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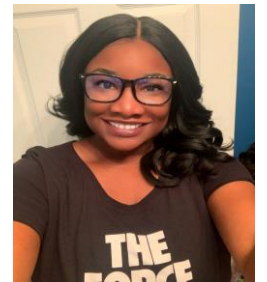
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Agenda

- SAFE Assessing(Common Errors): Azure McCollough
- SAFE Update Assessments: Andria Bolton
- Forms: Amy Hill
- Addendums: Shanise Wooten and Tomeka Branscomb



What is the blueprint to a successful concurrence from OPM???

DFCS Foster Care Policy Chapter 14

Structured Analysis Family Evaluation (SAFE) model

Before the narrative is approved, did it contain and address the following?

- General Information
- Directions to the home
- Household Demographics
- Children (both inside and Outside of home)
- Extended Family
- References
- Medical Summary
- Safety Screening Results
- Home and Community
- Applicant Introduction
- Applicant Profile
- Others residing in the home
- In-Home Daycare (if applicable)



- Caregiver Protective Capacities
- Family Lifestyle & Interaction Patterns
- Motivation
- Legal/Financial Responsibilities
- Partnership with birth parents and DFCS
- Psychosocial Evaluation Report
- Physical/Social Environment
- Pre- Service Training/ Continued Parenting Development plan
- Caregiver's Placement Preferences
- Conclusion and Recommendation
- Required Signatures
- **Forms & Attachments**



Common Errors

Common Errors

- Demographics should not be included on the safety screens (unless the name is extremely common; John Lee, William Johnson, etc.)
- Legal names v. “nicknames”
- If a search yields results, please note that this is “not a match”
- Failure to note dates in the Criminal Records section of the narrative (Reminder: The CPS date is to be used for all screens, with the exception of, GCIC/NCIC, Department of Corrections, Sex Offender(GBI), Pardons and Parole, and Adam Walsh)
- Failure to document the sleeping arrangements or bedding type for prospective foster youth
- Failure to include helpful/beneficial information
- Only speaking to the family’s lifestyle pre-COVD or not at all
- Failure to appropriately assess the applicants (reporting v assessing)
- Failure to interview all HH members regarding the family’s desire to foster, dynamics of the family, strengths/weaknesses
- Failure to assess the roles of live-in partners, couple’s dynamic, couple’s approach to parenting

Common Errors cont.

- Documenting responses and not peeling back the layers of the information gathered
- Failure to address past and/or present significant relationships(ex-spouses, fiancés, child's mom /dad)
- Failure to acknowledge extended family members(who are their go-to people, support system, village)
- Failure to speak to the caregiver's protective parental capacity as it relates to the children the family is willing to accept
- Failure to speak to the family about lack of substantial income
- Failure to document the home assessment (operable smoke and carbon monoxide detectors, extinguishers, storage of firearms, ammo, etc)
- Failure to document the temperament of the pets
- Lack of required references
- Vague or lacking conclusions and recommendations

Common errors cont.

- Missing Bright From the Start Compliance Report for homes with licensed In-home Daycares
- Desk guide ratings do not align with caregiver's history
- Incorrect demographics for applicants/HH members
- Missing signatures and forms
- Information on forms don't match what is entered into SCORE, Approval Letter, etc.





A woman with short blonde hair, wearing a blue cardigan over a white polka-dot scarf, is shown in profile, looking thoughtfully to the right. She has a pen in her mouth and her hand is resting on her chin. The background is a blurred office space with shelves and papers. A dark, semi-transparent banner is overlaid on the bottom left of the image.

SAFE Update Assessment

Policy 14.13 Re-evaluation

14.13 Family Re-Evaluation

- A comprehensive Re-evaluation should be completed annually using the SAFE Update Assessment.
- All individuals (Assessor, Supervisor and Approving Authority/Designee) must be SAFE Certified.
- Initiate the re-evaluation process at least 90 calendar days prior to the expiration date of the current approval term which allows adequate time to gather all documents.
- Assess the home to ensure compliance with Policy 14.1 Safety and Quality Standards.
- Confirm that the caregivers have met the required hours of continued parent development. As well as current CPR and First Aid Certifications.
- Identify the family's developmental stage and observe their interactions around various tasks associated with their developmental stage.

