

ACKNOWLEDGEMENTS

Anticipating the questions, concerns and issues of foster and pre-adoptive parents and ensuring that the answers are easily accessible in the Foster Parent Manual is made a much easier task by use of the following publications, websites and people:

Editors of the 2001 Edition of the Georgia DHR *Foster Parent Manual*

Georgia Department of Public Health, Injury Control

DFCS Program Planning and Policy Development Unit

Alabama DHR *Foster Parent Handbook*

Arkansas DCFS *Foster Parent Handbook*

The Child Welfare League of America

Massachusetts DSS *Foster Parents Manual*

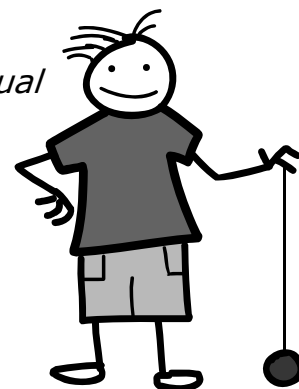
Mrs. Clean Jeans Housekeeping With Kids by Tara Aronson

New York State *Foster Parents Manual*

Tennessee DCS *Foster Parent Handbook*

The Pew Commission on Children in Foster Care

www.askdrsears.com



On behalf of the foster and pre-adoptive parents of Georgia, thank you!

Thanks

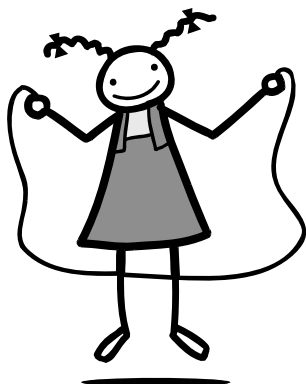


TABLE OF CONTENTS

DIVISION OF FAMILY AND CHILDREN SERVICES	6
Department of Human Resources.....	7
Mission and Goals of.....	8
Foster Care	8
Legal Basis for Foster Care	8
Types of Family Foster Homes	9
ROLES AND RIGHTS	11
Skills for Successful Fostering	12
Foster Parent Rights	13
Foster Parent Responsibilities	13
DFCS Rights and Responsibilities	14
Confidentiality	16
TRAINING	17
IMPACT Pre-Service Training	19
On-Going Training.....	19
THE PLACEMENT PROCESS	22
Why Children Come Into Foster Care.....	23
How Placement May Affect Children	23
Comprehensive Child and Family Assessment (CCFA)	23
Number of Children in A Home.....	24
Matching for Good Placements	24
Transcultural Placements	25
Information at Placement	26
Agreement Supplement	27
Placement of the Child from Another Foster Home.....	27
Questions to Ask	27
Things to Have Available Before Placement.....	28
First Day of Placement.....	28
Mommy and Daddy: What will the children call you?.....	28
Family Rules and Routines.....	29
THE DISCIPLINE POLICY	30
Discipline	31
Prohibited Discipline Practices	33
MAINTAINING FAMILY CONNECTIONS	35
Life Books.....	36
Family Visitation.....	37
Helping The Child.....	37
Manage Visits	37
Other Contacts.....	38
REIMBURSEMENTS	39
Per Diem Amounts	40
Clothing.....	40
Child Care Expenses	41
Foster Parent Training Costs	41
Educational Costs.....	41
Child Safety/Restraint Devices	42
Medical Costs.....	42
Obtaining Reimbursement.....	42
Insurance	45
Income Tax	46



HEALTH AND DEVELOPMENT	47
Medical Care	48
Dental Care	49
Specialized Services	49
Universal Precautions	49
Medical Emergencies and Nights/Weekends	49
Child Development	50
Children 1 st and Babies Can't Wait	50
HIV Testing of Children	50
HIV Test Results	50
SAFETY	51
Babysitters	53
Supervision of Older Youth	54
Water Safety	54
Motor Vehicle Safety	56
Bicycle Safety	57
Fire Arm Safety	57
Animal Vaccinations	58
Dogs	58
General Environmental Safety	59
Carbon Monoxide	59
Second Hand Smoke	59
Fire Safety	59
SIDS & Back To Sleep	60
Hot Water Settings	61
DAILY LIFE	62
Child's Property	64
Clothing	64
Media	64
Mail	64
School	65
Creating An At-Home Learning Environment	65
Religion	66
Gifts	66
Social and Recreational Activities	66
Chores	67
Allowance	67
Trips and Vacations	67
Other Trips	68
Youth Employment	68
Driving and Ownership of a Motorized Vehicle	68
Hair Care	69
TEAMWORK	71
Permanency	72
Case Planning	72
Supporting the Plan to Return the Child to the Birth Parents	72
Changes in the Foster Home	72
Respite	73
Overnight Respite Care	73
Day Respite Care	73
Situations Requiring DFCS Approval	73
Case Manager Contacts	73
When to Call the Case Manager	74
Wrap-Around Services	74
Independent Living Program	75
Parenting Children with Special Needs	76

Re-evaluations	77
Mandated Reporters	78
The Adoptive and Foster Parent Association (AFPAG)	79
FOSTERING CONCERNS	81
Disruptions	82
Placement Changes	82
Policy Violations	83
Corrective Action Plans	83
Foster Home Investigations.....	84
Complaints from the Community	84
CPS Investigations	84
Removal of A Child	85
Foster Home Closure.....	85
Death of A Child in Care.....	86
Use of Volunteers.....	87
LEGAL MATTERS	90
The Juvenile Court Process	90
Case Reviews	92
Court Appointed Special Advocates (CASA)	93
ADOPTION OF CHILDREN IN CARE	95
Non-Reunification Plans	96
Adopting the Child in	96
Your Home.....	96
Foster to Adoption Home Study Conversions	97
APPENDICES	92
Minimum Standards in Family Foster Homes.....	93
Bill of Rights and Grievance Procedure.....	98
Grievable Issues	104
Multiethnic Placement Act-Frequently Asked Questions.....	110
Additional Guidelines For Foster Parents with Dogs	115
10 TECHNIQUES TO SHAPE CHILDREN'S BEHAVIOR.....	116
Definitions.....	122
Size & Weight Guide for Child Safety Seats.....	124
Tips on Child Safety Seats	126
Developmental Milestones And Characteristics of Children.....	127
Specialist Definition List.....	133
FOSTER PARENT FORMS	138



Emergency Contact Information

County Director _____

Address _____

Main Phone Number _____

Nights/Weekend Number _____

Case Manager/Number _____

Case Manager/Number _____

Supervisor/Number _____

Supervisor/Number _____

AFPAG Representative _____

Other _____

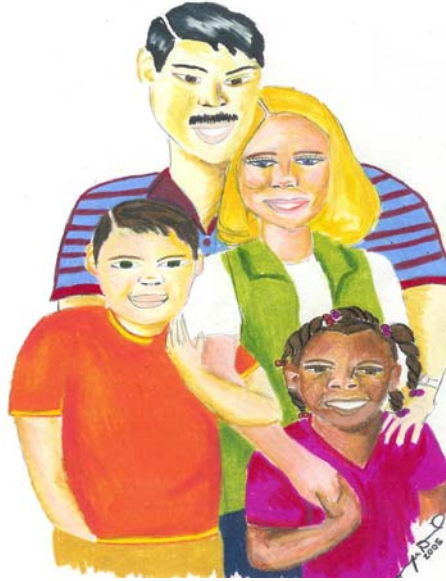
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Section One

Division of Family and Children Services





"A Foster Family", drawn by Onnameaga Daniel, a youth formerly in foster care.

Department of Human Resources

Welcome to the Department of Human Resources, Division of Family and Children Services. This manual has been developed to provide information to assist you in providing the highest quality of services possible to the children placed in your care. Staff persons at the County Department of Family and Children Services share with you the responsibility of meeting the needs of the children in your home with you.

Foster parenting can be as challenging and demanding as it is rewarding and fulfilling. Therefore it is essential for the agency to assist you in developing and maintaining the skills and knowledge base necessary to meet the wide range of parenting needs of children placed in your care. Your knowledge, understanding, commitment and daily care are necessary to ensure the well being of children who require out-of-home care.

You will experience great satisfaction in knowing that you are impacting the healthy growth and development of the children in your care. Such growth would not be possible without your commitment and the commitment of thousands of other foster parents in Georgia who share this experience with you. Therefore, it is important that we begin this team effort with a common view of our mission and goals for the children and families we serve.

Rights Watch Scroll

The Foster Parents Bill of Rights was signed into law in 2004. Look for the "rights watch" scroll throughout this manual. These scrolls highlight some of the twenty-three rights mandated by the law. Complete information on your Rights and the Grievance Procedure are located in the Appendices Section.



Mission and Goals of Foster Care

The mission of Georgia's foster care program is to strengthen families, protect children from further abuse and neglect, and assure that every child has a permanent family.

GOALS

- 1.) Preventing the disintegration of families;
- 2.) Protecting children from further abuse and neglect; and
- 3.) Fostering permanency for children in custody by:
 - a. Assessing the needs of the child, the birth family and the foster family;
 - b. Ensuring the safety, stability and security of children;
 - c. Helping to rebuild families when possible;
 - d. Moving expeditiously toward permanency and minimizing placement disruptions; and
 - e. Meeting the needs of children and families to prevent reentry into care.

To achieve our mission for the children and families of Georgia, our work is focused on the following strategies:

- ❖ Ensure Safety and Permanency-- Through Family Conferencing, the department attempts to build on the strengths and resources of parents and extended family, the resources of the agency, the strength of other community agencies, and individuals involved in the child's life. The goal is to empower and acknowledge families, and assist them in creating a team of supports.
- ❖ Ensure the Most Appropriate Placement --A Comprehensive Child and Family Assessment provides early and on-going assessment of the strengths and needs of children and families. Case plan development with the family and the use of

least intrusive interventions will reduce lengths of stay and placement disruptions.

