUILDING: APPLICANT'S HISTORY

- Traumatic events that happened in our lives can leave individuals with lifelong issues resulting in depression, eating disorders, anxiety etc.
- It is not the trauma that predicts future behavior; it is how the trauma has been resolved or managed; or what could trigger its reoccurrence.
- If the applicant had previous psychiatric history, it is important to explore the issue fully with the applicant and/or their doctor.
- Medication: How dedicated is the applicant with taking their meds and do they have a history of "getting off the medication"



POSSIBLE
FOLLOW-UP
QUESTIONS

How do you think the death affected you later in life?

Did you receive any counseling/therapy etc..

Do you often find yourself having thoughts or reminders?

You mention that you can now go on with your life; in what way do you cope?

How does this traumatic incident currently cause you distress?

FOOD FOR THOUGHT!

- The PSI rating for this was ERASED from a 5/2
- What does erasing a PSI rating mean: An issue, behavior, or event no longer affects the Applicant's current functioning or ability to effectively parent.
- The issues is not being erased as it remains a part of the Applicant's history, but it no longer negatively impacts their current functioning or ability to parent.
- NOTE: **"you can't change history, but you can mitigate history"**
- The HSP must explain how it is resolved AND provide outside evidence
- Who/What would have been some common outside evidence?

DEALING WITH DIFFICULT SUBJECT MATTER

- Sometimes assessors must ask embarrassing, painful, sometimes intrusive, questions that leave everyone, including the assessor feeling uncomfortable.
- You must be intrusive when the occasion requires it, and you must be willing to look at “dark corners” of an applicant’s life.
- Sometimes your questions will make interviewees cry
- Sometimes your questions will make interviewees angry
- ALWAYS you must remember why you are doing it: to provide a child with a better life.





• Do you think Sexual Orientation of prospective applicant(s) should be ignored?

SEXUAL ORIENTATION

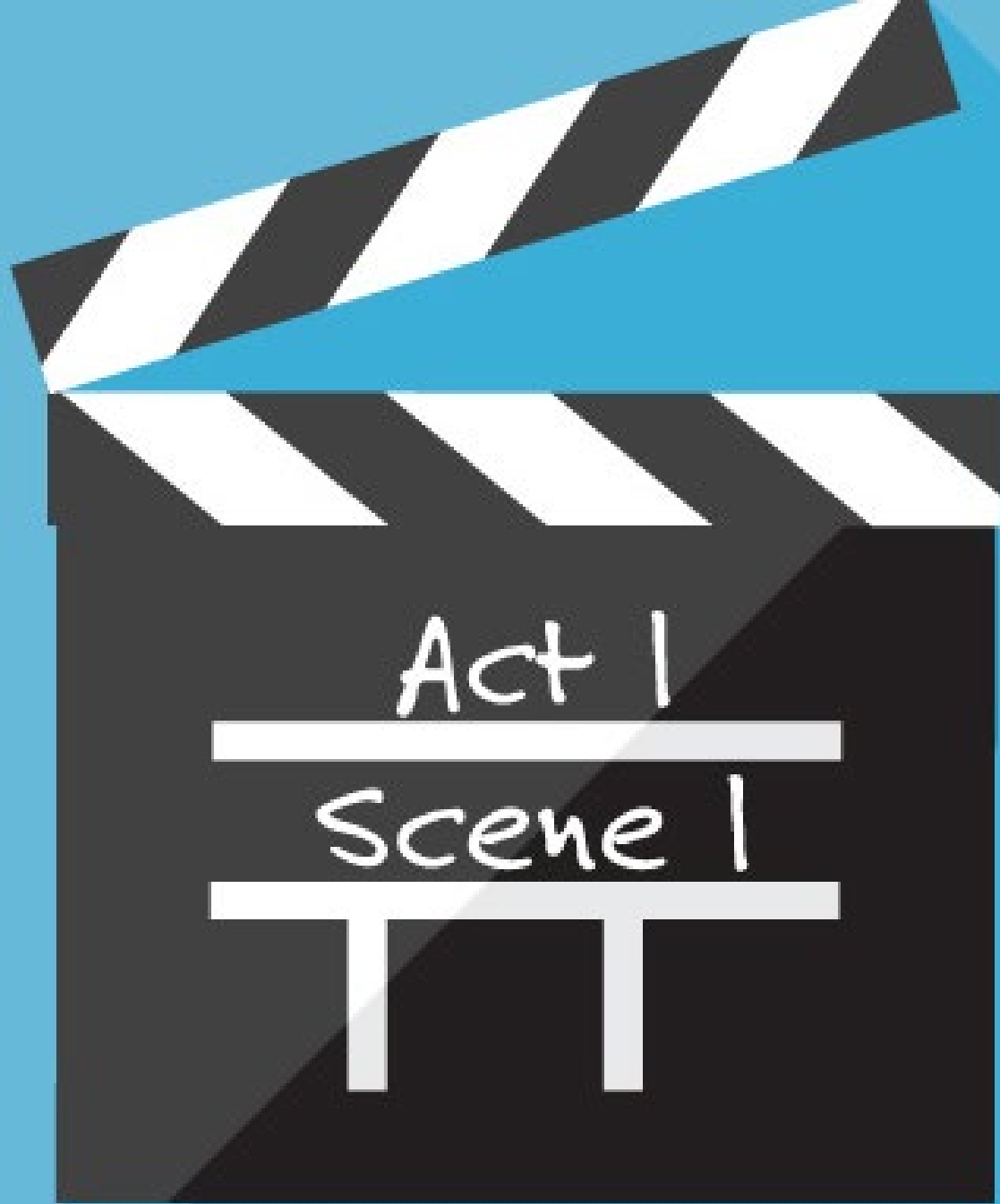
- Sexual orientation can't be ignored in the assessment process
- An individual's sexuality is an aspect of who they are
- Support system (extended family, adult children etc.)
- Strengths and vulnerabilities (whether experiences were positive or negative)
- Think about their experiences that lead them to coming out as this may shape parenting skills