SAFE Update Interviews

- *Interviews must occur in the caregiver's home and each household member must be interviewed.
- Address the relationship between the agency and the caregivers, including the caregiver's ability to accept supervision.
- Discuss the effects of children leaving the home and how the caregivers prepare for departures.
- Discuss the caregiver's protective capacities.
- Review the past year's disciplinary practices and issues.
- Address the caregivers continued parent development.
- Inquire about 911 incidents within the review period.

SAFE Update Required Forms

S.A.F.E Consortium Forms

SAFE Harvesting Sheet

SAFE Update Questionnaire

SAFE Update PSI

SAFE Update Assessment

SAFE Supervisor Certification

Georgia Specific Forms

- Caregiver Child Safety Agreement (Form 29)
- Financial Statement (Form 44)
- *CPS History Request Form
- Caregiver Feedback Survey
- Caregiver Placement Preferences Form
- Water Safety Assessment (if applicable)
- Caregiver Home Inspection Safety and Compliance Checklist
- Confidentiality and Privacy Standards Agreement
- Approval Letter

SAFE Assessment Update

- General Information
- Safety (Criminal/CPS Record Checks)
- Home and Community
- Family Lifestyle & Interaction Patterns
- Psychosocial History/Personal Characteristics
- Marriage/Partner Relationship
- Children/Others Residing or Frequently In The Home
- Extended Family Relationships
- Physical Environment
- General Parenting/ Caregiver Protective Capacity
- Specialized Parenting
- Adoption/Foster Care Issues
- Children Placed in the Home
- Conclusion and Placement Considerations
- Recommendations
- Required Signatures and Caregiver's Review of Re-Evaluation Report
- Psychosocial Inventory Results



Putting Policy into Practice

- Ms. Kia Ford has fostered with ABC Foster Family for two years. Ms. Ford currently fosters two female siblings. Ms. Ford reported no changes in all fields related to her SAFE Update Questionnaire and supplemental forms. Ms. Ford continues to work full time as a teacher and has resided at the same address since her initial approval. The home met all safety guidelines. Ms. Ford's reported "I can't sleep, and I just feel overwhelmed". Ms. Ford said, "my doctor gave me medicine to help calm me down and help me sleep" and further stated, "the girls keep me going and I love it" and "if it was not for the girl's, I would be a mess. They keep me busy and take my mind off what has happened to my sister and mother". Jessica (age 10) and Denise (age 12) have resided in the home of Ms. Ford for 18 months and reported that they love Ms. Ford. Jessica and Denise reported that they like Ms. Ford's food and family. The girls said Ms. Ford is nice and if they misbehave, they "can't play video games" or they have quiet time in their room.





Putting Policy into Practice

Considering the information obtained during Ms. Ford's home visit, will the ABC Worker be able to successfully complete Ms. Ford's assessment according to Re-Evaluation Policy and SAFE Update guidelines?

What additional information would need to be gathered?



Putting Policy into Practice

What sections of the SAFE Update Report for Ms. Ford should be re-assessed?

General Information
Criminal/CPS Records Check
Home and Community
Family Lifestyle and Interaction Patterns
Psychosocial Evaluation
Marriage/Domestic Partnership
Children/Others Residing or Frequently in the Home
Extended Family Relationship

Physical/Social Environment
General Parenting
Specialized Parenting
Adoption/Foster Care Issues
Children Placed in the Home
Conclusion and Placement Considerations
Recommendation/Signatures
Psychosocial Inventory Results

SAFE UPDATE Reminders

- Revise the template in the various sections of the assessment and refrain from utilizing the prepopulated response of “Since the last evaluation nothing has been reported, detected or observed that resulted in the revision of any of the most current determinations for this section”.
- Visit SAFE Consortium Website for detailed instructions on completing the SAFE Update Process at www.SAFEHomeStudy.org
- Review all prior family assessments and supporting documents prior to conducting the family visit.
- Utilize the Harvesting Sheet to gather points that should be addressed during the home visit.
- Once PSI ratings are assigned, final SAFE Desk Guide Ratings never change unless a factor worsens, or a new event is identified.
- The mitigation ratings can change.