- ❖ Build and Maintain Foster Care Resources -- Recruiting, preparing and training foster parents, other care givers, agency child welfare workers and judicial representatives will result in team members who are skilled and capable of meeting the needs of children and families.
- ❖ Build Community Partnerships -- To assist families in breaking the cycles of abuse and neglect, the Division of Family and Children Services serves as the catalyst to bring family members, community agencies, foster parents, and other stakeholders together to meet the needs of children and families.
- ❖ Use and Develop Resources -- Providing an array of services, including preventive and least intrusive methods (producing the least amount of trauma for the child) will enable us to serve all children in care in a more cost-effective manner.
- ❖ Measure Progress and Outcomes -- On-going program evaluation will focus on the effectiveness of the State's child welfare system in achieving successful outcomes for children and families.

Legal Basis for Foster Care

Georgia's foster care program is guided and supported by both State and Federal legislation. The Georgia Department of Human Resources (DHR) is designated by law as the agency responsible for developing and administering Georgia's foster care program. The Division of Family and Children Services (DFCS) is the DHR agency that is legally responsible for implementing Georgia's public foster care system. The department develops standards for the State's public and private child placing agencies through the Division of Family and Children Services and the Office of Regulatory Services.

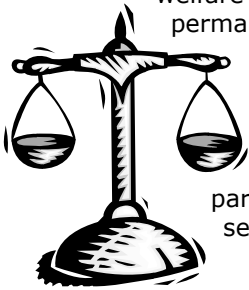
Non-public (private) agencies providing foster care services are licensed by DHR through the Office of Regulatory Services. Such non-public agencies include but are not limited to: Families First, United Methodist Children's



Home, Palmetto Campus of Georgia Baptist Children's Home, AGAPE, Extended Families, Lutheran Ministries, Child Kind and many others.

In most instances, the county departments obtain the authority to place and maintain children in foster care through a series of orders handed down by local courts, primarily juvenile courts. These orders give the department temporary custody, or at some point permanent custody by terminating parental rights. An initial order giving temporary custody is in effect for no longer than twelve months. After that a Permanency Hearing is held finalizing the permanency plan for the child. Throughout the duration of the court order, the County DFCS agency acts as legal custodian.

The Adoption and Safe Families Act of 1997 (Public Law 105-89) has established strong national goals for children in our nation's child welfare system. These goals are safety, permanence and wellbeing. As you review



the new Foster Parent Manual you will find changes in our state's foster care policy and practice that emphasize the safety and permanence for children as a paramount concern in provision of services.

Types of Family Foster Homes

FAMILY FOSTER HOMES

Various types of family foster homes and services are provided for children in out-of-home placements. The home in which a child is placed should address the identified needs of the child at the time of placement. In reality, however, needs-based placements in foster care are not always possible, and usually not at the time of the initial placement. Despite this shortcoming, family foster care provides the least restrictive and most family-like environment for children who are in need of out-of-home placements. The following types of family foster home situations are provided based on the preparation, training and approval received by the foster parents.

Regular Family Foster Home

Regular family foster homes provide temporary care for children who have a range of parenting needs, from basic to highly skilled. Ideally, placement in a regular foster home is time limited, during which time the case manager provides services to the caregiver from whom the child was removed in an effort to resolve the problems that resulted in the child coming into placement. If the situation allows, it is sometimes recommended that foster parents share their child-rearing and homemaking skills with that individual(s) to expedite the child's return.

Some children may require long-term foster care because they are unable to return to their own homes and because freeing them for adoption may not be the best plan. The foster parents, the county department and the child, if possible, must agree upon plans for long-term foster care. When appropriate the birth parent is involved. This is a formalized written agreement.

Relative Foster Home

When relatives provide foster care, the county department continues to have legal responsibility for the child. Relatives must meet the same requirements as regular foster parents to be approved as relative foster parents. This type placement, when appropriate, allows the child to maintain closer ties with the existing family and is least disruptive to the life of the child.

Foster-Adopt Homes

A home that is approved for the foster care placement of a specific child for whom the established goal is adoption is a foster-adopt home. The county department may approve as foster-adopt homes, previously approved adoptive homes or newly approved homes at the completion of IMPACT. Such placement resources must demonstrate the skills required to carry out the role and responsibilities of a foster-adopt resource. Foster-adopt homes must meet the regular standards of care required for approved family foster homes as well as any conditions specified in that approval.

Specialized Foster Care Homes



A small percentage of foster homes provide “specialized care” for children with higher levels of physical, mental or emotional needs who can function within a family setting. Foster parents providing this type care sometimes receive special training in addition to the basic training provided. This prepares them to better understand, accept and manage the child’s physical, emotional/behavioral needs and challenges. Foster homes providing increased levels of care have greater restrictions on the number of children the foster parent can care for at any given time, including their own.

- Foster Homes Providing Care for the Severely Emotionally Disturbed (SED)- Specially trained foster parents provide care for children who exhibit moderate to severe behavioral management problems, which may include hyperactivity, impulsiveness, defiance, sexual behavior, verbal and/or physical aggression, anxiety, depression, destructiveness, and other behaviors.
- Foster Homes Providing Care for the Medically Fragile -- Specially trained foster parents provide care for children with acute medical needs. Children in these type placements require specialized care and intensive supervision and support. These homes must have reasonable access to medical and other community resources. Medical professionals may provide additional training based on the medical needs of the child.

An increased per diem is provided for all children approved as needing specialized services. The amount of the per diem is based on the individual care requirements of each child. Speak with your Case Manager if

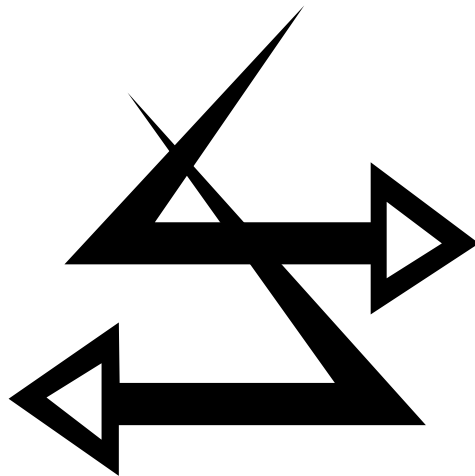
you feel you are parenting a child who has exceptional parenting needs.

Notes: _____



Section Two

Roles and Rights



Skills for Successful Fostering

Foster parents have a very special and sensitive task to perform and, by necessity, must be "special kind of people."

Foster parenting goes beyond parenting one's own biological children. It requires the skills needed for traditional parenting and more. Foster parents and agency staff work together as a team with a shared and common goal of permanency for children. The primary goal for most children is family reunification. As a team member, the family will face many challenges. Foster parents are expected to provide continuity of care while helping a child repair the effects of earlier life experiences. Foster parents must demonstrate the maturity, stability, fitness, skills and competency to successfully protect, nurture, and meet the developmental needs of children. Additionally, they must also support the agency's established case goals and Permanency Plan for child (ren) placed in their care.

You have the right to be treated with dignity, respect and trust as a primary provider and a member of the professional team.

Foster parents need to have a number of specific skills:



Understanding of the Impact of Fostering

Foster parents must be able to identify their individual and family strengths and needs, and communicate these to the agency.

Foster parents should recognize how the addition of a new family member can affect family relationships (including the extended family), life styles and support systems. Foster parents should understand their role in fostering, and know the kinds of children whose needs they can best meet.

Teamwork and Communication

The foster parent must be able to communicate with the child, the agency staff, community foster staff, birth parents and other foster/adoptive parents who may have different outlooks because of different experiences, ages and cultures. Such communication will allow foster parents to understand and fulfill their roles and responsibilities in working with

children, birth families, the agency and the community. Foster parents must work in partnership to help children reunify with birth families, be adopted or to move into independent living.

Parenting Abused/Neglected Children

It is necessary for foster parents to be able to effectively parent children who have been abused, neglected, abandoned and/or emotionally maltreated. Foster families should 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 non-judgmental ways, that make them feel good about who they are. Families must know how to ask for outside assistance as necessary to meet a child's needs.

Understanding Grief, Loss and Attachment Issues for Children in Care

Children removed from their birth families experience profound losses and need help in managing their grief. Foster parents 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 in forming attachments, families will need to understand attachment issues and be able to use specific techniques to help.

Understand, Prevent and Manage Misbehaviors

Children in placement use many behaviors that reflect the physical and emotional pain they have experienced. Foster families must understand the feelings and reasons behind the behaviors, and be able to help children get their needs met in ways that make them feel lovable, capable, worthwhile and responsible. Foster parents must understand the reasons for adherence to the policy prohibiting physical discipline/corporal punishment.

Support Primary or Birth Family Connections

Foster families must help children maintain and develop relationships that keep them connected to the source of their identity and self-esteem. Since most children are reunified with their birth families, acceptance of parent/child visitation and return to birth families as soon as 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, foster parents must provide a healthy and safe environment for children, following all state and local health and safety regulations. Close supervision of all children is necessary, but especially so for infants and young children, both when awake and asleep, and any other children/youth whose activities must be closely monitored.

To review the complete Minimum Standards for Family Foster Homes, please see Appendices Section.

Foster Parent Rights

Georgia Department of Human Resources Grievance Notification: County Director	
<i>This form serves as the official notification of grievance to the local county. It MUST accompany any other letter or documentation that you may wish to provide for review.</i>	
I. IDENTIFYING DATA	
NAME	
STREET LN 1	
STREET LN 2	
CITY	
ZIP	
HOME PHONE	
WORK/ALT PHONE	
EMAIL ADDRESS	
INDICATE WHICH FOSTER PARENT RIGHT YOU ARE GRIEVING. (For example: The right to receive timely	

On May 5, 2004, the Foster Parents Bill of Rights was signed into law. The Bill of Rights covers twenty-three issues including non-discrimination, distribution and disclosure of information, timely reimbursement and the right to have input into case planning for children. Additionally, the Bill of Rights includes a provision to provide advocates for foster parents who are the subject of Child Protective Services investigations or who file a grievance.






