

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL		
	Chapter: (14) Resource Development	Effective Date: TBD	
	Policy Title: Safety and Quality Standards (SQS)		
Policy Number: 14.01	Previous Policy #: 14.01 and 14.19		

CODES/REFERENCES

O.C.G.A. § 31-19-1 (The Rabies statute)
 O.C.G.A. § 40-8-76.1 (Use of safety belts in passenger vehicles)
 Title IV-E of the Social Security Act Sections 471(a)(10), 471(a)(22), 471(a)(36)(A), 472(c)(1), 472(c)(1)(A)(ii)(III), and 472(c)(1)(B)
 Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183)
 Family First Prevention Services Act
 Taylor v. Ledbetter, 818 F.2d 791 (11th Cir. 1987)

REQUIREMENTS

- The Division of Family and Children Services (DFCS) shall
1. *Establish and maintain standards for foster family homes which are reasonably in accord with recommended standards of national organizations concerned with standards for such homes, including standards related to admission policies, safety, sanitation, protection of civil rights and which shall permit use of the reasonable and prudent parenting standard (see policy [14.26 Resource Development: Reasonable and Prudent Parenting Standard](#)). The standards so established are applied by the State to any foster family home receiving funds under Titles IV-E or IV-B.*
 2. *Have approval standards for family foster homes that include policies related to the liability of foster parents and private entities under contract by the state involving the application of the reasonable and prudent parenting standard to ensure appropriate liability for caregivers when a child participates in an approved activity and the caregiver approving the activity acts in accordance with the reasonable and prudent parenting standard.*
 3. *Allow waivers of non-safety standards (as determined by the State) on a case-by-case basis in relative foster family homes for specific children in care (see policy [14.4 Resource Development: Waiver of Non-Safety Approval Standards for Relative Foster Homes](#)).*
 4. *Develop and implement standards that ensure children in foster care placements in public or private agencies are provided quality services that protect the safety and health of the children.*
 5. *Maintain licensing standards that are in accord with model standards identified by the Secretary of Health and Human Services. The standards require all approved caregivers and their household members to meet the following Safety and Quality Standards (SQS) at initial approval and for the duration of time their home remains open. This includes homes affiliated with Child Placing Agencies (CPA).*
 - a. Foster Home Eligibility

- i. Threshold Requirements
 1. Caregivers must be at least 21 years of age.
 2. Caregivers must be a U.S. citizen or Permanent Legal Resident.
 3. Caregivers must have income or resources to make timely payments for shelter, food, utility costs, clothing, and other household expenses prior to the addition of a child or children in foster care.
 4. Caregivers must be able to communicate with the child, DFCS/CPA, health care providers, and other service providers.

NOTE: Caregivers may meet communication standards through communication aids and non-verbal means.
 5. At least one caregiver in the home must have functional literacy, such as having the ability to read medication labels. This is to ensure at least one caregiver reads and writes at the level necessary to participate effectively in the community in which they live.
- ii. Physical and Mental Health
 1. All caregivers must have recent (conducted within the prior 12 months) physical exams from a licensed health care professional indicating the caregivers are capable of caring for a child prior to initial approval.
 2. All household members must disclose current mental health and/or substance abuse issues.
 3. All household members must provide information on their physical and mental health history, including any history of drug or alcohol abuse or treatment.
 4. All children who are household members must be up-to-date on immunizations unless the immunizations are contrary to the child's health as documented by a licensed health care professional.

NOTE: Immunizations must be consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP).
 5. All household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccination unless the immunization is contrary to the individual's health as documented by a licensed health care professional.
 6. All household members who will be caregivers of infants and children with special medical needs must have an up-to-date annual influenza vaccination unless the immunization is contrary to the individual's health as documented by a licensed health care professional.
- iii. Background Checks
 1. Caregivers and their adult household members (age 18 years and over) must submit to a fingerprint-based criminal history record check of the national criminal information databases (see policy **19.08 Case Management: Criminal Records Checks** for information on conducting criminal records checks and types of criminal history that will exclude a prospective foster parent from becoming a caregiver for youth in foster care).
 2. Caregivers and their adult household members (age 18 years and over)