- How does being lesbian, gay etc. related to their particular racial, ethnic, or cultural background

A. HISTORY		Person #1					Mit. Rating
		1 st	2 nd	3 rd	4 th	5 th	
A-1	Childhood Family Adaptability	2	2	2			
A-2	Childhood Family Cohesion	2	2	2			
A-3	Childhood History of Deprivation/Trauma	2	5	5			3
A-4	Childhood History of Victimization	2	3	3			2
A-5	Adult History of Victimization/Trauma	2	3	3			2
A-6	History of Child Abuse/Neglect	2	2	2			
A-7	History of Alcohol/Drug Use	2	2	2			
A-8	History of Crime/Allegations/Violence	4	4	4			2
A-9	Psychiatric History	2	2	2			
A-10	Occupational History	2	2	2			
A-11	Marriage/Partnership History	2	2	2			

1. Have you ever experienced any of the following? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Served jail/prison sentence | <input type="checkbox"/> Military combat/deployment |
| <input type="checkbox"/> Interrupted pregnancy | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Juvenile detention/probation | <input type="checkbox"/> Infertility |
| <input type="checkbox"/> Fired from a job/asked to leave a job | <input type="checkbox"/> Debilitating injury or illness |
| <input type="checkbox"/> Death of a child or spouse/partner | <input type="checkbox"/> Had a child adopted |
| <input checked="" type="checkbox"/> Witnessed or experienced violence | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Had a child abducted or kidnapped | <input type="checkbox"/> Involvement with child welfare |
| <input type="checkbox"/> Put under or filed a court restraining order | <input type="checkbox"/> None of these options |
| <input type="checkbox"/> Psychiatric hospitalization or outpatient treatment | |



Act I

Scene I

Psychosocial Evaluation

Ms. Parks reported an incident of experiencing violence when she was around 18 years old and living in South Carolina. She stated she was walking on the curb when a man aggressively approached her and snatched her purse then ran away. She stated she was new to the states, and this was her first-time experiencing robbery. She stated that she went home, and her mother provided support and stated that she must be more alarmed while on the streets and to not have her purse exposed. Ms. Parks stated that this experience caused her to be more aware of her surroundings, and she stated, along with references, that this experience would in no way impact her ability to care for children in foster care.

INFERTILITY

Are you able to have birth children?



- Married couple Mr. and Mrs. Carter have come to your agency with high motivation to foster (*and hopes to adopt*). After looking through their applications and questionnaires; you noticed that the couple have been struggling with infertility and miscarriages. You are now preparing for your 2nd in-home consultation (both are in their late 20's early 30's)

FOLLOW UP QUESTIONS WHEN ASSESSING INFERTILITY

How does it make you feel that you can't have birth children?

Are you aware of foster care and the reunification process?

How would you emotionally handle long-term foster care that results in reunification with an extended family member, kinship, and/or fictive kin?

Have you ever applied elsewhere to foster/adopt?

What is the family reason as to why they can't have children (have medical been ruled out?)

HOW DOES IT MAKE YOU FEEL THAT YOU CAN'T HAVE BIRTH CHILDREN?

- Possible Answers
- “It makes me angry”
- “It makes me sad”
- “It makes me happy”
- “It’s just one of those things that you have to accept”



WHY ARE FOLLOW UP QUESTIONS IMPORTANT?

- Follow up questions are those that occur from previous answers that may be incomplete or need clarification.
- Follow up questions may take some time and/or require more than just the minimum required home visits.
- Because we parent as we have parented, the Applicant's childhood family home environment must be closely examined.
- Curiosity/Follow up questions help families grow and shows what type of support is needed.
- Think about responses from IMPACT/NTDC Trainings

Example: You mentioned that you lived with your mother and step-father and that your step-father was an alcoholic and suffered with PTSD.