Supplemental Verifications

- Copy of Driver's License
- Copy of Automobile Insurance
- Verification of Income
- Proof of current utility payment
- Pet Vaccination Record
- Immunization Records
- Training Certificates and CPR & First Aid
- Marriage Certificate/Divorce Decrees
- Death Certificate
- Water/Sewer Bill/Environmental Statement
- Verification of Mortgage or Lease Agreement
- TB Test Results
- Proof of Citizenship
- Permanent Resident



Questions

Forms

What you should know about forms...

Forms...

Should be signed by caregivers and agency representative (if required).

Should have dates that are within the current re-evaluation period.

Should be consistent with other information presented. Placement preference form should match information in SCORE and what is being reported in the narrative.



☐ TRUE

☐ FALSE

True or False

There is a home inspection safety checklist for an initial and there is one for a re-evaluation.

True!!

- This is the form that should be used during the re-evaluation.

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Caregiver Home Inspection Safety and Compliance Checklist

This checklist must be completed for annual re-evaluations/updates or when significant changes occur.

Family Name: _____

1. HOUSEHOLD REQUIREMENTS

Yes	No	N/A	Will comply	
-----	----	-----	-------------	--

Home Inspection Checklist (Initials vs. Re-Evaluations)

GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES



Prospective Caregiver Initial Home Inspection Safety Checklist

Family Name: _____

1. HOUSEHOLD REQUIREMENTS

Yes	No	N/A	Will comply	
				A properly operating kitchen with a sink, refrigerator, stove, and oven;
				At least one properly operating bathroom with a toilet, sink and tub or shower
				Heating and/or cooling system throughout the home and is in safe operating condition.
				Garbage, refuse and other wastes disposed of in a way that does not constitute a health hazard.
				Home is free from rodents and insect infestation
				Unvented, fuel-fired heaters equipped with oxygen depletion safety shut-off systems may be operated in foster homes. Examples include portable heaters, free standing fireplaces, and tabletop fireplaces.
				Steps or railings sturdy, appropriately spaced and in good repair.
				Extension cords in good repair.
				Electrical outlets covered and not overloaded.

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				Garbage, refuse and other wastes disposed of in a way that does not constitute a health hazard.
				Home is free from rodents and insect infestation
				Unvented, fuel-fired heaters equipped with oxygen depletion safety shut-off systems may be operated in foster homes. Examples include portable heaters, free standing fireplaces, and tabletop fireplaces.
				Steps or railings sturdy, appropriately spaced and in good repair.
				Extension cords in good repair.
				Electrical outlets covered and not overloaded.
				Electrical appliances and cords out of young children's reach.
				Radiators, hot water pipes and fireplaces covered.
				Exits and stairways gated or otherwise secured for infants and young children.
				Rugs and other moveable floor coverings safely secured

PSI UPDATE

- This form is required to be completed during the re-evaluation.

PSYCHOSOCIAL INVENTORY

UPDATE

Applicant(s) _____ Evaluator: _____

Person #1 _____ Person #2 _____

Record of Update Interviews with Applicant(s)

Interview with	Location	Date

	Person #1			Person #2		
A HISTORY	A	B	No Change	A	B	No Change

- This form is required to be completed during the initial SAFE Assessment.

Applicant(s) _____ **Evaluator** _____

Person #1 _____ Person #2 _____

Interview with	Location	Date

		Person #1						Person #2					
A	History	1 st	2 nd	3 rd	4 th	5 th	Mit. Rating	1 st	2 nd	3 rd	4 th	5 th	
A-1	Childhood Family Adaptability												
A-2	Childhood Family Cohesion												
A-3	Childhood History of Deprivation/Trauma												
A-4	Childhood History of Victimization												
A-5	Adult History of Victimization/Trauma												
A-6	History of Child Abuse/Neglect												
A-7	History of Alcohol/Drug Use												
A-8	History of Crime/Allegations/Violence												
A-9	Psychiatric History												
A-10	Occupational History												
A-11	Marriage/Partner History												
B	Personal Characteristics	1 st	2 nd	3 rd	4 th	5 th	Mit. Rating	1 st	2 nd	3 rd	4 th	5 th	
B-1	Communication												
B-2	Commitment/Responsibility												
B-3	Problem Solving												
B-4	Interpersonal Relationships												
B-5	Health/Physical Stamina												
B-6	Self-Esteem												
B-7	Acceptance of Differences												

