



GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL

Chapter:	(10) Foster Care	Effective Date:	TBD
Policy Title:	Expectant or Parenting Youth in Foster Care		
Policy Number:	10.21	Previous Policy #:	10.21

CODES/REFERENCES

O.C.G.A. §31-9-2(a)(5)

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Ensure pregnant youth in foster care receive appropriate prenatal care.
2. Ensure physical and legal custody of the child of a parenting youth remains with the parenting youth in foster care unless contrary to the safety of the child and/or unless the parenting youth is unable to care for the child with assistance from the placement resource (see policy [17.1 Legal: The Juvenile Court Process](#), if DFCS must obtain custody of the child due to safety concerns).
3. Provide services to expectant or parenting youth in foster care, including fathers, to assist them in facilitating a bond with and/or providing proper care for their child.
4. Update the case plan and Written Transitional Living Plan (WTLP) for expectant or parenting youth to include outcomes to enhance their ability to provide proper care and support for their child, if applicable (see policy [10.23 Foster Care: Case Planning](#) and [13.3 Independent Living Program: Written Transitional Living Plan](#)).
5. Notify Revenue Maximization (RevMax) via the Notification of Change (NOC) in Georgia SHINES anytime a child in foster care has a child.
6. Provide foster care maintenance payments for a child, who is not in DFCS custody, but is placed together with their parenting youth in foster care.
7. Conduct a purposeful contact with the parenting youth within 24 hours of the birth of their child.
8. Reassess purposeful and collateral contact standards to determine the level of increase needed in the frequency of ongoing purposeful contacts with the parenting youth and their child, in accordance with policy [19.5 Developing Contact Standards for Purposeful Contacts and Collaterals](#).
9. Adhere to confidentiality and the Health Information Portability and Accountability Act (HIPAA) when coordinating activities regarding the health condition of the expectant and parenting youth. Obtain the appropriate Release of Information or authorization from the individual as needed or appropriate.
10. Document all case management activities regarding the expectant and parenting youth and child in Georgia SHINES within 72 hours of occurrence.

PROCEDURES

The Social Services Case Manager (SSCM) will:

1. Discuss the following with youth who suspect they are pregnant:
 - a. Their feelings about the possible pregnancy.
 - b. Their concerns.
 - c. Possible support persons, including information on the alleged father.
 - d. Need for a medical exam to confirm the pregnancy.
 - e. Person they want to accompany them to the initial medical exam.
2. Ensure youth who suspect they are pregnant receive a medical exam to:
 - a. Confirm the pregnancy.
 - b. Assess their health and the health of their unborn child.
 - c. Determine a due date for the child.
 - d. Develop a plan for ongoing prenatal care for the youth.
3. Consult with the Social Services Supervisor (SSS) for guidance when a youth in foster care believe they may be pregnant.
4. Discuss the following with the expectant mother once the pregnancy is confirmed:
 - a. Their feelings now that the pregnancy is confirmed.
 - b. Importance of complying with prenatal care.
 - c. Referral counseling or family planning services are appropriate.
 - d. The youth's plan for informing her parents, the expectant father, the placement resource and others, when appropriate.
 - e. Next steps.

NOTE: Any female, regardless of age or marital status, is authorized and empowered to consent, either orally or otherwise, to any surgical or medical treatment or procedures not prohibited by law which may be suggested, recommended, prescribed, or directed by a duly licensed physician, when given in connection with pregnancy, the prevention of pregnancy, or childbirth.

5. Convene a family meeting, as appropriate:
 - a. Invite the following if the expectant mother agrees:
 - i. Expectant mother.
 - ii. Expectant mother's family.
 - iii. Expectant father, if no safety concerns (i.e. domestic violence, child conceived by rape, sexual abuse or sex trafficking, etc.).
 - iv. Expectant father's family, if no safety concerns.
 - v. Current placement resource.
 - vi. Guardian Ad Litem.
 - vii. Any other support team members.
 - b. Discuss the following:
 - i. The rights of the expectant parents.
 - ii. The process for assessing allegations of maltreatment by the parenting youth.
 - iii. Whether the expectant mother is ready to make an informed decision about parenting, adoption or another option for the unborn child, and if not, any additional services that are needed.
 - iv. The age/maturity level, protective capacities and desires of both expectant parents.
 - v. The expectant father's involvement and ability to provide support with the pregnancy and parenting the child.
 - vi. The expectant mother's support person during labor and delivery.
 - vii. The educational plan for the expectant mother, including any additional educational services needed to support the youth during the pregnancy.

