

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL		
	Chapter:	(10) Foster Care Services	Effective Date: August 2014
	Policy Title:	Placement of a Child	
	Policy Number:	10.1	Previous Policy #: 1004.1.1; 1008, 1009

CODES/REFERENCES

O.C.G.A. § 15-11-135

O.C.G.A. § 49-5-3

Title IV-E of the Social Security Act Sections 471(a)(29) and (31); 475(7) and (8)

REQUIREMENTS

The Georgia Division of Family and Children Services (DFCS) defines a child eligible for foster care as an individual who has not yet attained 18 years of age. DFCS shall continue to provide [Extended Youth Support Services](#) (EYSS) to individuals ages 18-21 who meet the required eligibility criteria. As children in Georgia are no longer eligible for title IV-E funding when they reach 18 years of age, DFCS has opted out of the Federal definition of a child as it pertains to eligibility for foster care.

Within 30 days after the removal of a child from the custody of the parent(s), DFCS shall exercise due diligence to identify and provide notice to all adult grandparents and other adult relatives of the child (including any adult relatives suggested by the parents), unless there is family violence, that:

- 1. Specifies the child has been or is being removed from the custody of the parent(s);*
- 2. Explains the options the relative has under Federal, State and local law to participate in the care and placement of the child, including any options that may be lost by failing to respond to the notice;*
- 3. Describes the requirements to become a foster family home and the additional services and supports that are available for the children placed in a foster home. (See [Diligent Search](#)).*

DFCS shall consider the following factors when selecting a placement for a child in foster care:

- 1. Make reasonable efforts to place siblings removed from their home together in the same foster care, relative or adoptive placement, unless DFCS documents that such a placement would be contrary to the safety or well-being of any of the siblings; and whenever siblings removed from the home are not placed together, provide for frequent visitation or other ongoing interaction between the siblings, unless DFCS documents that frequent visitation or other ongoing contact would be contrary to the safety or well-being of any of the siblings. (See [Preserving Sibling Connections](#).)*
- 2. For children subject to the [Indian Child Welfare Act](#) (ICWA), adhere to notification and placement requirements.*
- 3. Adhere to the Multi-Ethnic Placement Act (MEPA) as amended by Interethnic Adoption Provisions, which prohibits delaying or denying a placement of a child based on race,*

color and national origin of a foster parent or the child; and also prohibits the denial of a potential foster/adoptive parent the opportunity to serve as a placement resource based on race, color or national origin. (See [Non-Discriminatory Child Welfare Services and Recruitment and Retention](#))

4. Placement with the non-custodial parent, if they are willing and able, and if there are no safety concerns identified.
5. *Placement preference given to an adult relative over a non-related caregiver when determining a placement for a child (provided the relative meets all relevant DFCS protection standards).*
6. Placement in the least restrictive and most family-like setting available and in close proximity to the home of the parent(s) when the case plan goal is reunification.
7. Placement in the child's own community and school district to allow the child to remain in their home school, unless it is not in their best interest to do so. (See [Educational Needs](#) policy for requirements and procedures)

DFCS shall ensure that whenever a child is placed in a foster home or child care institution a substantial distance from the home of the parents, such a placement is in the best interest of the child, and such reasons are documented in the case plan.

DFCS shall notify [Amerigroup](#), the Revenue Maximization Unit (Rev Max), and the Georgia Department of Community Health (DCH) within 24 hours of a child entering or exiting foster care using the [Amerigroup Notification Form \(E-Form\)](#).

DFCS shall determine any high risk medical or mental health needs of a child at initial entry and ongoing. (See [Medical, Dental and Developmental Needs](#) and [Psychological and Behavioral Health Needs](#).)

At the time of removal, DFCS shall obtain court approval for the physical placement of a child.

DFCS shall ensure that appropriate Child Protective Services (CPS) history screenings are completed and satisfactory prior to any placement or replacement (including respite) of a child into a relative placement, DFCS foster home or Child Placing Agency (CPA) foster home. (See [Placement/Re-Placement Safety Screenings](#).)

When a child re-enters care, DFCS shall make diligent efforts to place the child in the placement they resided in prior to exiting foster care.