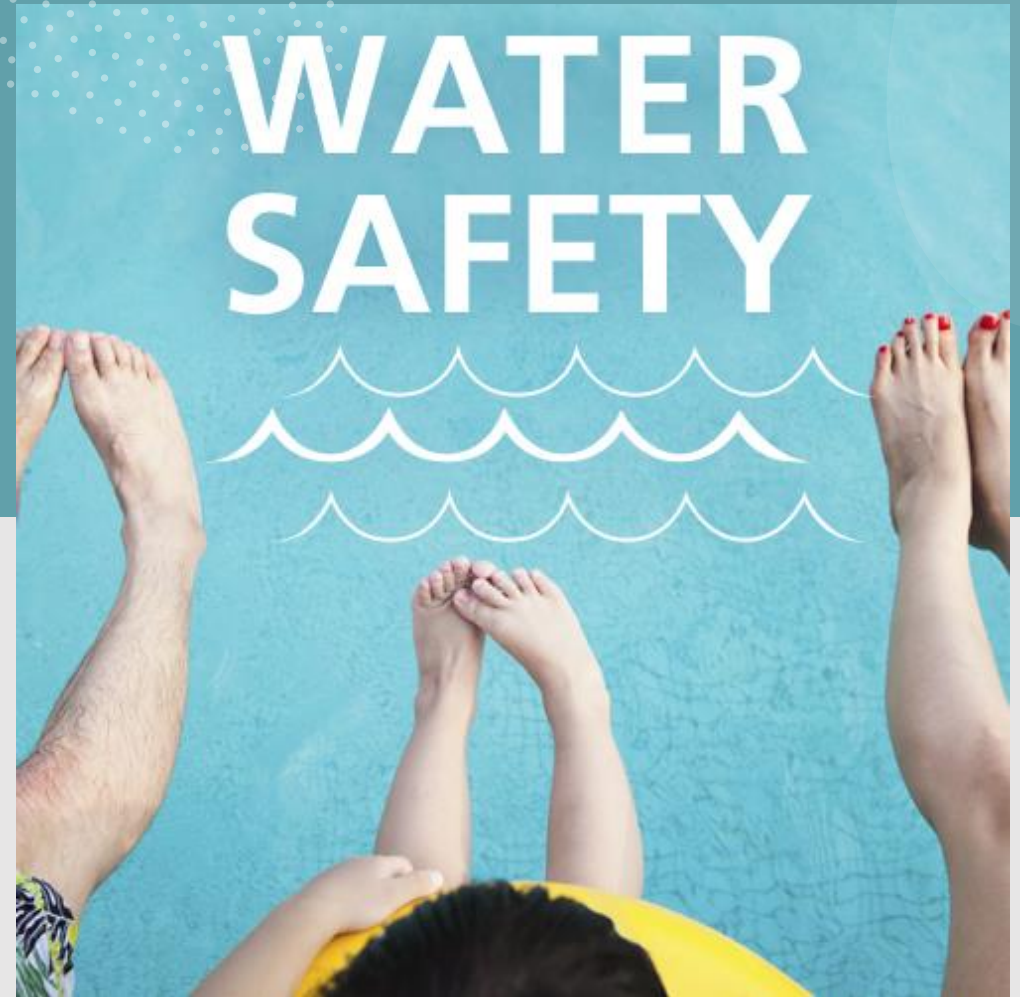
Water Safety Assessment

When does the water safety assessment need to be completed?



Water safety

- This form should be completed at initial.
- This form should be completed annually during the re-evaluation.
- When a caregiver moves to a new home and if there is a pool or body of water on the property or in the community.



Complete this form in its entirety!