What are some possible follow up questions?

CURIOSITY AND TRAUMA

- When assessing; please be mindful that children who enter foster care may have been experienced some type of trauma.
- Prospective caregivers may have also experienced their own trauma, loss and being poorly parented.
- The parents' previous relationship experiences will be an important factor in determining how well they can parent the developmentally traumatized child.
- The challenges that developmentally traumatized children display can be reminders of past relationship difficulties
- What would be an example of this?

EXAMPLE

- Mike (43) Foster Parent Caring for Matthew (12) Foster youth
- Experienced his own father leaving the family when he was an infant
- His mother remarried and although he had a “reasonable” relationship with his stepfather, he did experience exacting.
- Never felt that he was “good enough”
- When Matthew is rejecting or controlling, Mike can find himself taken back to this earlier, formative relationship.
- He experience the same sense of failing. The same sense of being a disappointment to Matthew as he experienced with his stepfather.
- Suppressed anger he had but failed to acknowledge towards his step-father now threatens to erupt in his parenting of Matthew

A photograph of a swimming pool with clear blue water and a light-colored tiled deck. A metal ladder is visible on the left side. A semi-transparent rectangular box with a black border is overlaid on the center of the image, containing the text "WATER SAFETY".

WATER SAFETY

WATER SAFETY – WHAT DOES POLICY 14.1 SAY?

Caregivers should provide direct supervision of children around a body of water (e.g. beach, lake, pool, etc.) **AT ALL TIMES.**

It is recommended that caregivers know or learn how to swim within the first 60 days of approval or within 60 days of acquiring a swimming pool. If no official form of verification is available, caregivers should sign a written statement attesting their ability to swim.

Caregivers should complete basic water rescue training within the first year of approval to learn how to recognize, prevent, and respond to water emergencies using non-swimming rescue methods. Caregivers should provide written verification upon completion of the training such as a signed statement, letter, or certificate from the instructor. This training is generally offered by the Red Cross, community centers or aquatic centers.



WATER SAFETY – WHAT DOES POLICY 14.1 SAY (CON'T)



Caregivers should enroll children age three years and older in a swimming/water safety course taught by a certified instructor within the first year of placement if the children do not know how to swim.



Caregivers should have a phone close by to eliminate the need to leave children unattended near a body of water.



Fences used as a safety barrier must be at least four feet in height, surround all sides of the pool, and have a gate that locks. Fences must have no vertical or horizontal openings that are more than four inches wide and must be constructed in such a manner that a young child cannot climb through or under the fence.



In order for the side structure of an above-ground pool to be considered an adequate safety barrier to a pool/body of water, the steps or ladders must be removed to make the pool inaccessible when not in use.



In order for an exterior wall of a home to be considered an adequate safety barrier to a pool/body of water, there must be an alarm on all exits from the home leading to the pool/body of water, there must be an alarm on all exits from the home leading to the pool/body of water. The alarm must meet the standard of 85 decibels.



Wading or “kiddie pools” must be used in accordance with the manufacturer’s instructions and maintained in a manner that safeguards the lives and health of young children. In addition, they must be emptied and stored away when not in use to prevent the accumulation of water and other unsanitary debris.

WHICH CAREGIVERS
BELOW SHOULD BE
EVALUATED TO CONFIRM
SAFETY AND QUALITY
STANDARDS FOR WATER
SAFETY?

- A. Caregiver(s) who don't have a pool on their property, but have a lake house that they visit every other weekend during the summer
- B. Caregiver(s) who live in an apartment complex with a community pool
- C. Caregiver(s) with an inflatable padding pool
- D. All above



A man in a dark polo shirt is carrying a woman in a white and black striped t-shirt on his shoulders. They are both smiling and holding hands, standing on a beach at sunset. The background shows the ocean and a bright sky with clouds. A white rectangular box with a black border is centered over the image, containing the text.

**HOW ARE YOU PREPARING YOUR
FAMILIES?**





REMINDERS

As of April 2023, all visits for Initial Assessments and Re-Evaluations should take place in the caregiver's home. Questionnaire II should be done in-person.

Timely submission of caregiver(s) medical, CPR/FA, and OIG screening. Also ensure 18-year-old household member medical, criminal and safety screenings are in GA SCORE. **(NOTE: Utilize Your Tracking System!!)**

July Re-evaluations: May 2, 2024 is 90 business days prior to July 31, 2024. Homes with a re-evaluation due date of July 31, 2024 can be submitted to OPM for review as early as July 1, 2024.

QUOTE OF THE DAY

“

We need to do
a better job of
putting
ourselves
higher on our
own 'to do' list.