DFCS shall complete a [Relative/Non-Relative Care Assessment \(R/Non-RCA\)](#) prior to placing a child with a relative/non-relative resource. However, if there is a satisfactory CPS history check (see [Caregiver Safety Screenings Prior to Placement](#)), safety and home assessment check and a Georgia Crime Information Center (GCIC) check through the Office of Inspector General (OIG) on all household members 18 years of age and older, placement with relatives may occur with the R/Non-RCA to be completed no later than 30 calendar days after placement.

DFCS shall conduct a staffing at least every 90 days to determine if it is appropriate for a child in a Child Caring Institution (CCI) to be stepped down to a family foster home or a less restrictive placement setting.

DFCS shall arrange [pre-placement visits](#) for children, whenever possible, to reduce trauma when there is a need to transition from one placement setting to another.

DFCS shall conduct a home visit within seven (7) calendar days of a child's initial placement and/or subsequent placement changes to assess the child's adjustment to the placement and promote placement stability.

NOTE: See [Room Board and Watchful Oversight \(RBWO\) Application Process](#) regarding requirements and procedures for placing a child in a CPA setting or CCI.

PROCEDURES

Selecting a placement for a child

When selecting a placement resource for the child, the SSCM will;

1. Review all available sources of data for information regarding the needs of the child (e.g. Comprehensive Child and Family Assessment (CCFA), psychological evaluation, trauma assessment, educational information, information from previous placement resources, parents and relatives);
2. Refer to the [Indian Child Welfare Act \(ICWA\)](#) policy regarding requirements for Native American children who enter foster care;
3. Explore and obtain contact information on the non-custodial parent, potential relative resources and others who may be willing to be a placement option for the child. If a relative is not immediately identified, the SSCM must continually inquire about relatives (including putative relatives) as possible placement resources for the child;
NOTE: If putative relatives are identified, establish paternity through DNA testing and/or legitimation.
4. Explore resources that are in close proximity to the child's community to allow them to remain in their home school and maintain connections with family and friends;
5. Explore if the child is a part of a sibling group and if so, search for a placement resource to accommodate the entire sibling group. If the siblings cannot initially be placed together, document in the Narrative of the Contact Detail in the Statewide Automated Child Welfare System (Georgia SHINES) the reason(s) for separation, the plans to maintain visitation and the sibling-bond and ongoing efforts to place the siblings together (See [Preserving Sibling Connections](#));
6. Screen Georgia SHINES to determine if the child has been in out-of-home care in the past and explore whether the previous placement resource is appropriate and available for the current placement episode;
7. When a relative placement is not appropriate and/or available, coordinate with the Resource Development Case Manager (RDCM) to locate a DFCS foster home placement for the child and his/her siblings in the same community to allow the child to maintain connections and attend the same school they attended prior to their removal. Document all placement efforts in the Narrative of the Contact Detail in Georgia SHINES.
8. If a DFCS home cannot be located and/or the child's special needs require a therapeutic placement to ensure the child's safety and well-being, initiate the process to locate a therapeutic placement through a Child Placing Agency (CPA) (See [RBWO Placement Referral](#));
9. See [RBWO Program Designation](#) for when a Child Caring Institution (CCI) is an appropriate placement option for a child.

10. Conduct, review and assess CPS history screenings per [Placement/Re-Placement Safety Screenings](#) policy.

NOTE: The CPS screening is not required when a child is returning from respite to the same foster home. (See [Placement/Re-Placement Safety Screenings](#))

Entry into Foster Care

At removal and when a child initially enters foster care, the SSCM will:

1. Engage the parents, relatives and collaterals in transitioning the child from the parents home into DFCS custody:
 - a. Obtain any medications and medical equipment the child is using.
 - b. Gather medical information including any known medical conditions or allergies, to assist in completing the Emergency Intake Form. (See [Medical, Dental and Developmental Needs](#))
 - c. Obtain contact information for the child's medical provider(s).
 - d. Access the Health Information Network (HIN) to obtain as much medical information as possible.
 - e. Document all medical information in the Health Log in Georgia SHINES.
 - f. Obtain clothing and other personal items for the child to take with him/her to his/her placement.
 - g. Obtain educational and school information for school aged children.
 - h. Obtain photographs of the child and family members or other significant individuals and of the child's home.
 - i. Obtain demographic information about the child, parents, relatives and others with a committed relationship to the child. Document the demographic information on the Person Detail page in Georgia SHINES.
 - j. Obtain a copy of the child's birth certificate and Social Security card. A certified copy of the birth certificate should be obtained when either the primary or concurrent permanency plan is adoption.
 - k. Inquire as to whether or not the child has any unearned income such as Supplemental Security Income (SSI) or Retirement, Survivors, Disability Insurance (RSDI) or any private health insurance.
 - l. Obtain the parents' employment status, income and any resources.
 - m. Encourage the parents to participate in the actual placement of a child, whenever possible.
2. For a foundling (abandoned child of unknown parentage) who has no birth certificate, secure a birth certificate form from the county registrar.
 - a. Complete the form with the following information:
 - i. The place of birth (place the child was found);
 - ii. The date the child was found;
 - iii. The sex, color or race;
 - iv. The approximate age;
 - v. Name and address of the person or institution with whom the child has been placed for care;
 - vi. Name given to the child by the custodian of the child.
 - b. Return the form to the county registrar.
 - c. Request certified copy from Georgia Department of Public Health, Vital Records, when enough time has elapsed for registration.
 - d. Once filed, the name given must be used on all subsequent Court Orders and legal papers.

- e. If the child is subsequently identified and a certificate of birth is found or obtained, the initial birth registration will be placed in a special file and will not be subject to inspection except upon order of a court of competent jurisdiction or as provided by law.
3. Determine if the child has any high risk medical or mental health needs (See [Medical, Dental and Developmental Needs](#) and [Psychological and Behavioral Health Needs](#));
4. Conduct a [pre-placement discussion](#) with the child (when age and developmentally appropriate), parents and/or relatives.
5. Complete the following:
 - a. Foster Child Information Sheet;
 - b. Emergency Intake Form;
 - c. The Medicaid and IV-E Application (See [Applying for Medical Services at Initial Entry and Exit](#) and [Applying for Initial Funding](#));
 - d. [Amerigroup Notification Form \(E-Form\)](#) to provide notice of a child's entry into foster care, change in placement, exit from care, update (e.g., identification of the CCFA provider), etc. within 24 hours;
 - e. The Service Authorization for the Comprehensive Child and Family Services (CCFA) referral (See [Comprehensive Child and Family Assessment](#));
 - f. A referral to the Educational Programming Assessment and Consultation Section (EPAC) within one business day of the Preliminary Protective Hearing for a diagnostic educational assessment and consultation, if the child remains in care. See [Educational Needs](#) policy.
 - g. Diligent Search for parent(s), relatives and other committed individuals (See [Diligent Search](#));
 - h. Development of the initial case plan with the family within 30 days of the child's entry into foster care (See [Family Team Meeting](#));
 - i. Application to become payee for any child receiving Social Security, Child Support or other benefits;
 - j. Obtain a [death certificate](#) on any parent alleged to be deceased.
6. Ensure the following meetings and/or appointments have been scheduled and/or occur:
 - a. Family Team Meeting (FTM) within 9 calendar days of a child entering care (See [Family Team Meeting](#));
 - b. The initial parent-child visit (See [Visitation](#));
 - c. The Health Check and dental assessment (See [Medical, Dental and Developmental Needs](#));
 - d. The Trauma Assessment (See [Comprehensive Child and Family Assessment](#));
 - e. Children's 1st and/or Babies Can't Wait referral/assessment (See [Children's 1st and Babies Can't Wait Services](#));
 - f. Initial meeting with the child's school within five business days of the child entry into foster care.
7. Assist the child in developing a Life Book as a concrete and visual record of the child's family history and life events, including the child's thoughts and feelings. Recognize the therapeutic benefit of a Life Book in helping the child to understand, question and accept what has happened to him/her, and the feelings associated with these events. Ideally, begin the Life Book as soon as a child comes into placement and continue the process while the child is in care. The Life Book should follow the child whenever a placement change occurs. (See [Creating and Using a Life Book](#))
8. Include the following information in the Life Book as gathered and prepared by the SSCM (with the assistance of the foster parent or other placement provider):

- a. Family Tree (include birth and extended family members);
- b. Family Background (include strengths and needs);
- c. Former and current foster parents, including contact information, when appropriate;
- d. Special events;
- e. Reasons for coming into care and for moves after initial placement;
- f. Schools attended and favorite teachers/activities;
- g. Friends, pets, social and recreational activities;
- h. Photographs, mementos, awards, etc. of the above.