The Bill of Rights and revised Grievance Procedure became effective on January 1, 2005. The Grievance Procedure provides a systematic process through which foster parent grievances may be resolved. However, only grievances stemming from the Bill of Rights and three additional grievable issues as defined in DFCS policy are covered under the Grievance Procedure.

For a detailed explanation of the Grievance Procedure and a listing of the tenets covered in the Bill of Rights, please see Appendices Section.

Foster Parent Responsibilities

In order to provide the best possible home environment for the child, you must work closely with the child's case manager. You and the agency are allies in the job of caring for children in out-of-home placements. Our purpose or mission should be one and the same – to provide services that support the strengthening of families and the protection of children from further abuse and neglect. This is a huge responsibility, but one for which you have agreed to assist. Some of your responsibilities include the following:

Provide the most nurturing care possible, using the agency's guidelines and policies, and the child's case plan requirements as a guide for setting goals for children.


-  Rigorously follow confidentiality guidelines.
-  Adhere to all additional agreements listed on Form 38, "Agreement."
-  Provide day-to-day care for the child, including on-going supervision, nurturance, appropriate training and discipline, and basic maintenance.
-  Be available for scheduled supervisory visits by the worker with you and the child.
-  Sharing the responsibility of getting the child to scheduled appointments. The transportation of children


You have the right to be apprised of information, laws and guidelines on the obligations, responsibilities, and opportunities of foster parenting and to be kept informed of any changes in laws, policies and procedures in a timely manner and at least annually.





to various appointments is a shared responsibility between the foster parent and DFCS. The foster


parenting role requires that you assume much of the responsibility for the day-to-day needs of the child. In some instances, this role may have to be negotiated with the Case Manager.


 Keep records such as logs, calendars and lifebooks, documenting the child's needs, successes, developmental achievements, as well as any other milestones occurring while in your care. Photos are good also.


 Support the child's visits with birth parents, siblings, and/or other relatives.


 Support the child's reunification with parents, siblings, relatives, or any other permanency plan that has been established for the child.


 Assist children in their move from your home to another placement.


 Communicate with birth parents during visits about the child's daily experiences, including needs, successes, and milestones.


 Observe the child closely and report any behaviors of concern to the case manager or the appropriate specialist who is treating the child. Always share this information with the case manager.


 Work closely with juvenile court staff who may want to observe or interview the child.


 Support the religious practices of the child.

 Work closely with the child's school and teacher. Provide assistance with homework.

 Shop for clothing and other personal needs for the child.

 Dress children in clothes that are clean, neat, serviceable, and appropriate for their sex, age, size and the occasion.

 Keep the case manager abreast of any problems, potential problems, or concerns with the child's placement in your home.

 If possible, give a two-week notice before requesting a child's *unplanned* removal from your home.

DFCS Rights and Responsibilities

As the legal agent for the child in care, DFCS has the right to knowledge, information and/or action on the following:

- ☐ Any issues of concern regarding the child or the child's well being.
- ☐ Any significant change in the foster parent's ability or willingness to provide continued care for the child in the home.
- ☐ Any changes in the foster parent's home that would directly or indirectly impact the child in the home.
- ☐ To make placement decisions based on the needs and best interest of the child.
- ☐ The removal a child from a foster home in which his/her safety and/or well-being is in jeopardy.



DFCS Responsibilities

The agency's primary responsibility with respect to children who are placed in care is to work together with foster parents or other caretakers to achieve the goals and complete the case plans established for the child's permanency. This is accomplished primarily through the child's Case Manager whose responsibilities include, but are not limited to, the following:

- ☐ Select placements for children that will best provide for their safety and on-going needs.
- ☐ Plan with the foster parent the placement of a child in the home with the foster parent.
- ☐ Provide as much information as possible about the child on Form 469, Foster Child Information Sheet.
- ☐ Maintain, at a minimum, monthly face-to-face contact with the child (at least every 3 months for long-term care), with at least one contact *in the foster home* bi-monthly.



- ☐ Assist the foster parent in preparing the child to deal with unusual events/circumstances.
- ☐ Arrange for the child's clothing needs.
- ☐ Assist or provide direction to the foster parent in collecting and maintaining materials to be used in developing life books for children.
- ☐ Notify foster parents of the agency's intent to terminate parental rights, the permanency options for the child, and the opportunity for the foster parent to be considered as a resource for permanent placement. Forms 149, 150, and 151 should be provided for the foster parent's review and completion at appropriate intervals during this process.

[illegible]This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

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-visuials, 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 ten (10). 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 10 hours of training at the end of the calendar year, your home will lose full approval status and may be closed.

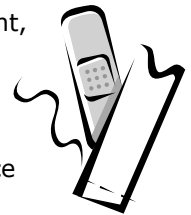
When homes are not in full approval status, federal funding of the child in care is interrupted. If children are currently being served in the home, a waiver must be requested to maintain the home in approved status, with specific time frames for completing training and any other requirements in order for the home to continue to receive per diem payments. 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.

- Online training 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 Multi-disciplinary Team Meetings (Maximum of 5 credit hours allowed per year and 1.5 hours maximum per 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: _____



Section Four

The Placement Process



Why Children Come Into Foster Care

Foster care is a protective service provided to children experiencing abuse and/or neglect. Children are removed from their homes for a planned, temporary period of time to ensure their physical and emotional safety. They are placed in foster care either by court order or through voluntary surrender by the parents.

How Placement May Affect Children

Children may feel severe personal loss when separated from their families. They have lost the most important people in their lives – their parents, brothers, and sisters. They have lost their familiar pattern of living. They have lost their homes and the places that make up their world.

Children's reactions to separation vary. Their emotional development is interrupted. They often feel abandoned, helpless, worthless, and even responsible for the family's breakup. They may try to punish themselves. In general, the adjustment period for foster children typically follows a pattern that includes:

- Moving toward the foster family (a honeymoon period, during which the child is cooperative and well behaved but feels numb or anxious).
- Moving away from the foster family (a period of withdrawal, during which the child is hesitant, feels depressed and distrustful, and seeks solitude).
- Moving against the foster family (during which the child is rebellious and demanding, expressing anger and hostility).



Comprehensive Child and Family Assessment (CCFA)

A thorough understanding of the family is the foundation of all child welfare interventions. The assessment process is ongoing and involves gathering facts, observations and information about and from the family. During the assessment, information is analyzed and conclusions drawn about family strengths and needs. DFCS gains a better understanding of the family as a unique system. There is insight into how family members think, feel, behave, relate to others and respond to various situations, including the removal of the child.

Assessment results are the foundation of the case plan. Assessment outcomes guide staff in making sound decisions about the best placement for the child, the critical service needs of the child and family, and the most viable goal for achieving permanency. Initially, the assessment assists staff in making a prognosis regarding the likelihood for reunification, which is the preferred option for achieving permanency when safety can be assured.

A formalized assessment known as the Child and Family Comprehensive Assessment (CCFA) (formerly First Placement Best Placement) is initiated soon after the child enters care. The child and his/her family, both immediate and extended, are involved in the assessment process. Family-centered approaches such as Family Team Meetings and Multi-Disciplinary Team Staffing are effective ways to involve the family in assessment, planning and decision-making around the needs of the child. The Family Assessment is the foundation of the family case plan and will also assist judges, CASA's, Citizen Panels, and other providers working with the child and family to gain a better understanding of the:

- Degree of parent-child attachment and Where the child feels a sense of belonging;



- Child's extended family as a potential resource for support and/or the placement of the child;
- Family's history and/or patterns of behavior; e.g., prior CPS involvement or foster care placements, past experience with handling crisis, problems with addiction, criminal behavior, etc.;
- Strengths and resources which the family can utilize;
- Core needs of the family which, **at a minimum**, must be changed or corrected for the child to be safely returned within a reasonable period of time;
- Probability of the child returning home or the likelihood of an alternative permanency plan; and
- Identified medical, emotional, social, educational and placement-related needs of the child.

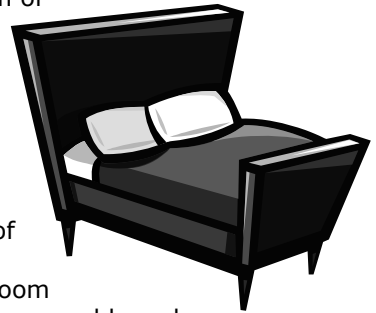
Children entering foster care are at higher risk than the general population for delays and disabilities. In addition, the trauma of foster placement can result in emotional distress and trauma. Consequently, a comprehensive screening or assessment of the child and family can have a powerful life changing impact if problems are identified and early treatment interventions are implemented.

Number of Children in A Home

Foster homes must adhere to the "utilization" standards outlined in the Minimum Standards. These standards state how many children can be in a foster home and where they can sleep. The standards are as follows:

- No more than six (6) children under the age of 16, including the children of the foster family, shall be placed in a foster home.
- No more than two (2) children under two (2) years of age, including the children of the foster family, may be placed in a foster home.

- Only bedrooms shall be used as sleeping space for children.
- Each non-related child must have a separate bed.
- A maximum of two (2) children may sleep in a double or larger bed if they are siblings and are of the same sex (with no known sexually predatory behaviors).
- No child shall sleep in a bed with an adult.
- A child over one (1) year of age cannot sleep in the bedroom of an adult.
- A maximum of three (3) children to share a bedroom is preferable. The suitability of children sharing a room should be assessed based on the background/history of the children.
- Children age five (5) years and older and of different sexes shall not share a bedroom.