- must submit to safety screenings including a check of the child abuse or neglect registry in any state or tribe in which they have resided in the preceding five years (see policy [19.09 Case Management: Safety Screenings](#) for information on conducting safety screenings and the types required at initial and re-evaluation).
3. Caregivers and their adult household members (age 18 years and over) must have no substantiated Child Protective Services (CPS) history.
- iv. Home Study
1. Caregivers must have completed home study, which is a written comprehensive family assessment (see policy [14.10 Resource Development: Initial Family Evaluation](#)).
 2. The home study must include at least one scheduled on-site visit to assess the home to ensure that it meets the state and/or local standards applicable to the safety and care of the home;
 3. The home study must include at least one scheduled in-home interview for each household member to observe family functioning and assess the family's capacity to meet the needs of a child or children in foster care;
 4. The home study must include multiple applicant references that attest to the capability of the applicant to care for the child, including at least one from a relative and one from a non-relative.
- b. Foster Family Home Health and Safety
- i. Living Space
 1. Caregivers must reside in a house, mobile home, housing unit or apartment.
 2. The home must have an adequate supply of safe drinking water.
 3. The home must have a properly operating kitchen with a sink, refrigerator, stove, and oven.
 4. The home must have at least one toilet, sink and tub or shower in operating condition.
 5. The home must have heating and/or cooling as required by the geographical area. It must be consistent with accepted community standards and in safe operating condition.
 6. Caregivers must have a working phone or access to a working phone in close walking proximity.
 - ii. Condition of Home
 1. The caregiver's home, grounds, and all structures on the grounds of the property must be properly maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards.
 2. The interior and exterior of the home must be free from dangerous objects/conditions, and from hazardous materials.
 3. The home must have adequate lighting, ventilation and proper trash and recycling disposal, if recycling is available;
 4. The home must be free from rodents and insect infestation.
 5. The home must have proper water heater temperature.
 6. Weapons and ammunition must be stored separately, locked, unloaded, and inaccessible to children (see Practice Guidance: Firearm Safety);
 7. Pets must be vaccinated in accordance with state, tribal and/or local law (see Practice Guidance: Animal Safety);

8. The home must have conditions that prevent a child's access (as appropriate for his or her age, development and emotional stability) to all medications, poisonous materials, cleaning supplies, other hazardous materials, and alcoholic beverages.
 9. Swimming pools, hot tubs, and spas must meet all state and local safety requirements (see Practice Guidance: Water Safety).
 - a. Swimming pools must have a barrier on all sides.
 - b. Swimming pools must have their methods of access through the barrier equipped with a safety device, such as a bolt lock.
 - c. Swimming pools must be equipped with lifesaving and flotation devices (e.g. reaching poles and ring buoys).
 - d. If swimming pools cannot be emptied after each use, the pools must have a working pump and filtering system.
 - e. Hot tubs and spas must have safety covers that are locked when not in use.
- c. Foster Home Capacity
- i. *The total number of foster children that may be cared for in a foster family home must not exceed six.*
 - ii. *The number of foster children cared for in a foster family home may exceed six for any of the following reasons:*
 1. *To allow a parenting youth in foster care to remain with the child of the parenting youth;*
 2. *To allow siblings to remain together;*
 3. *To allow a child with an established meaningful relationship with the family to remain with the family; and*
 4. *To allow a family with special training or skills to provide care to a child who has a severe disability.*
- d. Foster Home Sleeping Arrangements
- i. Caregivers must provide a safe sleeping space including sleeping supplies, such as a mattress and linens, for each individual child, as appropriate for the child's needs and age.
 - ii. All children in the home must be treated equitably, meaning each child has sleeping arrangements similar to other household members.
 - iii. Caregivers must not co-sleep or bed-share with infants or children in foster care.
 - iv. Caregivers with infants must adhere to the infant safe sleeping practices outlined in the **Infant Safe to Sleep Guidelines and Protocol**.
- e. Emergency Preparedness, Fire Safety, and Evacuation Plans
- i. Caregivers must have emergency preparedness plans and items in place as appropriate for the home's geographic location.
 - ii. Caregivers must post a written evacuation plan in a prominent place in the home (e.g., on a refrigerator or family bulletin board), and review it with the children.
 - iii. Caregivers must maintain a comprehensive list of emergency telephone numbers, including poison control, and post those numbers in a prominent place in the home.
 - iv. Caregivers must maintain first aid supplies.
 - v. The caregiver's home must meet the following fire safety and emergency

planning requirements:

1. Have at least one smoke detector on each level of occupancy of the home and at least one near all sleeping areas;
2. Have at least one carbon monoxide detector on each level of occupancy of the home and at least one near all sleeping areas;
3. Have at least one operable fire extinguisher that is readily accessible;
4. Be free of obvious fire hazards, such as defective heating equipment or improperly stored flammable materials;
5. Gas heaters in the home must be vented to avoid fire and health hazards. However, unvented, fuel-fired heaters equipped with oxygen depletion safety shut-off systems may be operated in homes.

f. Transportation

- i. Caregivers must have reliable, legal and safe transportation. Reliable transportation includes a properly maintained vehicle or access to reliable public transportation;
- ii. Any privately-owned vehicle (owned by caregiver, caregiver's family or friends) used to transport a child in foster care must be operated by someone with a valid driver's license, insurance and registration;
- iii. Safety restraints (as appropriate for the child in accordance with the law) must be used when transporting a child in foster care.

NOTE: See Practice Guidance: Motor Vehicle Safety for more information.

g. Training

- i. Caregivers must complete pre-service training on the following topics (see policy [14.08 Resource Development: Pre-service Training](#)):
 1. Rights, roles, responsibilities and expectations of foster parents;
 2. DFCS structure, purpose, policies, and services;
 3. Laws and regulations;
 4. The impact of childhood trauma;
 5. Managing child behaviors;
 6. First aid (including cardiopulmonary resuscitation (CPR) for the ages of the children in placement) and medication administration; and
 7. The importance of maintaining meaningful connections between the child and parents, including regular visitation.
- ii. Caregivers must participate in ongoing training to receive instruction to support their parental roles and ensure the parent is up-to-date with DFCS requirements (see policy [14.09 Resource Development: Continued Parent Development](#)).

h. Foster Parent Assurances

- i. Caregivers must not use corporal or degrading punishment.
- ii. Caregivers must not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.
- iii. Caregivers and their guest must not smoke in the foster family home, in any vehicle used to transport the child, or in the presence of the child in foster care.
- iv. Caregivers must adhere to DFCS reasonable and prudent parent standard (see policy [14.26 Resource Development: Reasonable and Prudent Parenting Standard](#)).

PROCEDURES

The DFCS Caregiver Recruitment and Retention Specialist (CRRS) or CPA Resource Development (RD) Staff will:

1. Become familiar with the Safety and Quality Standards (SQS) for approved homes and review them periodically with caregivers.
2. Continue to monitor active placement resources to ensure compliance with SQS.
3. Review the Caregiver Child Safety Agreement with all approved caregivers and obtain their signatures at the following times:
 - a. Prior to approval of the Initial Family Evaluation;
 - b. At the time of a home re-evaluation; and
 - c. Whenever there are child safety concerns (i.e., discipline or foster care policy violations, etc.).
4. Inform caregivers of any observations of circumstances or conditions that pose a risk or potential risk to the health and safety of the child in the home and, if possible, provide measures for correction. Document all discussions and recommendations with the caregiver in the Contact Summary in Georgia SHINES.
5. Notify the Resource Development Supervisor in writing of any safety concerns observed during home visits and the outcome of any discussion with the caregivers regarding observations (see policy [14.22 Resource Development: Policy Violations](#)).
6. Provide follow-up to ensure the home's compliance with home safety guidelines.

NOTE: CPA providers should also see policy [16.8 RBWO: RBWO Minimum Standards](#).

