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SOCIAL SERVICES COUNTY LETTER No. 2012- 01

To: County Departments of Family and Children's Services
DFCS Regional Directors
State Office Staff

FROM: Ron Scroggy, Acting Division Director
Division of Family and Children's Services

RE: FOSTER/ADOPTIVE HOME APPROVAL PROCESS

DATE: March 15, 2012

PURPOSE

The purpose of this Social Services County Letter is to provide information regarding key changes to the foster home requirements for annual medicals and training hours. The changes are being implemented to ensure the continued safety and well being of children placed in foster care and include the following:

1. The reinstatement of the 5 year medical requirement for foster parents.
2. The increase of Foster Parent Training hours to 15 annually.

DISCUSSION

The Department of Family and Children Services (DFCS) is responsible for ensuring the ongoing safety and well being of the children entrusted to our care. This responsibility includes the assurance that caregivers selected to partner in the care of our children have the capacity to ensure they are protected and provide for their well being. Therefore, DFCS and caregivers alike must remain vigilant in assuring quality foster/adoptive homes to meet the need for care and protection of the children we serve. The foster home approval and re-evaluation process provides such an opportunity for DFCS and caregivers to continually assess caregiver capacity while also enhancing the ability of the caregiver to respond to child specific needs through ongoing training and development.

IMPLEMENTATION

The following changes to the foster home reevaluation and on-going approval are effective March 15, 2012:

1. The five (5) year medical is reinstated for all foster parents.
 - a) The Form 36 must be used to document the five (5) year medical requirement.
 - b) Any home with a five (5) year medical due during the period May 2011 – March 15, 2012 shall have a medical completed by June 15, 2012.

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2. Annual medicals are required when a foster parent has a diagnosed health condition that has the potential to impact the foster parent's ability to care for the child.
 - a) A written medical statement from the foster parent's physician must be used to document this requirement (Form 36 is **not** required).
 - b) The written statement from the physician must document that the foster parent's medical condition does not impact his/her ability to care for children placed in his/her home.
3. The annual Foster Parent Training hours are increased to 15 hours. No more than 5 of the 15 training hours can be received via on-line training.
 - a) Foster parents who have not received 15 hours by December 31st of each year will receive a policy violation.
 - i) A corrective action plan must be developed to include a discussion of the barriers and an action plan to assist the foster parents with obtaining required training hours.
 - ii) A 60 day grace will be given to foster homes out of compliance with training on December 31st.
 - iii) If the foster parent has not received training within 30 days a transition plan must be developed for the foster children in the home to move to another placement.
 - b. If training hours are not received by the 60th day a second policy violation will be given and the home will be closed in accordance to DFCS policy 1015.35, regarding policy violations.
 - c. Foster Homes that have not received their required 2011 training hours will have until April 15, 2012 to complete their 2011 training hours to avoid a policy violation.
 - d. Resource Development workers are required to complete a training plan with foster parents.
 - i) Refer to the Foster Parent Manual, Section 3, pages 18-20 regarding ongoing training requirements and suggested training topics.
 - ii) Foster Parent trainings must address areas required to meet the specific needs of the child (ren) placed in the foster parent's home.

Policy questions should be directed to the Field Program Specialist in your region for follow up with the Practice and Policy Unit at PPPDUnit@dhr.state.ga.us. For assistance regarding available training or implementation, please contact Education and Training Services.

Section Three

Training



IMPACT Pre-Service Training

You have the right to receive both standardized pre-service training and appropriate on-going training at appropriate intervals to meet mutually assessed needs of the child and to improve foster parent skills and to apprise foster parents

To be approved as a DFCS resource family for foster care or adoption, families are required to complete pre-service training. Previously, the Group Preparation and Selection: Model Approach

to Partnerships and Parenting or GPS: MAPP was utilized. In 2004, the Division created its own pre-service training called IMPACT. IMPACT stands for Initial Interest, Mutual Selection, Pre-Service Training, Assessment, Continued Development (On-going Training) and Teamwork. It represents an entire continuum of service. The IMPACT training involves an instructive approach to assessing and preparing foster and adoptive families and includes an assortment of visual aids, audio-visuals, role-play and vignettes to support the acquisition of skills and competencies. Woven throughout the training are applicable references to cultural and disciplinary issues in caring for children in placement. The successful completion of the IMPACT training exposes participants to basic skills and competencies required to begin providing foster or adoptive care. Upon completion, participants must demonstrate at least minimal mastery and internalization of the skills and competencies presented.



The IMPACT training addresses several areas that are required in establishing the basic skills and competencies needed to parent children placed in foster or adoptive care.

These areas include the following:

The Fostering/Adoption Process – including supervision and safety issues for children in care; communication with the agency and other foster care partners; the judicial/legal process; discipline policy requirements and behavior management; cultural, ethnic and religious issues; supports for the resource family; an awareness of personal and family strengths/needs, and resources required to successfully foster/adopt; understanding the role of the resource family in concurrent planning.

Emotional/Cognitive/Behavioral Implications in Fostering/Adopting – Loss and attachment issues and techniques for intervention; the impact of placement on the cognitive functioning of children; family's role in working with professionals in meeting the medical/psychological/educational, etc. needs of child; supporting the agency in moving a child into

the appropriate level of care; the immediate and long term effects of placement on the resource family; the agency's role in supporting collaboration between partners; recognizing and responding to emotional, psychological and bio-chemical disorders.