Matching for Good Placements



When trying to find a home for children, DFCS looks for foster placements that can best meet the needs of the child. Some factors that may be considered are as follows:

- Are there relatives available to serve as a placement resource?
- If the child was previously in foster care, is the former placement available?
- Does the child have siblings and if so, can a sibling placement be made?
- Is the child of Native American heritage?
- Does the child have special needs?



- Can a home be found in proximity to the family?
- Does the child have any special emotional needs?
- What other children are in the home?

Cultural, ethnic or racial background can be considered when considering the best placement for a child, but placement in a foster home cannot be delayed or denied based on these factors.

Transcultural Placements

One of the requirements of *MEPA-IEP*, the Multiethnic Placement Act and the Provisions for the Removal of Barriers to Interethnic Adoption (See Appendices), is that the agency shall not delay or deny the foster care or adoptive placement of a child on the basis of the child's race, color or nationality. In addition, it is against federal guidelines under *MEPA-IEP* to maintain separate lists of foster parents based on race or ethnicity. In order to comply with this federal requirement, foster parents may be called on to accept a child of a different race, color or nationality. You are the best judge of your family's strengths and needs in this area as this will affect your family's ability to assure that the "best interest of the child" is being met. The following pointers will provide some guidelines for parenting children of a different race, color or nationality.

You have the right to continue with your family values and beliefs, so long as the values and beliefs of the foster child and birth family are not infringed upon.

- Be aware of your family's, including your extended family's general feelings and limitations regarding different races and cultures. Provide positive role modeling in regard to your perception and actions toward other races/ethnicities.

- Become aware of the strengths of the child's racial or ethnic group, and the positive contributions they have made to the community and society as a whole.
- Be aware that the losses suffered by children (especially school-aged children) who are placed transracially
- are sometimes compounded by the added loss of being placed with an entire community or neighborhood of people who are much different from that neighborhood of people to which they are accustomed. This may also entail the loss of familiar foods, music, traditions, eating patterns and social and religious customs.
- Allow the child to bring significant personal items along from the previous placement.
- Be prepared to make some changes in your lifestyle, but not your entire life! Include reading materials (books, magazines, etc.) that reflect the child's race, culture or ethnicity. The public library is an excellent source for obtaining this information.
- Allow opportunities for the child to make contact with people of his or her own racial or ethnic group. Support the child's contact with the birth family and other significant people in his or her past. Be able to relate to the child's family in support of the agency's plans and goals.
- Demonstrate a willingness to work with the Case Manager or other community representatives in addressing the child's racial, ethnic or cultural needs. Make provisions for the child to practice his own religion if there is a significant difference in religious beliefs.
- Be willing and able to advocate for the child in situations involving prejudice or racism. Assist the child in developing healthy ways of filtering negative behavior and information that may come from your own extended family members or the community.
- Develop an understanding of the *personal care* requirements of the child. Learn about skin and hair care and how

to treat various skin and hair problems such as scabies, lice, impetigo, etc.

- Seek information from Case Managers who may be of the same race or ethnicity as the child to learn proper care and maintenance or cultural habits and patterns.
- Take stock of your own family's needs and the impact that a transracial placement may have on individual family members and the family as a whole.
- Locate a responsible mentor who is of the same race/ethnicity as the child.
- Celebrate the differences between your race and the child's. Attend ethnic festivals, celebrations and other events.
- Actively demonstrate your respect for the child's race, culture or ethnic group.
- Learn about the child's racial, cultural and ethnic history and share this knowledge with the child.
- Share your racial, cultural and ethnic history to promote the child's familiarity and comfort when interacting within your culture.
- Encourage the child to speak freely about any instances of racial or ethnic discrimination.



Educate yourself or seek assistance on how to help your child cope with discrimination and racism. Validate the child's feelings when faced with racial or discriminatory experiences.

Information at Placement

The time frame involved when a child is placed in your home following your approval as a foster parent depends upon several factors. A few of these include:

1) the overall number of children in your area needing placement at the time, and 2) the age range, gender, and characteristics of the children for whom you have been approved.

If circumstances allow, the Case Manager will plan the child's placement with you in advance. In most instances, particularly after working hours, a child will be placed following only a brief call from the agency or the emergency placement person regarding the child's general circumstances. Whether the placement is planned or unplanned, the child's case manager should share with foster parents all known

You have the right prior to placement of a child to be notified of any issues relative to the child that may jeopardize the health and safety of the foster family or the child or alter the manner in which foster care should be administered.

applicable information available regarding the child and his/her situation.

Types of information that may be shared with you when a child is initially placed in your home include the following:

- ☐ Form 469, Child Information Sheet. This form contains personal information about the child.

GEORGIA DEPARTMENT OF HUMAN RESOURCES FOSTER CHILD INFORMATION SHEET	
Name child likes to be called _____	Birth date _____
Medical history (disorders, allergies, dental history) _____	Social Security Number _____
Psychological and social history _____	
School history (last school attended, achievement level, school adjustment) _____	
Why child is in foster care _____	
History of foster care (other families: where (City or part of town), and why child was moved) _____	
Does child have special toy or object? _____ Is it in his possession now? _____	
Sleep patterns and rituals _____	
Food preferences and dislikes _____	
Are pictures of natural family available? _____ Does child have them with him now? _____	

- ☐ Circumstances surrounding the child's placement in care.
- ☐ The child's placement history, if previously placed.
- ☐ Grade level, achievement level, educational experiences and adjustment.
- ☐ Previous experiences with parents or other caretakers.
- ☐ Behavior patterns with parents, caretakers, or significant others.



- ☐ Medical history and any specific needs.
- ☐ Eating and sleeping patterns.
- ☐ Information regarding siblings or other significant persons in the child's past.
- ☐ Special instructions (dietary restrictions, medical needs, emotional needs, etc.)

Agreement Supplement

You and the Case Manager also sign the Agreement Supplement, Form 40, at the time

You have the right to discuss information regarding the child prior to placement and the right to refuse placement of a child in the foster home to request, upon reasonable notice, the removal of a child from the foster home without fear of reprisal or any adverse affect on being assigned any future foster or adoptive placements.

of the child's placement. The Agreement Supplement provides you and the agency with a record of the beginning and ending dates of each child's placement in your home.

AGREEMENT SUPPLEMENT		County Department of Family and Children Services
Case Number: _____		Foster Home
I have this date _____	my home _____	
BORN: _____	CASE NO: _____	
BORN: _____	CASE NO: _____	
BORN: _____	CASE NO: _____	
BORN: _____	CASE NO: _____	
BORN: _____	CASE NO: _____	
BORN: _____	CASE NO: _____	
(from) _____	(to) _____	County
NAME OF PERSON _____		
Department of Family and Children Services (for) foster care in accordance with the agreement with the (from)		

The fundamental responsibility for the child placed in your home rests with the agency. The agency must do everything in its power to promote, protect and safeguard the welfare of the child. The Case Manager must assure that the placement is appropriate to meet the needs of the individual child, and that the child receives proper care while in placement. The

Case Manager must also work to improve conditions in the child's home so that, if possible, he may return there.

The Case Manager must assure that the rights and responsibilities of the child, the birth parent and the foster parents are respected and fulfilled. The Case Manager must also maintain continued supervision of the child while he is living in the foster home. As a valued member of the foster care team, your perceptions of what is in the best interest of the child are important. You will be involved in planning for the child in preparation for case reviews held every six months for the duration of the placement.

Placement of the Child from Another Foster Home

Unless this is an emergency move, the placement of a child from one foster home to another should be planned. In addition, the following should be provided:

You have the right to know the number of times the child has been moved and contact information for the previous

- ☐ A pre-placement visit in your home.
- ☐ As much information as possible about the child.

- ☐ An updated Form 469, Child Information Sheet.
- ☐ A copy of the most recent Case Plan, with updated medical and educational information.
- ☐ Any other information or items that would minimize the trauma of the move for the child, including the child's experience in the last placement.
- ☐ If appropriate, the opportunity for the former foster parents to share information regarding their parenting experiences with the child.

Questions to Ask

DFCS will provide basic information on each child placed. This information will at a minimum cover any issues regarding health and safety,

the number of times a child has been moved and the reason why, and any and all pertinent information relevant to the care of the child.

Additional topics that you may want to specifically cover include:

- Anticipated length of stay
- School registration/issues
- Feelings about family
- Visitation Plan
- Permanency Goal
- Potty Training



Maintain confidentiality of information.

Things to Have Available Before Placement

Since children may come into placement with few or no belongings, it is a good idea to have a stock of generic items available for use. Consider the age and sex of the children that you have been approved to care for and stock-up accordingly.

Suggested items include:

- Toothbrushes/deodorant
- Hair care products (ribbons, combs, brushes)
- Diapers/underwear
- Night-lights
- Sleeping outfits
- Toys
- Kid friendly snacks and meal plan

First Day of Placement

When the child is initially placed in your home, he will not become comfortable with you and his new surroundings immediately; even infants may experience a period of adjustment when placed in an unfamiliar environment. A child's reaction to placement depends largely upon his past experiences. The fact that your home provides a safer and more nurturing environment will not prevent this natural human process. An important point to remember is that the child's transition into your

home will be made easier if you do not take his behavior personally.

Additional points to remember when a child is *initially* placed into your home.

- Be patient; don't expect miracles.
- The child is attempting to make some sense of new people, new surroundings, and behaviors that are different from that to which he is accustomed to.
- No matter how terrible the previous situation was, the child will probably display some sadness and anxiety due to his loss.
- The child may be unclean and poorly dressed with little, if any, clothing, or the child may be appropriately dressed with an adequate wardrobe. No matter what the child's condition, do not discard his clothing and other personal possessions. They may have special meaning to the child.
- The child may blame himself for what has happened. Assure him this is not the case.
- The child may be withdrawn, tearful, anxious, angry or overly active and playful. With some children, there will be no obvious effects of the placement.
- No matter what the child's behavior or disposition, it is important that you and your family show acceptance, warmth, and most of all understanding during this very difficult time for the child.