PRACTICE GUIDANCE

Safety and Quality Standards

The purpose of safety and quality standards is to ensure caregivers have the capacity to care for a child in foster care, and to ensure the physical home of the caregivers is appropriate and safe for a child in foster care. The standards strike a balance between allowing for individual circumstances, while establishing minimum requirements and are organized into eight categories.

When children are placed into out-of-home placements, their health and safety are of paramount concern. It is the responsibility of DFCS, CPAs, and approved caregivers to take all measures within their power to reduce threats to any child's safety while in an out-of-home placement. The safety of a child in an out-of-home placement is just as important as it was back in the home of the parent. Caregivers need to be assisted in employing injury prevention strategies that promote the safety of the children placed in their home. DFCS must provide caregivers with easy access to child safety seats and bicycle helmets. Expenses incurred by caregivers in meeting agency approval requirements are reimbursable; however, caregivers should obtain prior approval before incurring costs that require reimbursement.

Medication Safety

Medication must be administered to children in foster care only as directed by the prescribing physician. Medication must be administered by authorized adults. In addition, medication must be stored and transported in the original containers.

Water Safety

Accidental drowning and motor vehicle accidents are among the leading causes of

unintentional fatalities for children ages 0-24 months. Therefore, caution must be exercised when placing children in homes located on waterfront property or in homes that have swimming pools or spas. The age, special needs, and number of children in a home should guide decisions around placement in such homes.

Caregivers whose primary or alternate place of residence (vacation or country home, etc.) is equipped with an in-ground or above-ground swimming pool, is situated on waterfront property, or is located within an apartment complex or subdivision with access to a community pool should be evaluated to confirm that they meet safety standards. Information regarding safety compliance of pools located in an apartment complex or subdivision may be obtained in collaboration with the management office of the apartment complex or applicable Home Owner's Association. Below are some water safety guidelines:

1. Caregivers should provide direct adult supervision of children around a body of water (e.g. beach, lake, pool, etc.) at all times.
2. 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. The local DFCS should assist caregivers in locating resources for free swimming lessons. If free resources are not available, reasonable expenses should be allowed. The key to preventing water accidents is supervision, even if a child knows how to swim.
3. 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.
4. 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. DFCS must make caregivers aware of any physical or emotional challenges that could impact a child's ability to complete the course. DFCS will reimburse the caregiver for the cost of the course.
5. Caregivers should have a cordless phone, pool phone, or cellular phone close by to eliminate the need to leave children unattended near a body of water.
6. 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.
7. 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.
8. 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. The alarm must meet the standard of 85 decibels.
9. Pool safety covers should meet American Society for Testing and Materials (ASTM) Standards and must be installed, used, and maintained in accordance with manufacturer's specifications. Pool covers must be kept free of standing water and be completely removed when the pool is in use.
10. 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.

Motor Vehicle Safety

Children should have reasonable opportunities to engage in play and wholesome recreational activities. When responding to a caregiver's request for guidance, one should take into consideration the child's psychological, medical, and developmental needs. Determine the type and safety of a vehicle and its suitability for a child. Also consider the vehicle operators and the plan for supervision. Discuss any restrictions (e.g., no use of public roads, daytime riding only, no racing or hot-rodding) and other safety measures, such as helmets, seat belts, flotation devices, and any other manufacturer's recommended safety gear. Caregivers must provide a properly fitted and securely fastened safety helmet for any child who is operating a bicycle or riding as a passenger on a bicycle. Extra caution must be exercised when allowing a child under 18 years of age to operate or ride as a passenger on a motorcycle, a motorbike, an all-terrain vehicle (ATV), a high-speed water craft, or other similarly motorized vehicles. These high-speed vehicles can be particularly challenging to operate; therefore, reasonable care and caution should be applied when considering a child's participation in such activities. Caregivers should consult with DFCS prior to allowing a child to operate a motor vehicle and comply with all agency policy regarding the operation of motor vehicles by youth in foster care (see policy [13.8 Independent Living Program: Driving Education, Licensure and State Identification](#)).