	Yes	No	Description <i>If yes, describe observed compliance. If no, describe plan to reach compliance.</i>
Is there a phone accessible to the caregiver to prevent them from leaving children unattended while outside near the pool/body of water?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the area equipped with lifesaving or flotation devices?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the pool/water area isolated from the home with a fence or through the use of a pool safety cover per ASTM standards? <i>(Refer to Pool Safety Guidelines)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
If there is a safety fence – does the pool meet the height requirements? <i>(Refer to Pool Safety Guidelines)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there “kiddie pools” on the property? If yes, are they properly used/stored? <i>(Must be emptied after each use)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the pool/body of water meet state/local ordinances?	<input type="checkbox"/>	<input type="checkbox"/>	

Update questionnaire

UPDATE Questionnaire : Couple Applicant

Print Name: _____ Date: _____

1 Since your last review have you or your spouse/partner experienced any of the following? *(Check all that apply)*

	self	spouse or partner
Incarceration	<input type="checkbox"/>	<input type="checkbox"/>
Bankruptcy or other financial problems	<input type="checkbox"/>	<input type="checkbox"/>
Military combat	<input type="checkbox"/>	<input type="checkbox"/>
Poor health or a Debilitating injury or illness	<input type="checkbox"/>	<input type="checkbox"/>
Interrupted pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric hospitalization or outpatient treatment	<input type="checkbox"/>	<input type="checkbox"/>
Infertility	<input type="checkbox"/>	<input type="checkbox"/>
Fathered or gave birth to a child placed for adoption	<input type="checkbox"/>	<input type="checkbox"/>
Fired or laid off from a job	<input type="checkbox"/>	<input type="checkbox"/>
Had a child abducted or kidnapped	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Witnessed or experienced violence	<input type="checkbox"/>	<input type="checkbox"/>
Put under or filed a court restraining order	<input type="checkbox"/>	<input type="checkbox"/>
Death of a child, spouse/domestic partner, close family member or friend	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

2 Have any of the following events occurred since your last review? *(Check all that apply)*

Other things to note:

- All known names, aliases, and maiden names should be screened.
- Department of Corrections, Sex Offender, and Pardons & Paroles screenings must be completed within 90 calendar days prior to the re-evaluation.
- Dates should be on printout of screenings.
- Clear all search parameters.
- OIG and CPS Screening letters should be addressed to your agency.

GA Score Enhancements and Reminders

- SAFE certificates need to be uploaded.
- Spell names correctly and use legal names.
- Enter youth immunizations in SCORE.
- Enter start and end dates of IMPACT in SCORE.
- Training hours: when they are not obtained, complete a CAP and include the responsibility of the caregiver and your agency.

How do you get to the SAFE Forms in GA SCORE?

- On the GA SCORE website click on Eblasts and Announcements (located on the left side of screen)
- Click on “All Announcements”
- In the Search box (located on the top) Type “Safe Forms”
- Click on [SAFE Forms Webinar -- 7/31/2019](#)
- Click on [all the new SAFE forms](#)
- Zip file will appear and download on your computer
- *Some forms are also uploaded on the SAFE Website*



Questions



Addendums

- Policy 14.14
- Update changes (after they have occurred) in GA SCORE within 72 hours
- Complete a written addendum to the Family Evaluation within 30 calendar days of significant changes within a family, including an explanation of how the change impacts the family.
- All written addendums should be on the agency's letterhead
- All written addendums should have author and/or director/designee signatures/dates.



Significant Changes

- Change in address
- Change in marital status or relational issues (i.e., new boyfriend/girlfriend)
- Change in household composition (births, death, household member moving in or out)
- Change in employment or financial status
- Change in approved capacity
- Change in desired placement preferences
- Changes that result in new requirements for safety (pool, firearm, pets)
- A household member reaches 18 years of age

NOTE: A CRS, safety screening and a medical evaluation must be completed on new adult household members and existing household members reaching 18 years of age