- viii. The placement resource's willingness to support the expectant mother throughout pregnancy and ensure the receipt of appropriate prenatal care.
 - ix. The placement resource's willingness to maintain the parenting youth and child in the home, provide support to the youth in caring for the child and intervene if safety concerns arise.
 - x. Financial supports available for the child of the expectant youth.
 - xi. Items needed to provide for the child (i.e. crib, car seat, clothing, other baby items).
 - xii. Plans for childcare.
 - xiii. Services available to support the expectant mother (i.e. peer support groups, visiting nurse's programs, mentoring, etc.).
 - xiv. Alternative placement options for the expectant mother and child, if they cannot remain in the current placement.
 - xv. Changes needed to the expectant youths' Written Transitional Living Plan (WTLP) to ensure outcomes that enhance their ability to provide proper care and support for their child, if applicable (see policy **13.3 Independent Living Program: Written Transitional Living Plan**).
 - xvi. Any permanency planning needs for the child of the expectant parents.
6. Arrange for services for the expectant mother and/or expectant father, including:
 - a. Family planning and/or professional counseling to assist in the decision-making and planning related to the pregnancy (i.e. Planned Parenthood).
 - b. Parenting education classes specific to the needs of teen parents and that include support for co-parenting.
 - c. Prenatal care visits.
 - d. Childbirth preparation classes (i.e. Lamaze classes).
 - e. Mental health and/or substance abuse counseling, if applicable.
 - f. Information on healthy relationships (i.e. GA-PREP, Title V Sexual Risk Avoidance, Relationship Smarts, etc., if available).
 7. Discuss planning and preparation activities for the birth with the expectant youth and placement resource during monthly purposeful contacts.

NOTE: Information about the pregnancy must be disclosed by the expectant youth prior to including the placement resource in any discussion regarding the pregnancy.
 8. Locate an appropriate placement for the expectant mother as soon as possible, if the current placement resource is unable to care for the youth during pregnancy or is unable to care for the youth and child after the birth (see policy **10.3 Foster Care: Changes in Placement**).
 9. Assist the expectant or parenting father, who is in foster care, in planning for his child.
 - a. Include the expectant father in the family meeting with the expectant mother, if applicable.
 - b. Discuss the following with the expectant or parenting father, who is in foster care:
 - i. The identity of the expectant or parenting mother.
 - ii. The mother's plan for her and her child.
 - iii. The involvement the expectant or parenting father desires with his child.
 - iv. The process for legitimating, including DNA testing.
 - v. The expectant or parenting father as a possible placement resource for the child, if the mother is unable to care for the child.
 - vi. Financial supports available if the child is placed with the father whether DFCS obtains custody of the child or not.

- vii. Visitation arrangements for the expectant or parenting father and his child, if they are not residing together.
 - viii. The expectant or parenting father's child support obligations.
10. Immediately after an expectant youth in foster care gives birth:
- a. Notify the SSS of the expectant youth giving birth.
 - b. Conduct a purposeful contact with the parenting youth and child, within 24 hours of the birth (see policy [10.18 Foster Care: Purposeful Contacts in Foster Care](#)). Include the following:
 - i. An assessment of their safety and well-being (see policy [19.11 Case Management: Safety Assessment](#)).
 - ii. Potential hospital discharge date.
 - iii. Supports for the parenting youth when he/she returns home.
 - iv. Assessment of needed baby items.
 - v. Discussion of safe sleeping practices in accordance with the [Infant Safe to Sleep Guidelines and Protocol](#).
 - vi. Discussion of motor vehicle safety recommendations, including use of a infant car seat and hot car safety.
 - vii. Upcoming medical appointments for the parenting youth and child.
 - c. Obtain information from the hospital on the health of the parenting youth and child including the discharge planning information.
 - d. Conduct a purposeful contact with the placement resource to discuss the support needed for the parenting youth and child and discuss the following:
 - i. Safety of the child, including a discussion of safe sleeping practices, motor vehicle safety and any needed baby items.
 - ii. Expectations of the placement resource's role regarding the care of the child.
 - iii. Types of support the placement resource can offer parenting youth.
 - iv. The plan to ensure how the parenting youth can continue with typical childhood experiences (i.e. school attendance, spending time with friends, extracurricular activities, school dances, prom, graduation, etc.) while being responsible for the care of their child.
 - e. Locate a placement for the parenting youth and child, if the current placement resource is unable to provide continued placement for both (see policy [10.4 Foster Care: Selecting a Placement Resource](#)).
 - f. Discuss the assessment with the Social Services Supervisor (SSS) and determine whether any safety concerns exist. If there are no safety concerns, DFCS should not seek custody of the child.