Children must be individually secured in an appropriately fitting seat belt (one child to a seat belt) when being transported in a motorized vehicle. Children under eight years of age must be transported in a federally approved child safety seat in accordance with the manufacturer's instructions. Children 12 years of age and under must be transported in the rear seat of the vehicle to protect young children from air bag injuries. Children are sensitive to heat as their body temperature can heat up three to five times faster than an adult's. 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. A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled. Due to the danger posed to young children left in hot cars, it is important that caregivers be reminded of motor vehicle safety as it pertains to hot cars and steps they can take to avoid related serious injury or death. Below are examples of safety precautions that could be discussed with caregivers during routine contacts:

1. Do not leave children under 12 years of age, or children who are medically, emotionally, psychologically or behaviorally challenged unattended in a motor vehicle.
2. Make a habit of looking in the vehicle (front and back) before locking the door and walking away;
3. Ask the childcare provider to call if the child doesn't show up for care as expected;
4. Do things that serve as a reminder that a child is in the vehicle (e.g., place a phone, purse or briefcase in the back seat, write a note, or place a stuffed animal in the driver's view to indicate a child is in the car seat);
5. Always lock your vehicle when not in use and store keys out of a child's reach, so children cannot enter unattended;
6. Teach children that a vehicle is not a play area.

Firearm Safety

Firearms claim the lives of an inordinate number of children each year. Consequently, DFCS

takes a very conservative approach to firearm safety. Prior to entering foster care, many children experienced trauma associated with violence, including gun violence. These children need a living environment that evokes feelings of peace and safety. Some may have strong emotional reactions when in the presence of a firearm. Being in the presence of someone carrying a weapon may evoke feelings of being held captive or guarded. Some children in care already struggle with these feelings after being involuntarily removed from their birth family. DFCS does not want to do anything to exacerbate this problem. Consequently, even foster parents with permits to carry weapons are expected to refrain from doing so in the presence of children in foster care. Doing so is a violation of foster care policy, which requires firearms and ammunition to be stored separately under lock and key.

Keys to locked storage devices containing firearms or ammunition must remain in the possession of an adult or be reasonably secured from children. As an added safety measure, any commercially available, reliable gun-safety mechanisms (e.g., trigger guard lock.) may also be used. See the Foster Parent Manual for a list of the types of gun safety devices that may be used.

Under limited circumstances, with the prior approval of the County Director/Designee, children may be allowed to handle firearms. When making an approval decision, the County Director/Designee should take into consideration 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 birth parent. Following obtaining the necessary approval, youth ages 13 years and older who have successfully complied with all applicable hunting license requirements for Georgia, may engage in hunting activities while under the direct supervision of the caregiver or another approved adult. The caregiver or approved adult is also required to comply with Georgia hunting license requirements. Georgia requires completion of a hunter education course (including safety guidelines) for all persons born after January 1, 1961.

Animal Safety

Children are the primary victims of dog bites. Dogs with which children are familiar usually inflict such bites. Therefore, it is important to remind caregivers that re-immunizations for their pets are required either annually or triennially depending on the vaccine. Moreover, caregivers with exotic animals or wildlife (e.g., chimpanzees, snakes, raccoons, large mammals, etc.) must obtain a health and suitability statement from a veterinarian and approval by the County Director. In the absence of substantive dog safety laws in Georgia, caregivers must take reasonable safety precautions when children are around pets. Serious consideration should be given to the type/breed of pets and their history of violence or aggressiveness toward people when assessing safety factors in the foster home. Any issues or concerns related to any pet (e.g., type, size, quantity, etc.) should be thoroughly discussed and documented during the assessment and re-evaluation process. Caregivers with animals should do the following:

1. Safely secure animals that have a history of violence and/or aggressiveness toward people in a cage, fence or other similar enclosure.
2. Provide opportunities and instruction to children in care regarding safe socialization with people-friendly breeds of animals.
3. Report immediately (within 24 hours) to DFCS any acts of violence toward a child in foster care or others by an animal in the foster home.
4. Carefully review the Foster Parent Manual for information regarding animal safety.