Household Composition

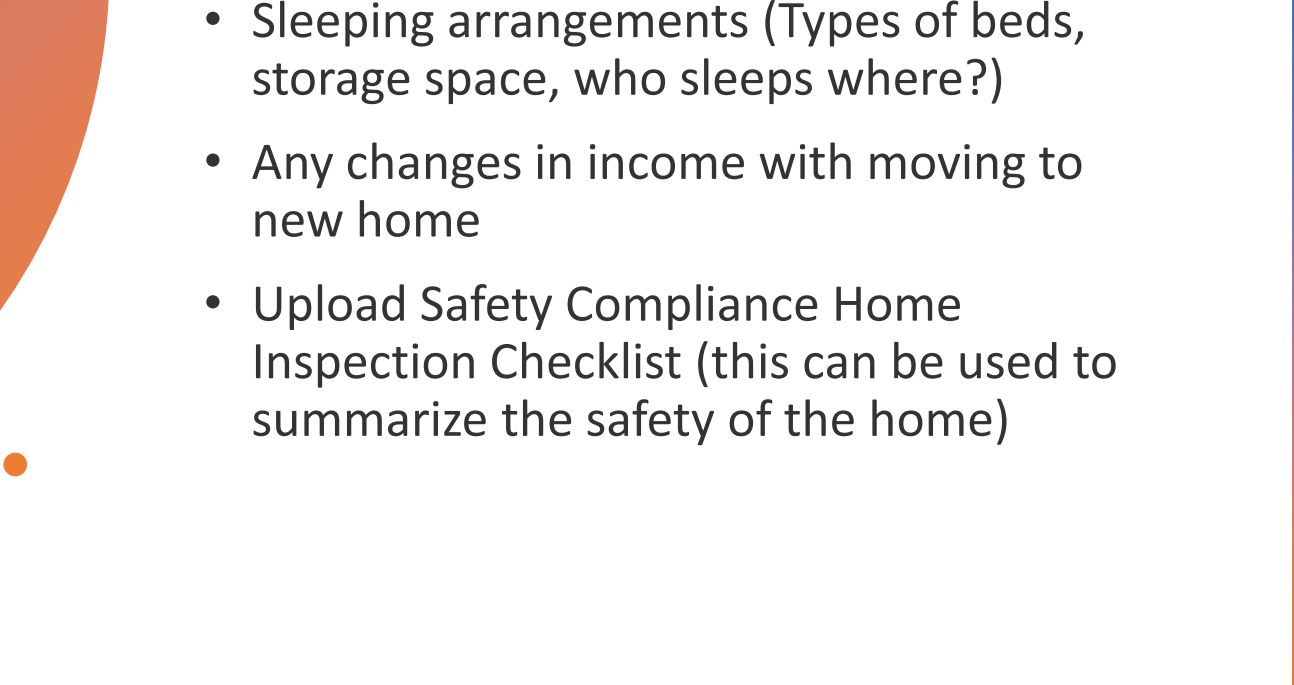
- Household composition assessments should be completed when members move in or out. Assessments should also be done when members give birth or are deceased.





Change in Address

The change in address is like assessing homes in the initial phase.

- Directions to the home
 - Family operations
 - Home Environment (neighborhood and community)
 - Safety issues (pools and/or community pools, firearm location, pets)
 - Sleeping arrangements (Types of beds, storage space, who sleeps where?)
 - Any changes in income with moving to new home
 - Upload Safety Compliance Home Inspection Checklist (this can be used to summarize the safety of the home)
- 

Change in Marital Status or Relational Issues

- Household demographics
- Caregiver's description and history
- Safety screening results
- Form 29 Child Safety Agreement is signed
- Motivation and interviewing; views on fostering (Expectation of when they will be enrolled and/or complete IMPACT)
- CPR/First Aid
- Previous marital or significant other relationships
- History of child abuse/neglect
- History of drug/alcohol use
- Medical Evaluation (TB, drug screen, Flu and Pertussis (if applicable))
- Family interaction
- Caregiver Capacity
- Income and Financial status

Move-In Member

When an adult household member moves in, the assessment should include;

- Demographic of the household member (Name, Age, Race, DOB,)
- Reason for the move-in
- Sleeping arrangements
- Their role as it relates to fostering and/or parenting (if so, Form 29 and Confidentiality form is needed)
- Results of safety screens (Adam Walsh is needed if HH member has moved from out of state less than 5 years)
- Medical Evaluation (TB included)
- Financial impact
- Household member MUST be interviewed

Best Practice to complete a SAFE Q2 Questionnaire

- Birth of household member should include Child(ren) name, DOB, and immunizations (if applicable)

Move-out Member

When a household member moves out, the assessment should include;

Reason for move-out

Change in sleeping arrangements

Financial impact

Death of Household Member

- When a household member is deceased a thorough assessment should be done demonstrating the impact of the household members
- The date of death is needed
- It should be indicating if home should be placed on hold
- How does the death impact the children in the home and if any support is needed (grief support/counseling).
- How did the death impact the entire family?
- Did this impact the financial status of the family?