At the initial placement and each subsequent placement, the SSCM will provide the placement resource with copies of the following:

1. [Agreement Supplement](#) signed at the time of placement which provides written and dated confirmation of the child's placement into the home;
2. [Foster Child Information Sheet](#) which provides information concerning the child's needs and/or preferences;
3. Medical and educational records that are currently available;
4. The child's Life Book;
5. The child's portion of the current case plan.

NOTE: If the resource is a facility, they should receive the [RBWO Placement Agreement](#) instead of the Agreement Supplement.

Pre-Placement Visits

Whenever possible in non-emergency removal situations, a pre-placement visit shall occur. The SSCM will:

1. Arrange a pre-placement visit in the foster home or facility at least two weeks in advance of the placement, taking into account:
 - a. The child's eating, sleeping and activity patterns;
 - b. The parent's or caregiver's work schedule or other responsibilities; and/or
 - c. The activities going on in the foster home or facility.
2. Prepare the placement resource by providing as much information about the child as possible. Include such information as:
 - a. The reasons for the child being in foster care, including previous placements in foster care;
 - b. The child's history of abuse or neglect;
 - c. The child's relationship with his or her family;
 - d. The presence of any siblings in foster care and the visitation requirements with these siblings;
 - e. Any history of psychological or behavioral issues or psychotropic medications;
 - f. Any significant medical history or conditions, including current health needs of the child;
 - g. The child's educational needs and current school setting;
 - h. The child's strengths, including any skills or talents.
3. Encourage the parent/caregiver to share with the placement provider personal information about the child including the child's nickname, favorite foods, developmental history, current needs, etc.
4. During the pre-placement visit, assist the child in transitioning to the placement by showing the child where he/she will sleep and where his/her belongings will be kept;

5. After a pre-placement visit, confirm the details of the actual placement with the child, parent/caregiver and placement resource.

Within seven (7) calendar days of a placement, the SSCM will:

1. Conduct a home visit with the caregiver(s) and child and interview all household members present, including the child, separately;
2. Assess how the child and caregiver(s) have adjusted to the placement including, but not limited to, any behavioral concerns and whether or not the child or caregiver is experiencing any problems that require the attention and action of the SSCM;
3. Discuss possible permanency outcomes with the caregiver(s) and child (when age and developmentally appropriate) depending on the progress of the child's parent(s) in resolving the safety concerns that led to the child's removal from the home.

PRACTICE GUIDANCE

Initial Placement

The removal and placement of a child into foster care is a time of emotional turmoil and represents the most extreme intervention by DFCS. Typically, a child entering care blames himself/herself for what has happened and fears are exaggerated in the child's mind. Removal may be equated with the permanent loss of family. Because of the trauma of removal, the child will need help with the grieving process and its stages of shock (denial), bargaining, anger, depression and eventually, coping with and understanding the loss. A child, whom is unable to express his/her feelings about separation and loss, often acts out the pain through problematic behaviors and with physical symptoms and ailments.

The placement process must be carefully managed in order to minimize the impact of separation and loss experienced by the child. Reunification is more likely to occur when frequent and consistent visitation between parents and child occurs and the child is placed within close proximity to the parents.

When a child is initially placed into out-of-home care, or when circumstances require that the child be placed again, a safe and appropriate placement resource must be identified. The particular placement selected is determined by the overall goal of the placement, the needs of the child and birth family (as related by blood, marriage, or adoption) and the availability of the placement resource. Having a good understanding of the child's individual needs and the strengths of the placement resource can reduce the need for multiple placements. Ideally, placements should be in the same community from which the child was removed to assist with maintaining the child's connections and school placement, when applicable. The placement should be in close proximity to the parents to promote parent/child visitation. The most appropriate, least restrictive setting offers the child an opportunity to be placed where there will be a minimum of disruption to family life and an assurance that the child will be afforded safety, permanence, and overall well-being. The selected placement resource should also be consistent with the best interests and special needs of the child.

Pre-Placement Discussion

Pre-placement preparation eases the child's transition and lessens his/her fear and confusion. Whenever possible, the SSCM, placement resource and parents should all be involved in the placement process. Taking the time to engage in pre-placement efforts better ensures that an appropriate match between the child and the placement resource

has been made and reduces the likelihood of unnecessary movement of the child while in care.