The child's Case Manager will share additional adjustment pointers with you as each child differs in his response to placement.

Mommy and Daddy: What will the children call you?

"A ROSE BY ANY OTHER NAME IS STILL A ROSE." The child placed in your home should feel free to call you whatever is easiest for him and most comfortable for you. Experienced foster parents have



found it helpful to suggest several acceptable names and allow the child to decide which one to use. Older children may not be able to address the foster parents by names that suggest that their own parents are being replaced. In many instances, children adopt the name being used by the other children in the home in addressing the foster parents.

Family Rules and Routines

Your everyday family routine probably occurs without much thought. Everyone in the household knows when and what will happen because that is how it always occurs. This is a routine. Routines are great for children because they establish consistency and expectancy, which develops trust and security. Consider the child entering a new placement: how will they learn the routine? How will they learn the rules of the household? Perhaps they did not come from a family with established routines or many rules. How will they fare in this new environment?

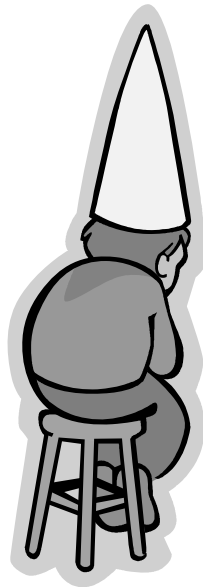
Tell the child about the family's schedule, but don't expect that they will fall into the routine immediately. Also, inform them of the rules as soon as it seems reasonable to do so. Bombarding them with a lot of information at your introduction may be intimidating and certainly will not be remembered. Ease children into the family routine and rules by establishing a rapport first. Talk to them and get to know who they are, what things are similar about their family, what they like and what is most familiar to them. Remember to not be rigid but also not a push-over. Some rules (safety) and routines are not up for discussion and must be enforced immediately. The rest can be shared as rapport and trust is built.

Notes:

[illegible]

Section Five

The Discipline Policy



Discipline

The Division of Family and Children Services Discipline Policy is that any physical or emotional punishment to a child in foster care is prohibited. Every foster parent and pre-adoptive parent is required to sign the Safety Agreement, Form 29, which covers the discipline policy as well as safety matters.

Foster Care Services: Appendix N

Appendix N-3	
DFCS FOSTER PARENT CHILD SAFETY AGREEMENT <i>This form contains information about the safety of the children placed in your care by DFCS. Your initials and signature indicate your acknowledgement that the agency has reviewed with you the safety requirements outlined in this form and that you are in agreement with the safety requirements for foster homes as stated below.</i>	Foster Parent(s) Initial Below
Animal Safety: As children are the primary victims of animal bites, (I/we) agree to comply with the following mandates listed below to ensure the safety of any child placed in (my/our) home: <ul style="list-style-type: none">• Provide close supervision of children when around animals.• Refrain from keeping dangerous or aggressive dogs, or other pets, in the home, unless properly secured with a leash, fence or cage, etc. (as discussed in the Foster Parent Manual)• Notify DFCS immediately if any dog attacks a child placed in your home.• Carefully review the section on Animal Safety in the Foster Parent Manual (Rev. 2001)	Foster Parent(s) Initial Below
Gun Safety: Firearms take the lives of thousands of children each year. To prevent the accidental death of any child placed in (my/our) home, (I/we) agree to the following mandates: <ul style="list-style-type: none">• Inform DFCS of the presence of firearms in (my/our) home, now or at any time in the future.• Secure all firearms in (my/our) home, using one of the commercial brand safety locks available for this purpose, or under lock and key.• Keep all firearms unloaded and out of the view and reach of children in the home.• Never allow children placed in the home to handle guns.• Carefully review the section on Gun Safety in the Foster Parent Manual (Rev. 2001)	Foster Parent(s) Initial Below
Motor Vehicle Safety: Motor vehicle accidents are the leading causes of death for children of all races, ages 5-14, according to national statistics. To ensure the safety of children placed in (my/our) care, (I/we) agree to adhere to the following safety precautions while riding or driving motorized vehicles: <ul style="list-style-type: none">• Secure children 4 years of age and under in a federally approved child safety restraint seat, that is properly installed according to the manufacturer's instructions.• Secure children over 4 years of age in the rear seat of the vehicle with federally approved and properly installed safety seat belts.• Refrain from transporting children/youth under 18 years of age in the bed of a pickup truck at any time. Children must always be properly secured with safety seat belts.• Consult with the Case Manager prior to allowing a child to ride as a passenger or driver on any of the following: automobile (as driver only), motorcycle, motorbike, all terrain vehicles, small, high-speed water craft and other similarly motorized vehicles.• Carefully review and abide by motor vehicle safety requirements outlined in the Foster Parent Manual, (Rev. 2001).	Foster Parent(s) Initial Below
Supervision: Children in care are required to be supervised by appropriate adult caretakers at all times. In keeping with this requirement, (I/we) agree to adhere to the following: <ul style="list-style-type: none">• Provide appropriate adult supervision for the children in my care at all times.• Refrain from leaving children placed in my care in the supervision of minors.• Refrain from leaving children unattended in a motor vehicle.• Refrain from leaving children in the care of unauthorized adult caretakers. Any substitute caretaker should have the agency's approval.• Obtain approval from the agency prior to leaving older children unsupervised.• Carefully review and abide by the supervision requirements outline in the Foster Care Manual.	Foster Parent(s) Initial Below

FORM 29 Foster Parent Child Safety Agreement (Rev. 11-03)

Page 1 of 2

Foster Care Services: Appendix N

Page 2 (DFCS Foster Parent Child Safety Agreement)	
*Water Safety: According to the recent statistics, drowning ranks highest among the causes of accidental deaths for children and youth 6-24. Foster parents whose primary or alternate place of residence is equipped with an in-ground above ground swimming pool are required to take extra safety precautions with children placed in their care. To ensure the safety of children in our home, (I/we) agree to the following water safety guidelines: <ul style="list-style-type: none">• Inform DFCS immediately if when our home fits the above criteria.• Know or learn how to swim.• Hold a current certificate in CPR or First Aid.• Obtain a certificate in Basic Water Rescue.• Enroll all children 3 years of age and older placed in the home in a swimming class taught by a certified instructor.• Complete all water safety requirements within one (1) year of the child's placement in the home.• Ensure direct adult supervision of children when around bodies of water.• Ensure the compliance with any local or state ordinances regarding pools or waterfront property.• Secure the entire perimeter of the pool area with a fence and locked gate of sufficient height to prevent the entry of young children.• Obtain the approval of DFCS staff prior to allowing any child to ride or operate any watercraft.• Review and abide by all DFCS (Foster Parent Manual, Rev 2001) and manufacturer's safety guidelines. * Note: Homes with ponds, or homes located on waterfront property, are required to employ substantive safety measures to ensure the protection of children in the home. Discipline Policy: DFCS policy prohibits the use of corporal or unusual punishment on a child in its custody. Children removed from their parents or other caretakers due to neglect or abuse must be disciplined in ways that do not perpetuate the physical and emotional pain experienced as a result of past inappropriate parenting practices. To ensure the safety and well-being of the children placed in (my/our) home, (I/we) agree to the following: <ul style="list-style-type: none">• Refrain from the use of any corporal or unusual punishment on a child placed in (my/our) home, including, but not limited to the following: spanking, slapping, switching, shaking, pinching, biting, twisting, or pulling; tying with rope, withholding food, force feeding, denying mail, denying appropriate contacts with family, denying contact with worker, degrading child or child's family, or humiliating child, creating fear, anger and anxiety, locking child in a room, closet or outside the home, group punishment or delegating older children to administer punishment, destroying the child's property and any other practices which may physically or emotionally damage the child.• When managing children's behavior, use the suggested alternative methods (or other effective means of discipline) made available by DFCS or found in the appendix of the Foster Parent Manual (Rev. 2001).• Seek on-going information/training to build and enhance (my/our) child behavioral management skills.• Immediately inform the agency of the need for assistance in managing the behavior of any child placed in (my/our) home. Note: Decisions made regarding the violation of Foster Care policy or Child Protective Services substantiation of the abuse/neglect of children placed in the foster home are not grievable or subject to appeal by foster parents.	Foster Parent(s) Initial Below
Note: This Foster Parent Child Safety Agreement is reviewed with foster parents at the time of the initial approval of the home and at the time of the re-evaluation. Both caretakers are required to initial and sign as indicated.	
Father _____ / (Date)	Mother _____ / (Date)
Other Caregiver _____ / (Date)	Case Manager _____ / (Date)
Supervisor _____ / (Date)	County Director/Designee _____ / (Date)

FORM 29 Foster Parent Child Safety Agreement (Rev. 11-03)

Page 2 of 2

The agency's discipline policy is guided by the Consent Decree handed down by the U.S. District Court in 1989 (Taylor V. Ledbetter).

Kathy Jo Taylor was a child injured while living in an agency foster home. Her guardian ad litem filed suit against the Department of Human Resources and the case was settled in the United States District Court on October 6, 1989. The two general provisions of this consent order as it relates to CPS are as follows:

- ✓ The improper punishment of children in foster care is prohibited. (See "prohibited practices" under the Discipline heading in this manual)
- ✓ The investigation of and response to alleged incidents of unsuitable care or abuse and neglect shall occur immediately (within 24 hours of receipt of referral by foster care supervisor) to ensure the continued safety of the child in the foster home placement.