NOTE: Immediately report any known or suspected instances of child abuse/neglect to the CPS Intake Communications Center (CICC) as outlined in policy [3.15 Intake: Mandated Reporters](#).
 - g. Notify RevMax of the birth via the NOC in Georgia SHINES, indicating whether the youth and child are in the same placement and whether DFCS obtained custody of the child.
 - h. Request a Payment of Care waiver to add the child to the minor parent's foster care per diem, if the child is placed with the minor parent and is not in DFCS custody.
 - i. Assist the parenting youth with applying for medical assistance for the newborn child, if DFCS does not obtain custody of the newborn child.
 - i. Fax the Medical Assistance Application to the appropriate RevMax Specialist

- (RMS).
 - ii. Notify the RMS that the Medical Assistance Application is for the child of a parenting youth in DFCS custody.
 - iii. Complete the Person Detail for the child in the parenting youth's case in Georgia SHINES.
11. Provide ongoing support to the parenting youths (mother and father), including:
- a. A referral to a home visiting program (i.e. Early Head Start-Home Visiting; Healthy Families Georgia; Nurse-Family Partnership; Parents as Teachers, SafeCare), if applicable.
 - b. Assistance in applying for Women, Infants and Children (WIC) vouchers; child support (if the non-custodial parent is not a minor in foster care); or any other financial/non-financial assistance.
 - c. Ensuring the parenting youth locates a medical home for the child to obtain routine infant health checks for the child and any follow-up care.
 - d. Facilitating visits between the child and parents, if not placed together.
 - e. Facilitating ongoing parenting support from the placement resource for both parents and mediating any conflicts between the parenting youth and placement resource.
 - f. Facilitating academic success for the parenting youth.
 - g. Coordinating child care and early education for the child, if appropriate.
12. Inform the parenting youth of the need to obtain placement authority if the child is separated from the parenting youth (i.e., if there are safety concerns, the youth runs away, youth is arrested and detained, etc.). Discuss the following with the parenting youth:
- a. Relative or fictive kin, including the other parent, who the parenting youth may voluntarily allow to care for the child until safety threats can be resolved.
 - b. What it means for the child to be placed in foster care, including:
 - i. The legal process (see policy 17.1 Legal: The Juvenile Court Process).
 - ii. The case planning process (see policy 10.23 Foster Care: Case Planning).
 - iii. Roles and responsibilities of the placement resource and parenting youth if the child and parenting youth remain placed together.
 - iv. Safety threats that prohibit placement together and what needs to occur to facilitate placement together.
 - v. A visitation plan if they cannot be placed together.
13. Follow Chapter 10: Foster Care policy, if the child of the parenting youth enters DFCS custody.

The SSS will:

1. Conduct a supervisor staffing with the SSCM to discuss:
 - a. The emotional and physical well-being of the expectant and/or parenting youth.
 - b. Planning and preparation activities for the birth.
 - c. Services needed by the expectant or parenting youth.
 - d. Placement options for the expectant youth and child, after the birth.
 - e. Ongoing support for the expectant or parenting youth.
 - f. Safety, permanency and well-being of the parenting youth's child.
2. Participate in any family meeting, as required.
3. Ensure a purposeful contact occurs with the parenting youth and child within 24 hours of the birth.

4. Ensure he/she is accessible to the SSCM to provide guidance and consult with the SSCM in “real time” after the birth of the child to discuss:
 - a. Information gathered concerning areas of family functioning including parental protective capacities of the parenting youth.
 - b. Whether safety concerns exist that require a report be made to the CPS Intake Communications Center (CICC) and/or placement authority be obtained for the child.
 - c. Discharge planning for the parenting youth and child.
5. Assist with obtaining placement authority, if necessary.
6. Ensure contact standards for purposeful contacts and collaterals are reassessed and increased to meet the needs of the parenting youth and their child.

PRACTICE GUIDANCE

Case Planning with an Expectant or Parenting Youth

A parenting youth’s WTLP, if applicable, should include outcomes to enhance their ability to meet the needs of their child and these outcomes should be addressed during the periodic reviews and permanency hearings held on behalf of the parenting youth (see policy [3.2 Legal: Case Reviews and Permanency Hearings](#)). If the parenting youth’s child is placed in DFCS’ custody, a foster care case plan should be developed with the parenting youth (see policy [10.23 Foster Care: Case Planning](#)).