The pre-placement discussion should include:

1. An age-appropriate explanation of why placement out of the home is necessary;
2. Information about the move including where, why, when and for how long, if known;
3. A description of the home or facility that helps the child better understand what to expect;
4. Information about the people who live in the home or facility, showing pictures if available;
5. A description of the community, including the school the child will be attending, if it is different from the child's own community;
6. An explanation as to when the pre-placement visit(s) will occur, if one is possible, and how the child will be transported to the home or facility;
7. Information about when the next contact with the parent(s) will take place;
8. The identification of "transitional objects" such as toys, pictures, stuffed animals or other familiar items that give the child some sense of security during the move.

A Life Book

For each of us, our sense of self is shaped by the events and people who touch our lives. Most of us live and grow in families where our biological heritage is evident in the color of our hair, the shape of our bodies, quirky mannerisms, special talents, and abilities. Through family stories, traditions, heirlooms and legacies, we are connected with our past and grounded in our culture. For children in placement, this sense of knowing who they are, because they know where they came from and where they belong, is disrupted. Uprooted from their biological families and placed among strangers, these children can rapidly lose their sense of self and self worth.

The life book is one method for connecting an adopted or foster child with his/her past. It creates a concrete, visual record which helps the child answer some very basic questions-- *Who am I? How did I get here? Where am I going?* Affirming the child's past allows for continuity and connection with present and future experiences. Most importantly, when the process of creating a life book includes the expression, acknowledgment, and exploration of feelings, the child is better able to make sense of his/her life experience.

The term "life book" can be a little misleading. It can conjure up the image of a single book which is written, bound, and put on a shelf. In reality, the life book changes and grows over time. As the child's life evolves, new information is added. As the child matures, earlier material is reviewed and expanded to include more sensitive and complex information.

Georgia Families 360°

On March 03, 2014, DFCS transitioned from a standard fee-for-service Medicaid program to a statewide Medicaid Care Management Organization (CMO) through Amerigroup Georgia Managed Care Company. The transition impacted children in DFCS custody and children receiving Adoption Assistance (AA) as they became members of a new program called *Georgia Families 360°* which is separate from *Georgia Families*, the general Medicaid program administered by the Georgia Department of Community Health (DCH). *Georgia Families 360°* is designed to provide coordinated care across multiple services and focus on the physical, dental, and behavioral needs of member children. The program is designed to ensure each member has a medical and dental home, access to preventive care screenings, and timely assessments.

It also seeks to ensure medical providers adhere to clinical practice guidelines and evidence-based medicine.

Amerigroup Care Coordination Teams (CCT) and Care Managers

Each *Georgia Families 360°* member is assigned to a regional Care Coordination Team with a specified Care Manager. The CCT members are Masters level staff, the majority of whom hold a professional license to practice in their respective field. The CCT completes a Health Risk Screening (HRS) on youth in care to identify medical and/or behavioral needs. The CCT is responsible for coordinating the health components of the Comprehensive Child and Family Assessment (CCFA), including the initial physical assessment, dental screening, and trauma assessment. Care Managers are the primary partner for identifying and making referrals for needed services. They ensure each youth has an individualized care plan that addresses both physical and behavioral health needs. They work with community agencies to ensure appropriate services are provided. They provide education to foster and adoptive parents.

Amerigroup Notification Form (E-Form)

DFCS communicates with Amerigroup, Rev Max, and DCH utilizing an electronic notification form (E-Form). It is the primary means for communicating information about a member in [Georgia Families 360°](#). The E-Form must be completed and sent to Amerigroup, Rev Max, and DCH within 24 hours of a youth entering foster care. It should be completed thoroughly to include demographic information, medical information, placement information, the identified CCFA provider and other referrals (e.g., Babies Can't Wait). The E-Form is also used to report updates such as placement changes, a youth exiting care, etc. If there is information not available at the time of the initial referral to Amerigroup, submit an E-Form (update) as soon as the information is obtained. Accurate and timely communication with Amerigroup and Rev Max is vital to the Medicaid eligibility determination and the assignment of a [CCT](#) and service providers. Important decisions regarding the assignment of primary care providers and referrals are made based upon the information submitted on the E-Form.

FORMS AND TOOLS

[Foster Child Information Sheet](#)
[Emergency Intake Form](#)
[Agreement Supplement](#)
[RBWO Placement Agreement](#)
[Creating and Using a Life Book](#)