Definition of Physical Punishment

Physical punishment is defined as any deliberately inflicted pain to the body of the individual. Emotional punishment is any deliberate action toward the child that produces undue fear, anxiety, or feelings of humiliation and degradation. Foster parents in the State of Georgia are required to know the difference between punishment and discipline. Discipline is instruction—a standard of behavior, which is maintained consistently and with authority.

Punishment is one means of enforcing discipline, usually the least effective means. Discipline is a learning process for children. Discipline should help a child reach a goal of controlling his or her own behavior and acquiring self-discipline.

Foster parents may have used some forms of physical and emotional punishment with their own children. We must remember, however, that children reared in an accepting and loving family that is able to meet their needs tolerate punishment in a different way than children removed from their families because of severe neglect and abuse. Children entering foster care usually feel at least one and often all of the following:

1. Negative attention is better than no attention at all.
2. The natural response to frustration, disappointment, anger, etc., is physical or verbal violence.
3. Any form of physical action can lead to severe abuse, creating fear and mistrust.
4. They are not lovable, which is reinforced by physical hurt and verbal demeaning.
5. They are the reason the family is not together and deserve punishment.

To help you develop acceptable alternatives to punishment, we have listed some guidelines below:

Reinforce Acceptable Behavior

Example: Honest praise, special privileges and treats, extra hugs and kisses, additional time spent with the child, awards such as stars or smiley faces on a door or bulletin board.

Reinforcement should be made immediately and frequently when positive changes (no matter how small) are observed.

Use Logical Consequences for the Behavior

Example: If you leave your bike out, you can't ride it tomorrow.

If you go in the street, you have to come inside.

If you can't get up on time, you will have to go to bed 30 minutes earlier.

Criticize the behavior, not the child.

When talking with your children, it is helpful to think in terms of "you messages" and "I messages" The "you message" lays blame and conveys criticism of the child. It suggests that the child is at fault. It is simply a verbal attack. In contrast, an "I message" simply describes how the behavior makes you feel. The message focuses on you, not the child. It reports what you feel. It does not assign blame.

Example: I can't hear the television when there is so much noise. I would like to be able to hear it.

Loss of Privileges

Example: Television, telephoning friends, playing with a specific toy. Make this time appropriate according to the child's age; i.e., take the TV away for an hour, not a day.



It is more important to use positive reinforcement than punishment to control behavior.

Grounding

Example: Restricting the child to the house, yard or sending the child out of the room and away from the family activity for a short period of time. Be careful to make the time appropriate. Use the latter restriction judiciously; advising the child that the purpose is to help him regain control of his/her behavior.

Help Children Deal with and Manage Their Own Behavior

Example: If the child is fighting, have him or her hit a pillow. Explain calmly that to feel angry is ok, but to hurt others or the property of others is not ok. This requires much repetition and practice.

Re-Direct the Child's Activity

Example: Suggest a child play with a toy instead of a sharp object.

Time-Out from Activities

Example: With younger children, sit them in a chair for a few minutes and possibly use a timer so that they can understand the time frame. A good rule of thumb is one minute for every year; i.e., 5 years of age: 5 minutes.

SPECIFIC PROBLEM BEHAVIORS

If the child is not being truthful, try to understand the reason and the motivation behind the child's action. Often the child is seeking acceptance, rather than trying to be deceitful.

In the case of tantrums, you may need to discuss particular problems with your case manager, so that you can work together to try to determine why they occur and what can be done to eliminate them. Tantrums experienced by a child in care may be more destructive in nature than those of your own children.

Prohibited Discipline Practices

As a foster parent you are strictly prohibited from using any of the following practices. Keep in mind that this list is not exhaustive. If you have any questions, please consult a case manager before using a questionable form of discipline. DFCS policy prohibits the following:

Spanking, slapping, switching or hitting a child with your hand or any object;

Shaking, pinching or biting;

Tying a child with a rope or similar item;

Withholding meals;

Denying mail, family visits, telephone contacts with family or activities with the case manager or other department staff;

Criticizing the child's family or the child's experiences with the family;

Humiliating or degrading punishment which subjects the child to ridicule, such as:

- Cutting or combing the child's hair for punishment
- Name calling and public scolding
- Forcing any child to wear clothing or accessories usually associated with the other sex



Threatening a child with removal from the foster home. This creates fear, anger and increased anxiety.

Locking a child in a room/closet or outside the home;

Group punishment for the misbehavior of an individual child;

Delegating authority for punishment to or allowing punishment by other children or adults; and
Destroying the child's property.

Any foster home in violation of this policy could be closed, either temporarily or permanently. See Policy Violations and CPS Investigations in the Foster Concerns Section of this manual. Also, please see the Appendices section of this manual for additional information on discipline.

Note: MAKE THE AGENCY AWARE OF ANY BEHAVIORAL OR PARENTING DIFFICULTIES IMMEDIATELY! IN-HOME, WRAP-AROUND SERVICES TO ADDRESS SUCH PROBLEMS ARE AVAILABLE FOR YOUR SUPPORT.

Notes: _____

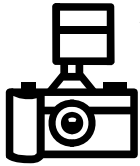
Section Six

Maintaining Family Connections



Life Books

Life books are important to children in foster care. Children in care often experience gaps or “blind spots” in their life experiences, primarily due to the traumas they have faced. A well-done life book does an excellent job of helping children maintain connections or links with their past, as well as carry memories of their time spent with your family to their new, and hopefully, permanent placement. Life books may also provide helpful information to the new caregiver, whether it is another foster family, an adoptive family or the birth parents.



A life book may consist of a simple compilation of dates, milestones, photos, and memorabilia that have been placed in an inexpensive folder or it may be an elaborately done album that has been carefully and creatively constructed by the foster parents. Either way, these books serve an important function in helping the child view his or her life as meaningful, and provide a sense of connectedness and self-worth.

Putting Together a Child's Life Book

Basic life book tools

Pen/Pencil – Used to record information. Write down information as soon as possible after it occurs. This helps to maintain the accuracy of the information being provided. Information should never be written in a way that demeans the child or the birth family. Even the most sensitive situations can be described in a meaningful, non-threatening way.

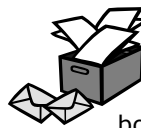
Notebook -- Notebooks may be used to keep recorded *events* and *anecdotes* (a brief description of an interesting, amusing or significant incident) that require more detailed writing or explanation than can be written on a calendar.

Calendar-- The calendar may also be used to note the child's accomplishment of *milestones*. Calendars are indispensable for recording information on the spur of the moment. When a child takes his first step or you discover the first tooth being “cut,” you can immediately record this event on your calendar, and just forget it until you're ready to transfer this information to a more permanent place.

Large Envelope-- Large envelopes may be used to *store* photos, the child's artwork, grade reports, school awards and certificates, a hospital identification badge and other items that may have some significance to the child.

Items that may be included in a child's life book follow:

- Birth family page (may include photos or information about birth parents)
- The child's birth page (may include birth/hospital information, photos, etc.)
- Child's family tree
- Important people in child's life (foster family, friends, teachers, coaches, case managers, etc.)



- Child's first (smile, tooth, steps, hair cut, lost tooth, etc.)
- Favorites (foods, toys, places, school subjects, movies, TV shows, books, etc.)
- Places traveled to (another county, city, school trips, family trips, etc.)
- Special holiday remembrances
- Birthdays (a snapshot of child, birthday cake, cards, party participants, etc.)
- School memories (school and class photos)
- Accomplishments (report cards, awards, art work, school work etc.)
- Other categories or items you may choose

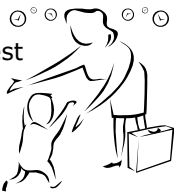
These items may be arranged in a scrapbook or an inexpensive, brightly colored folder. Items should be arranged chronologically as they occurred in the child's life. If the child is old enough, it would be more meaningful to have his involvement in putting the book together. The thoughts and feelings of the child should be included, as well as tactfully stated facts.

Notes:



Family Visitation

Whether the child has been removed by an order of the court, or has been voluntarily placed in foster care by the birth parents, the parents will likely request to have a continuing role in the child's life. Unless permanent separation has taken place, voluntarily by the birth parents or by termination of parental rights, it is imperative that the child and his birth parents be allowed regularly planned, monthly visitation, unless ordered more frequently by the court. There is a high correlation between the number of visits between a child and his parents and the successful return of the child to his parents.



Monthly visitation with parents is generally ordered by juvenile court. In some instances, the judge may see fit to order more frequent visitations. In either case, foster parents play a major role in seeing that children experience successful visits with birth relatives by preparing them for the visit beforehand and following up with them afterwards. It is important that foster parents work along with the child's Case Manager in making visits as easy and natural as possible.

The Case Manager usually assumes the primary role in scheduling and coordinating visits based on the case plan developed by the agency and the child's birth parents. A great deal of consideration is given to all persons involved, particularly the foster parents who will be assisting the Case Manager in getting the child to

You have the right to participate in the planning of visitation.

and from visits. This procedure may vary

from case to case. However, depending upon the circumstance, you may be given permission to arrange the child's visits with significant others. In either case, it is important that the Case Manager be involved in the planning.

Parent and child visitations usually take place at the DFCS office or some other neutral location and may be supervised or unsupervised. In some instances foster parents may agree to have the child visit with the parent in his/her home. This depends largely upon the relationship you have established with the child's birth parents. Again, the Case Manager should be involved in the planning of such visits.

Children have a right to visit with their parents and siblings as long as it is determined to be in their best interest. It is wise to remember that a child's birth parents are his own. He cannot, in most instances forget them entirely. Even if they will never make a home for him, a child's parents are important to him. Your greatest service to a child would be to encourage and support his faith in his birth parents. This approach forms a healthy basis for future relationships, including the child's relationship with you.