Change in Employment/Financial Status

Reason for change

Updated Financial Form (Form 44)

Assess if the caregiver can continue to foster
with the change in income and/or employment

Changes in schedule and/or routine with new
employment



Capacity Change

Assessments for Capacity change should include;

- Reason for Change (Why are we increasing this capacity for these caregivers?)
- Household Members (including the new foster child's name if available)
- Sleeping arrangements (who sleeps where? And what type of bed?)
- Program designation for all foster children
- Caregiver Protective Capacity (How will they meet the child's vulnerabilities? How will the increase impact the caregiver's ability to care for all the children in the home? What are their strengths? What supports do they have to maintain the stability of the household? What is the agency doing to assist with meeting the needs of the child(ren)?)
- Transportation (What type of vehicle does the caregiver have? Will seating accommodate the household?)
- Signatures and dates on the assessment
- Upload approved capacity waiver (if applicable)

NOTE: Capacity addendum MUST be approved prior to making the placements.



Reason for Capacity Increase: Mr. and Mrs. Brady would like to increase their capacity from two (2) to four (4) to support a sibling group.

Household Demographics:

Primary Caretaker: Carol Brady

Secondary Caretaker: Mike Brady

Greg Brady: Biological Son age 14

Marcia Brady: Biological daughter age 10

Jane Smith: Foster Daughter age 10, BASE

Ken Smith: Foster Son age 12, MWO

Children to be placed: Sarah Smith age 4, Base and Mark Smith age 3, [Base](#)

Sleeping Arrangements:

Bedroom 1: Mr. and Mrs. Brady, King size bed

Bedroom 2: Jane and Marcia. Bunk bed with additional twin bed (Sarah will sleep in the additional twin bed)

Bedroom 3: Greg and Ken. Bunkbed with additional twin bed (Mark will sleep in the additional twin bed)

Bedroom 4: Guest or used for additional children, crib and Queen [bed](#)

All bedrooms are spacious and have enough storage to accommodate all of the children clothing, toys, books, [etc..](#)

Transportation:

Transportation:

Mr. and Mrs. Brady drive a GMC Yukon which comfortably holds a total of 8 passengers. Mr. Brady has an additional vehicle, Dodge Durango which can also transport 6 passengers. Insurance for both vehicles are current expires on 12/2021.

Caregivers Protective Capacity:

Mr. and Mrs. Brady are equipped to take on an additional two children. They have met with DFCS and have the information they need regarding the children's medical, educational, and developmental needs. Mr. and Mrs. Brady will ensure that all the children placed in the home are current on special appointments including visitations and court appearances. They will continue to keep records on the children's needs, activities, and significant decisions. Mr. and Mrs. Brady have completed 8 hours of training including training related to caring for MWO children. Their strengths include organizational skills, communication skills, and the ability to apply reasonable and prudent parenting standards. Mr. and Mrs. Brady have spoken with their family members about the possibility of additional children and

they continue to have support from their parents and members from their church. They have agreed to assist with supervision if an emergency should occur. [ABC Agency](#), will continue to monitor and provide support for the Brady family. RD Case Manager will make sure Mr. and Mrs. Brady have all the information they need from DFCS and other service providers to provide ongoing care for the children placed in the home.

Signature



Date: 3/17/2021

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Placement Preferences

- Reason for Change
- If caregiver desire to change age range to care for children under 2 (Influenza and Pertussis must be added in SCORE)
- If caring for medically fragile, Influenza is needed
- Sleeping arrangements
- Upload updated Placement Preference Form
- Signature and Date on assessment

Safety Requirements (Policy 14.1 SQS)

- Reason for updated safety assessment:
- New pet (name, breed type, updated inoculation, and temperament around children and adults)
- Swimming Pools (Water Safety Assessment and the caregivers plan for supervision, Basic water rescue training, and plans to enroll children over 3 in swimming lessons)
- Weapons (What type of weapon? Is weapon kept locked? Where? Is ammunition kept locked separately? Where?)



Household Member turning 18

When household members turn 18 the following is needed;

- Online Safety Screens (DOC, P&P, and SOR)
- GA CPS Screens
- Criminal Background Checks (GCIC/NCIC) *This is the OIG letter*
- TB shot
- All screening results must be uploaded into GA SCORE prior to approval

Questions

