



STATE OF GEORGIA

Division of Family and Children Services

Nathan Deal
Governor

Bobby D. Cagle
Director

Foster Caregiver Water Safety Assessment

Upload completed assessment into External Documents

Date of Assessment: _____ County: _____ Region: _____

Caregiver(s) Name: _____ Shines Resource ID: _____

Home Approval Date: _____ CPR/1st Aid Training _____
Caregiver 1 Caregiver 2

Is the home address different from what is indicated in Shines? _____ If yes, please note change below:

Old Address:

Current Address:

Please indicate the body of water source that is located near or on the residence: _____

Is this residence an apartment complex? _____ If, yes please indicate the location of the apartment from the identified body of water, as well as the caregiver's supervision plan of safety.

Does the family own an alternate residence/vacation home located near a body of water of any type? _____ If yes, list the address of the residence below:

Please note an assessment must also be completed of this alternate residence

Does the caregiver know how to swim? _____ If not, swimming lessons must be completed within 60 days of approval of the home, or within 60 days of acquiring a new swimming pool, or moving to a residence with a pool or other body of water. Obtain verification of swimming lessons, if no official form of verification is available, have caregiver sign a statement attesting their ability to swim.



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Has the caregiver completed the basic water rescue training within the 1st year of approval? _____
If yes, indicate date of completion: _____. Obtain verification of basic water rescue training. If no official form of verification is available, have caregiver sign a statement attesting their knowledge of basic water safety or historical training dates.

Are there any children in the home over the age of three (3)? _____. Please document below the date of completion/enrollment into a swimming/water safety course for each child in the home meeting this age requirement. Be sure to obtain all verifications of completed trainings. *(Note - until enrollment/ completion of the swimming/water safety training course - a supervision plan must be implemented for the child. Swimming/Water safety course is due within the first year of placement).*

Please document the provision of children under the age of three in the home who may also be mobile.



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Document the adult supervision plan in the swimming pool or water area to prevent children from being left unattended at any time. *(Note: Adult Supervision is required at all times despite the child's ability/inability to swim)*

	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?			
Is the area equipped with lifesaving or flotation devices?			
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>			
If there is a safety fence – does the pool meet the height requirements? <i>(Refer to Pool Safety Guidelines)</i>			
Are there “kiddie pools” on the property? If yes, are they properly used/stored? <i>(Must be emptied after each use)</i>			
Does the pool/body of water meet state/local ordinances?			
Does the wall of the house serve as a fence with access from the home directly to the pool area?			
If the home serves as the fence – is there an alarm on the identified exit? <i>(Test the alarm to ensure it meets the standard of 85 decibels).</i>			