The child should be made to feel that it is acceptable to talk about his birth parents following visitations, or at any other time for that matter. If talk is negative, it is not necessary to agree or disagree. Focus on the child's feelings and provide feedback by helping the child isolate or identify his feelings and by providing validation. You may contact the Case Manager if what the child is saying about the parent or his display of emotions causes concerns.

If Problems Arise

It is important that foster parents *immediately* report any concerns regarding the birth parents, particularly as it relates to unauthorized visits, telephone calls or threats. While it is important to support children in maintaining connections with birth parents and other significant people in their past, this should never be done at the expense of the safety and security of the child or the foster family. You will find, however, that most birth parents are not difficult to work with and many of them welcome the care and stability you are providing for their child during their period of crisis.

Helping The Child Manage Visits

Children experience many different feelings and reactions around visitation. These can range from fear and anxiety to excitement and joy. These different feelings can exhibit themselves through different behaviors before and after visits. These behaviors should be discussed with the case manager if they are disruptive to the child (interferes with ability to function) or family. Keep in mind that this is not necessarily indicative of a need to change the visitation plan. Visits are difficult for children. Having to say hello and goodbye to parents, family and even siblings



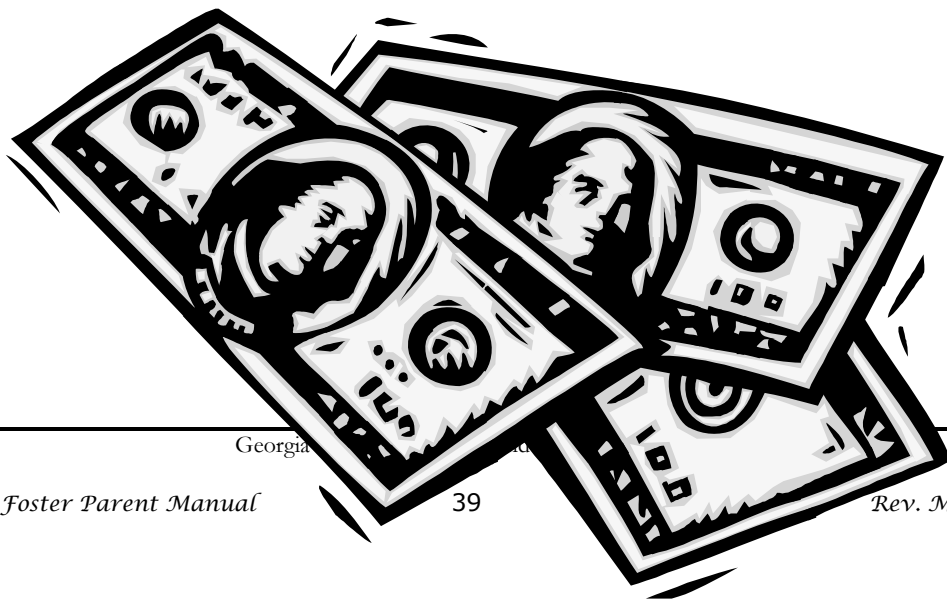
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Section Seven

Reimbursements



Per Diem

The agency (DFCS) is ultimately responsible for the financial care of the child. In certain instances, foster parents may pay out-of-pocket for expenses incurred on behalf of a child in their home. Such expenses may be fully reimbursed *when prior approval is given*. Foster parents should never assume that the agency will be able to cover a particular expense.

You have the right to receive timely financial reimbursement.

REMEMBER, OBTAIN PRIOR APPROVAL BEFORE MAKING ANY OUT-OF-POCKET PURCHASES ON BEHALF OF A CHILD FOR WHICH YOU NEED TO BE REIMBURSED!

Some of the primary expenses borne by the agency include the following:

Per Diem

- Foster Care Per Diem Payments- The basic per diem rate is reimbursed to foster parents who care for children with basic parenting needs. This is the lowest per diem rate paid. Additional amounts may be paid based on the severity of the child's needs. The child's Case Manager will provide information on the current per diem rate as it is periodically changed through legislation. The following service provisions are included in this rate:

- ☐ Room and board
- ☐ Clothing replacement
- ☐ Medicine chest items: aspirin, first aid, etc.
- ☐ Tooth paste
- ☐ Dry cleaning
- ☐ Tooth brushes
- ☐ Hair brushes/combs
- ☐ Haircuts
- ☐ Food

The per diem is all-inclusive. That is, individual costs are not assigned to each component (room and board vs. clothing) of the per diem. *Costs for physician prescribed across the counter medications are reimbursable.

- Special Per Diem Rate – A special per diem or “add on” amount ranging from

.50 to \$1.75 is added to the basic foster care per diem when a child requires more than the usual level of care. This amount is approved by your local DFCS agency. The additional amount may be temporary, such as when a child is recovering from a major surgical procedure, or it may be ongoing, such as with chronic behavioral, medical, or emotional needs.

- Written State Office approval is required for the county department to pay a DFCS foster home a per diem, that is higher than the Basic Service Rate plus \$1.75 (maximum amount which can be approved by the County Director/designee). This Specialized Foster Care rate is considered for children with diagnosed medical and/ or emotional/behavioral conditions that substantially interfere with or limit the child's functioning.
- There is no “automatic” specialized approval for any diagnosed condition, including children who test HIV+ or have AIDS. Approval of a higher per diem is to meet the special needs of a child, and to reimburse the provider for the extra services required to care for the child. A home should ideally provide care for one child with a specialized per diem rate. However, depending on the severity of the child's condition and the complexity of the child's treatment needs, a home should never serve more than three children receiving a specialized per diem waiver.
- Applications for funding are reviewed at the local and state levels to ensure that procedures are being fairly and consistently applied statewide. Renewal of the state's approval is required. Depending on the needs of the child, the special per diem may be decreased, continued or increased at each review.

Clothing



- ☐ Clothing (Initial) -- Initial clothing may be purchased during the first



six months of the child's placement in foster care. A child coming from another foster care placement is expected to bring his clothing with him. Therefore, initial clothing allowances do not apply. The maximum amount of money allocated for initial clothing is \$150.00 for birth through 12 years of age and \$300 for ages 13 and over.

☐ **Clothing (Annual)** --An Annual Clothing allowance of **\$200.00** per **state fiscal year** is available to any child placed in Family Foster Care (FFC /CPA) and a relative home (relative may or may not receive a per diem or relative care subsidy - RCS). The allowance may be charged all at one time or in incremental amounts as long as the maximum is not exceeded. Annual Clothing is not claimed in the same **calendar** year in which a child enters care. ***Example:** A child enters care October 2003 and is eligible for and receives incremental amounts of Initial Clothing over the next six months. During SFY 04 (July 1, 2003 - June 30, 2004), the child is eligible for Annual Clothing. Annual clothing may not be purchased for any of the months in 2003 because the child entered care in 2003. However, purchases may be made any time from January 1, 2004 through June 30, 2004.*

Speak with your Case Manager regarding any unusual clothing requirements for the child in your home, and always obtain agency approval *prior* to making clothing purchases that require reimbursement. Maintain receipts and submit them along with the monthly invoice for reimbursement.

Child Care Expenses

There are two ways for childcare expense to be paid. First, childcare services (Supplemental Supervision) through the **Childcare and Parent Services (CAPS) program** are available for children in **DFCS foster homes** (regular and relative) that require regular predictable childcare **while the foster parents work**. Reimbursement for care (as well as registration fees) is paid directly to the Childcare provider through the CAPS payment process.

Second, Regular Supplemental Supervision pays for **regular or temporary childcare** when a child is placed in a relative or regular foster home, and the foster parents or relatives work outside the home. It also pays in the following circumstances: the foster parent attends DFCS agency required foster parent training; the child

is placed in an out of state foster home or special circumstances exist. If Regular Supplemental Supervision is appropriate for the child or situation, instructions are provided by the case manager on how you will obtain reimbursement for childcare services.

In either case, DFCS pays a set fee for childcare expenses and registration fees. Care of the child is for less than twenty-four hours a day and may be purchased from the following providers:



1. Licensed/certified center-based care
2. Licensed/certified group home care
3. Registered family day care
4. In home out-of-home care (caregiver keeps less than three children and is unlicensed)

Foster Parent Training Costs

Registration Fees for Training-- The cost of registration fees for agency-approved training may be reimbursed if prior approval was obtained.

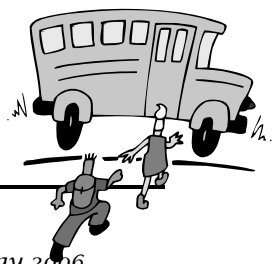
Travel Cost/Lodging/Meals – The cost for travel, lodging and meals incurred in pursuit of approved agency related training may be reimbursed.

Swimming and Basic Water Rescue Lessons- Foster parents whose homes have in-ground/above-ground swimming pools, or whose homes are on waterfront property, and any children placed in their home, are required to complete a swimming course taught by a certified swimming instructor. In addition, foster parents are required to complete a course in Basic Water Rescue. Check with the local Red Cross to see if and when such courses are offered. Foster parents are reimbursed for these water safety-training expenses.

CPR and First Aid Training- Foster parents approved to serve DFCS children are required to complete CPR and First Aid training during the first year of service, and to keep certification current thereafter. This required training is reimbursable.

Educational Costs

Educational Related Costs- Youth in junior/senior high, vocational school or college who receive services



through the Independent Living Program may also receive funds for educational expenses. These may be paid up front by the agency or reimbursed to the foster parent. To learn more about reimbursement of educational expenses for youth who are involved in the Independent Living Program, contact your DFCS Independent Living Coordinator or Case Manager.