Sexuality and Sexual Orientation – sexuality as it relates to different age groups; recognizing and supporting children who have been victims of sexual abuse; supporting and responding to children who express sexual identity and sexual orientation issues; learning to recognize and avoid personal vulnerability to sexual maltreatment accusations and alleged overtures for sexual intimacy; expecting, recognizing and coping with exaggerated sexualized behaviors.

Communication and Partnership– Defining the basics of communication patterns and the dynamics involved in communicating with partners; roles and responsibilities in initiating various types of communication; procedures to follow when communication is problematic; defining partnership and the various partners (resource families, agency staff, community agencies, faith based groups, biological/extended family members, professional resources, other resource families) involved in communication.

Identity and Cultural Issues – an examination of cultural, religious, ethnic and trans-racial factors impacting the placement and care of children, including the importance of cultural and ethnic identity; diversity; practical cultural and identity issues for resource families, including grooming, hygiene, customs, manners, social interaction, and dietary considerations.

On-Going Training

All foster parents – including relative foster parents -- are required to complete additional training hours (parent development training) each calendar year (January 1 -- December 31). On-going training must be initiated within 60 days of the initial approval date. "Initiated" means as few as one hour of training.

CPR and First Aid training are required during the first year of providing foster care, and the certification must be kept current. The hours received for CPR and First Aid training may be used toward satisfying the required hours for ongoing or in-service training.

The training must relate to the skills required in the day-to-day parenting of children in care. The minimum number of annual hours currently required

is 15. This number may increase due to additional state and/or federal requirements. Additional



training may also be necessary for foster parents providing more specialized care.

Continued parent development requirements can only be waived for extenuating circumstances in the foster family such as serious illness or major family crisis. The waiver is for a specified period of time only.

Continued development or annual training must be completed each year as noted above; therefore, if you have not completed the required 15 hours of training at the end of the calendar year, you will be given a 60 day grace period to complete the training. However, your home will receive a policy violation and a corrective action plan will be developed to address barriers and an action plan to ensure training is completed. If training is not completed within 30 days, the agency will be completing a transition plan to for any child currently placed in your home. Please note that if training is not completed by the 60 day grace period a second policy violation will be put in place and your home will be closed.

If children are currently being served in the home, a waiver may be requested to maintain the home for the purpose of achieving permanency for one or more children in the home. Any waiver approval will be contingent upon a plan to ensure all training requirements have been met. Federal law provides that children must be in an approved foster home to receive certain foster care per diem funds. When a child is not in an approved foster home, an additional financial burden is placed on the State to cover the per diem cost. This greatly limits the agency's options in maintaining homes that are not in approved status, even temporarily.

The failure or refusal of a relative or non-relative foster parent to complete the annual training requirements can result in the closure of the foster home.

On-going Training Points

- ✓ Activities, which meet the parents' personal growth and development, are limited to three (3) hours and may include counseling, support groups, stress management, etc.
- ✓ Some of the areas identified as being appropriate for ongoing and in-service training include, but are not limited to the following:
 - a. CPR and First Aid
 - b. Caring for Children with Medically Fragile Needs
 - c. Managing Specific Behaviors (Acting Out/Oppositional Defiant, etc)

- d. Helping Children Learn Appropriate Behaviors
- e. Helping Children Achieve Permanency and Independence
- f. Toilet Training Toddlers
- g. Managing Bedwetting
- h. Gender Specific Issues
- i. Helping Children Develop Self-esteem
- j. Promoting Cultural Identity
- k. Attachment Disorders
- l. Personality Disorders
- m. Parenting the Gifted Child
- n. Parenting the Developmentally Disabled Child
- o. Understanding and Implementing Agency Policies
- p. Conflict Resolution (agency, birth parent, etc.)
- q. Working with Birth Families and Nurturing Connections
- r. Managing Attention Deficit Hyperactive Disorder (ADHD)
- s. Specific Child Development Issues (toddlers, pre-adolescents, teens, etc.)
- t. Cultural Awareness and Sensitivity
- u. Child Safety Issues
- v. Managing the Child who has been Drug Exposed
- w. Personal Growth And Development
- x. Managing the Impact of Fostering
- y. Working with the School System

- ✓ Each county/region is responsible for arranging or securing ongoing training activities for its foster care resource families. The following are alternatives from which agencies may choose to assist resource families in complying with training requirements:

- Group training sessions sponsored by local or state AFPAG, DFCS or other credentialed party.
- Certain pre-approved classes or courses at local community agencies and institutions.
- Approved conferences and mini-conferences that relate to foster parent issues, competencies and practices.
- One-on-one training provided by a credentialed trainer, educator, therapist or Comprehensive Child and Family Assessment provider.
- Video training followed by a discussion led by a credentialed person.
- A maximum of 5 Online training hours at the state and national Foster Parent



Association recommended website www.fosterparents.com or other similar county approved website. A certificate and post-test must be provided. Payment is reimbursable with proof of payment.

- Attendance at local foster parent association meetings, which focuses on topics relevant to foster parenting practices and competencies and/or the needs of children.

- Participation in Comprehensive Child and Family Assessment 25 Day FTM/MDT (Maximum of 5 credit hours allowed per year and 1.5 hours maximum per 25 Day FTM/MDT meeting).

Credit hours for ongoing and in-service training may not be obtained through in-home video viewing, reading books, articles, or other literature, etc.

Notes: _____