Custody of the Child

When a youth in foster care has a child, the child should remain in the custody of the youth unless it is determined that the parenting youth has abused or neglected the child and the child is unsafe in the custody of the parenting youth. Parenting youth may need time to adjust to their new role and responsibilities as a parent. Therefore, it is critical the parenting youth and child are in a safe, caring environment that allows the youth the opportunity to enhance their parenting skills. Identifying expectations and outlining responsibilities of the placement resource and the parenting youth regarding the care of the child are critical in facilitating a successful placement. The SSCM and placement resource must give the parenting youth the liberty to parent while providing the support to make their parenting efforts successful. Ongoing safety must be thoroughly assessed through purposeful and collateral contacts.

Youth in foster care face numerous challenges in preparing to transition to a successful adulthood. They often lack strong family connections or a supportive role model to assist them in transitioning to adulthood. For youth in foster care who are expecting or parenting, the process of transitioning to adulthood is accelerated even if the youth is ill-prepared to assume adult responsibilities. Therefore, expectant or parenting youth in foster care need a strong support system and targeted services to assist them in enhancing their parental protective capacities while they strive to become successful, self-sufficient adults.

If the child of a parenting youth in foster care is ever removed and placed apart from the parent, judicial placement authority must be obtained. The child should be entered into Georgia SHINES as a foster child. If the issues requiring the removal from the parenting youth are addressed and the court sanctions reunification, the child may be placed in the

same placement as the parenting youth.

Funding for a Parenting Youth's Child

The Title IV-E program allows for states to claim reimbursement for the cost of a child living in the same placement as its parent in foster care without obtaining custody of the child (see policy [9.1 Eligibility: Foster Care Maintenance Payments](#)). The added cost of care for the child is reimbursed through the parenting youth's IV-E status. Only one payment is made to the placement provider. State funds may be used if the child remains in the custody of a parenting youth in foster care who is not IV-E eligible [see policy [9.10. Eligibility: Special Situations in IV-E \(Trial Home Visits, Runaway, Parenting Youth in Foster Care and Out-of-State IV-E Foster Care\)](#)].

Georgia Personal Responsibility Education Program (GA-PREP)¹

State PREP awards grants to public and private agencies for the purpose of educating youth through evidence-based programs to reduce teenage pregnancy, STDs including HIV/AIDS, and STI's among high risk youth. PREP targets youth ages 10-19 who are in foster care, live in geographic areas with high teen birth rates, or come from racial or ethnic minority groups. PREP is funded by both the Administration of Children and Families (ACF) and Family and Youth Services Bureau (FYSB).

Georgia's Personal Responsibility Education Program (GA-PREP) is administered by the Division of Family and Children Services (DFCS), a division of the Department of Human Services (DHS). Through a competitive funding solicitation, GA-PREP awards grants to public and private agencies for the purpose of educating youth ages 10-19 and up to 21 if expecting or parenting. GA-PREP serves the larger goals of GA's DHS by providing high risk youth free access to evidence-based teen pregnancy prevention programs and supplemental adult preparation subjects.

The Georgia Home Visiting Program²

The Georgia Home Visiting Program is a statewide effort, sponsored by the Georgia Department of Public Health and supported by your community to ensure that every child in our state gets a great start in life. The program is designed to create a community culture of care, encouragement, and support for all families before and after the birth of a child. Across hundreds of Georgia communities, services are available to ensure that these important early years are rich with opportunities for children to be educated, safe, and healthy. A free Information & Referral Center offers connections to relevant local resources and information.

Home Visiting Evidenced Based Models in Georgia

1. Early Head Start-Home Visiting³

The Early Head Start-Home Visiting (EHS-HV) model provides high-quality, culturally competent child development and parent support services with an emphasis on the role of the parent as the child's first and most important relationship. EHS-HV targets low-income pregnant women and families with children birth to three. To be eligible, most families must be at or below the federal poverty level. The EHS-HV model must

1 <http://gaprep.dhs.ga.gov>

2 <https://gahomevisiting.org>

3 <https://gahomevisiting.org/home-visiting-resource-center/evidence-based-models-georgia/early-head-start-home-based-option>

make at least 10 percent of their enrollment opportunities available to children with disabilities. The scope of services in the home-based model is comprehensive and includes the following:

- a. Developmental screening, ongoing observation and assessment, and curriculum planning.
- b. Medical, dental, and mental health.
- c. Child development and education.
- d. Family partnerships and goal setting.
- e. Community collaborations to meet additional family needs.