Fire Safety

Fire extinguishers should be inspected regularly to ensure effectiveness. A local fire department would be a good resource for this service. Fire extinguishers with a Class A rating are effective against fires involving paper, wood, and plastics. Fire extinguishers with a Class B rating are effective against flammable liquid fires. Fire extinguishers with a Class C rating are suitable for fires in “live” electrical equipment. The recommended multi-purpose dry-chemical extinguisher contains a dry chemical suitable for use on ordinary combustibles, flammable liquids, or electrical equipment. It is red in color and ranges in weight from five pounds to twenty pounds. It will have a label indicating that it may be used on class A, B, and/or C fires.

Safe Sleep Guidelines

In order to protect children from accidental injury or undesirable outcomes, the following safe sleep guidelines are recommended:

1. Only bedrooms should be used as a sleeping space for children.
2. Children should not sleep in a bed with an adult.
3. Children not related to each other should sleep in separate beds.
4. No more than two children should sleep in a double or larger bed.
5. Children five years of age and older should not share a bedroom with a person of the opposite sex.
6. Caregivers with infants should adhere to the infant (birth to 12 months of age) safe sleeping practices described in the Infant Safe to Sleep Guidelines and Protocol.

Caregivers Need Certain Skills and Abilities

Caregivers and DFCS work together as a team with a common goal of helping children achieve permanency. Caregivers will face many challenges as they seek to provide continuity of care while helping a child repair the effects of earlier life experiences. To do this type of work, caregivers need to have a number of specific skills that enable them to do the following:

Understand the Impact of Fostering

Caregivers must be able to identify their individual and family strengths and needs and communicate these to the DFCS. Caregivers should recognize how the addition of a new family member can affect family relationships (including the extended family), life styles, and support systems. Caregivers should understand their role in fostering and know the kinds of children whose needs they can best meet.

Embrace Teamwork and Communication

Caregivers must be able to communicate with the child, DFCS, birth parents and other foster and adoptive parents who may have different outlooks because of different experiences, ages and cultures. Families must be able to understand and fulfill their roles and responsibilities in working with children, birth families, DFCS, and community. They must work in partnership to help children be reunified with birth families, be adopted, or move into independent living.

Parent Abused/Neglected Children

Caregivers must be able to effectively parent children who have been abused, neglected, abandoned, and/or emotionally maltreated. Families must help children develop a positive self-concept and identity, recognizing that past experiences and losses may have contributed to poor self-image and identity-confusion. They must help children understand and deal with the

past in nonjudgmental ways, which helps children feel good about who they are. Families must know how to access outside assistance as necessary to meet a child's needs.

Understand Grief, Loss and Attachment Issues for Children in Care

Children removed from their birth families experience profound losses and need help managing their grief. Caregivers must have resolved their own losses and be able to anticipate the effects of future losses on the family. Since children who have experienced loss often have difficulties with attachment, families will need to understand attachment issues and be able to use specific techniques to help.

Understand, Prevent and Manage Misbehaviors

Children in placement display many behaviors that reflect the physical and emotional pain they have experienced. Caregivers must understand the feelings and the reasons behind the behaviors, and then help children get their needs met in ways that make children feel lovable, capable, worthwhile, and responsible. Caregivers must understand the reasons for and adhere to the policy prohibiting physical discipline/corporal punishment.

Support Primary or Birth Family Connections

Families must help children maintain and develop relationships that keep them connected to the past, the source of their identity and self-esteem. Since most children are reunified with their birth families, acceptance of parent/child visitations and the goal of returning children to birth families as soon as safely possible is critical.

Provide a Safe, Nurturing and Healthy Environment

Recognizing that children in foster care are vulnerable to further abuse and exploitation, foster parents must be able to protect children from maltreatment. In addition, caregivers must provide a healthy and safe environment for children, following all state and local health and safety regulations.

FORMS AND TOOLS

[Caregiver Child Safety Agreement](#)

[Foster Parent Manual](#)

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

[Georgia Department of Natural Resources – Wildlife Resource Division](#)

[Foster Caregiver Water Safety Assessment](#)

[Safety Barrier Guidelines for Residential Pools](#)