2. Healthy Families Georgia⁴

All Healthy Families programs in Georgia are nationally accredited, evidence-based home visiting programs. Services are designed to strengthen families beginning prenatally up to the age of 5 years of a child's life when vital early brain development occurs. Well trained, experienced Family Support Workers provide valuable education, community resources, and tangible support all children and families need to thrive. The mission of Healthy Families Georgia is to promote child well-being and prevent the abuse and neglect of our children through the provision of quality, long-term, intensive home visitation services. The program is designed to strengthen nurturing parent-child relationships, promote healthy childhood growth and development and enhance family functioning.

3. Nurse-Family Partnership (NFP)⁵

Nurse Family Partnership aims to empower first-time mothers living in poverty to successfully change their lives and the lives of their children through evidence-based nurse home visiting.

4. Parents as Teachers⁶

The vision of Parents as Teachers (PAT) is that all children will learn, grow and develop to realize their full potential. Within this evidence-based home visiting model, certified parent educators provide information, support and encouragement parents need to help their children develop optimally during the crucial early years of life. PAT sites provide at least two years of services to families with children between prenatal development and kindergarten. Generally, families should be enrolled by the child's 3rd birthday. Sites are affiliated with PAT National Center (PATNC) to ensure model fidelity. The model uses the following four core components to service children and families:

- a. Home Visits. Each home visit includes parent-child interaction, family well-being and development centered parenting.
- b. Referrals to Community Resources.
- c. Health and Child Development Screenings.
- d. Group Connections.

5. SafeCare⁷

SafeCare is an evidence-based parenting program that addresses both physical abuse and neglect in parents of very young children (ages 0-5). Neglect represents the largest portion of DFCS referrals in Georgia (73.8%) and nationally (78.3%). Children ages 0-5 are among the most vulnerable, and are most likely to be victims of

4 <https://gahomevisiting.org/home-visiting-resource-center/evidence-based-models-georgia/healthy-families-georgia>

5 <https://gahomevisiting.org/home-visiting-resource-center/evidence-based-models-georgia/nurse-family-partnership-nfp>

6 <https://gahomevisiting.org/home-visiting-resource-center/evidence-based-models-georgia/parents-teachers>

7 <https://gahomevisiting.org/home-visiting-resource-center/evidence-based-models-ga/safecare>

substantiated maltreatment. SafeCare is the first of a series of evidence-based programs DHS hopes to implement to best serve the families of Georgia.

The Lamaze Method of Childbirth⁸

The Lamaze method, developed by the French obstetrician Ferdinand Lamaze, has been used in the United States since the late '50s and remains one of the most commonly taught types of childbirth classes. The original focus was on using controlled breathing techniques to cope with labor. According to Lamaze International, the goal of Lamaze classes is to "increase women's confidence in their ability to give birth." Toward that end, women learn a variety of simple coping strategies, of which breathing is only one. The classes aim to help women "learn how to respond to pain in ways that both facilitate labor and increase comfort." The Lamaze philosophy of birth stipulates that "birth is normal, natural, and healthy" and that "women have a right to give birth free from routine medical interventions." But Lamaze also educates women so that when interventions are needed, or pain relief medication is desired, women are able to give true informed consent.

Planned Parenthood⁹

Planned Parenthood Federation of America, Inc. or Planned Parenthood, is a nonprofit organization that delivers vital reproductive health care, sex education and information to millions of people worldwide.

Title V Sexual Risk Avoidance Program¹⁰

The Administration for Children and Families, Administration on Children, Youth and Families' Family and Youth Services Bureau provides funds under the Sexual Risk Avoidance Education (SRAE) Program. The purpose of the SRAE Program is to fund projects to implement sexual risk avoidance education that teaches participants how to voluntarily refrain from non-marital sexual activity. The goal of the SRAE program is to educate youth on how to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors. Successful applicants are expected to submit program plans that agree to use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach integrating research findings with practical implementation that aligns with the needs and desired outcomes for the intended audience; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.

FORMS AND TOOLS

[Infant Safe to Sleep Guidelines and Protocol](#)

⁸ www.babycenter.com

⁹ www.plannedparenthood.org

¹⁰ www.federalgrants.com/Sexual-Risk-Avoidance-Education-Program