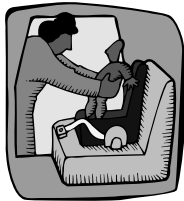
High school expenses include:

- Summer school fees
- Educational youth conferences/training and related expenses
- Books and supplies, tools and equipment, uniforms and supplies for training
- Graduation fees
- Driver's Education
- Tutoring

College/vocational related expenses include:

- Tuition
- Registration and fees not related to health or insurance
- Books
- Supplies, tools and equipment
- On-campus housing costs
- Driver's Education
- Tutoring, and testing (SAT, LSACT, ACT, etc.)

Child Safety/Restraint Devices



Child Safety Seats -- Georgia's Child Safety Seat Law requires that children six (6) years of age and younger must be transported in a federally approved child safety seat. The seat must be installed and used according to the manufacturer's instructions.

Foster parents are reimbursed for the pre-approved purchase of car seats. If purchased for a specific child, the car seat "belongs to the child." When the child outgrows the seat, the agency may make it available to other children who may be in need of a safety seat. Foster parents should make the child's Case Manager aware of the need for advance funds if the purchase of car seats poses a financial hardship. See Appendices Section for additional information on selecting safety seats.

Safety Helmets- State law prohibits any child under the age of sixteen (16) from operating a bicycle or riding as a passenger on a bicycle on any road, bicycle path or sidewalk without

wearing a helmet that is properly fitted and securely fastened.

DFCS requires that all minors in care wear helmets when operating or riding as a passenger on a bicycle. Foster parents are reimbursed for the pre-approved purchase of safety helmets.

Medical Costs

Most medical, dental, psychological, and therapeutic services are covered under Medicaid or state funds. The child's Case Manager should provide a list of Medicaid providers that can provide these services to the child.

Unusual Medical/Dental Expenses-- When



children are ineligible for Medicaid or receive medical services not covered by Medicaid, the state must bear the full expense. Unusual medical/dental covers the cost of such services and is used as a last resort. Always consult with the child's case manager prior to obtaining a service when in doubt as to whether Medicaid covers it.

Non-emergency Medical Transportation (NET) --

Foster parents often drive their children to medical appointments. Depending upon the present availability of funds, you may be reimbursed for this. The Case Manager can clarify the current procedure in your county for NET reimbursement.

Obtaining Reimbursement

The following general procedure should be followed in obtaining reimbursement for out-of-pocket expenditures.

- Obtain prior permission to be certain that the expenditure is reimbursable.
- Retain receipt(s) after making purchases or payments; make copies for yourself.
- Attach receipt(s) to Form 526, Foster Care Invoice.

Submit receipts along with invoice, according to agency procedure.

Notes: _____



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Reimbursement Table

EXPENSE	\$ AMOUNT	PURPOSE	REIMBURSEABLE?	Action
Maintenance and care of child (per diem)	Varies with level of care	Established cost of care for child	Yes	Mo. Per Diem payment made
Initial Clothing allowance	Up to \$150 (0-12 yrs.) Up to \$300 (13- over)	To purchase basic wardrobe items	Yes	Prior approval required
Annual Clothing allowance	\$200.00 annually	To replenish clothing	Yes	Prior approval required
Unusual medical/dental/mental health services	Varies with need	Covers services not covered by Medicaid	Yes	Prior approval required
Child Care (supplemental supervision)	Varies with provider	Pays for child care during work/training	Yes	Prior approval required
Educational (high school)- books, supplies, summer school, tutorial, Drivers Ed, tutoring, graduation fees, etc.	Varies with individual student needs	Covers special educational costs	Yes	Prior approval required if reimbursement needed
Educational (college) – tuition and other fees, books, supplies, housing, Drivers Ed, tutoring, tests, etc.	Varies with individual student needs	Covers special educational costs	Yes	Prior approval required if reimbursement needed
CPR/First Aid/Swimming/ Basic Water Rescue training (completion of course)	Varies with provider	Enhance the safety options for child	Yes	Certified instructor
Child Burial (DFCS routinely takes care of this procedure and expense)	Up to \$1000.00 allocated for child's burial. Other funding may be explored	To provide for proper burial of child in care	Yes	Coordinate with agency prior to volunteering to cover any costs
Child Restraint Devices	Varies slightly	To enhance child's safety	Yes	Coordinate with case manager
Safety helmets	Varies slightly	To enhance child's safety	Yes	Coordinate with case manager
Required drug screens, physicals, lab tests, finger prints	Varies with providers	Supports and assures the maintenance of quality foster homes	Yes	Coordinate with agency
Fees for approved/ required agency related parent development training	Varies with training	Supports and assures the maintenance of quality foster homes	Yes	Coordinate with agency- prior approval required
Travel cost, lodging, meals incurred in pursuit of training	Varies with situation	Supports and assures the maintenance of quality foster homes	Yes	Coordinate with agency – prior approval required
Vacation expenses incurred on behalf of child	Will vary with situation	To enhance child's life experiences	Generally, NO	Discuss affordability with case manager
Recreational Activities	Varies with situation	To enhance child's life experiences	Generally, NO	Discuss options with case manager

Insurance

A. Liability Insurance Coverage

The Division of Family and Children Services purchases self-insurance to cover certain civil liabilities of foster parents. The policy provides coverage only in respect to your activities in your actual roles as foster parents.

1. The foster parent is covered in the event a foster child is injured and a claim or lawsuit is brought against the foster parent by the birth parent or child's guardian.
2. The foster parent is covered for "incidental malpractice" for failure to provide necessary medical care, therapy, proper diet or other medical needs of the foster child.
3. The foster parent is covered for personal injury claims such as libel, slander, and false arrest. (Wrongful eviction or entry and alienation of the affections of the foster child from his/her birth parents.)
4. The foster parent is covered for injury or damage caused by a foster child to others for which the foster parent is held responsible.
5. The foster parent is covered in the event he breaches a contract (written or oral) entered into in conjunction with his/her activities as a foster parent.

B. Property Damage Insurance

Foster Parent's Property Insurance Coverage:

The Division of Family and Children Services also provides insurance to cover damage to the personal property of foster parents caused by the foster child in their care. It will cover the loss of property in excess of **\$100.00** to a maximum of **\$1000.00** for each incident. **The deductible for this insurance coverage is \$100.00.** The original bills for the

repair/replacement of the property must be attached to the claim for insurance coverage.

C. Exclusion

Some of the major exclusions, or situations not covered, under these policies are:

1. Damage to a foster parent's property caused by a foster child under the amount of **\$100.00 or over \$1000.00.**
2. Bodily injury or property damage arising out of the business pursuits of any uninsured.
3. Bodily injury or property damage arising out of the operation, ownership, maintenance, use of entrustment to others of any vehicle, with or without the permission of any foster parent. Such vehicles include any automobile, motorcycle, midget automobile (kart, go-kart, ATV, etc.), snowmobile, aircraft, sailboat or other watercraft with more than 50 horsepower inboard or 25 horsepower outboard.
4. Liability assumed by the insured under any agreement, other than a written agreement relating directly to the car of a foster child or to the foster parent's residence.
5. Any obligation for which the insured would be covered by workmen's compensation, unemployment compensation or disability benefits law or any similar law.
6. Liability resulting from any criminal or illegal act of any insured wherein he/she has been found guilty in a criminal prosecution or has entered a plea of guilty or nolo contendere to a criminal act.

Since certain claims you may have are covered by a homeowner's or automobile insurance policy, you must also report all claims to your homeowner's or automobile insurance agent, if any.



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You, the foster parent, must immediately notify the local Department of Family and Children Services of any incident, accident or situation likely to result in a lawsuit or claim against you. Your case manager will obtain from you all the necessary information and notify the State Office and the Department's insurance claims office of the incident.

The per diem and other expenses of the child reimbursed to you by the County Department are not considered income and are not taxable according to the U.S. Internal Revenue Service. Remember that your best course of action as to how to treat children placed in your home when filing income taxes is to consult with a tax advisor.



Section Eight

Health and Development



Medical Care

When a child is in foster care, the county department acts as a legal custodian and exercises rights to determine the nature of care and treatment of the child, including routine medical and dental care. DFCS must sign any consents for medical or dental treatment.

During pre-placement planning and at the time of placement, the child's case manager will provide you with information about the child's physical and mental health. In certain instances, this information is not readily available and, as a result, will not be available for you at the time of the child's placement. If this is a child's initial placement, the Case Manager or CCFA provider will arrange for a Health Check within 10 days of the child coming into foster care. In either case, the Case Manager will provide you with information regarding the child's physical and mental health as soon as possible. For newborn infants, hospital and other medical records should be more readily available.



You will be asked to assist the case manager in obtaining routine medical care according to the Health Check (formerly EPSDT--Early Periodic Screening and Diagnostic Testing) schedule of screening (at least 1 each year). The periodicity schedule is as follows:

Age	Appointments
Birth to 1 Year	2-4 weeks; 2-3 months; 4-5 months; 6-7 months; and 9-10 months.
1 to 6 Years	12-13 months; 14-15 months; 16-19 months; 23-25 months; 3 years; 4 years; and 5 years.
6 to 21 years	6 years; 8-9 years; 10-11 years; 12-13 years; 14-15 years; 16-17 years; 18-19 years; and 20 years.

Children covered under Medicaid are automatically enrolled in the Health Check program. Children who are not Medicaid eligible will receive their routine health screenings from a

private health provider. You should be receiving the child's Medicaid card at the beginning of each month. The agency will provide you with a list of service providers in your area who accept Medicaid. You may also request a list of Medicaid providers from the Case Manager if you did not receive one earlier.

Since you will be providing the day-to-day care for the child in your home, it is recommended that you go with the child for health examinations and treatment. Your case manager will provide you with any information needed by the doctor or other medical provider. It is important that you keep the child's case manager abreast of any information received, verbal or in writing, from the doctor or medical provider.

You will need to discuss the illness of a child and any need for treatment with the case manager. In case of serious illness, take the child to the emergency room of a hospital if you cannot reach the child's physician for instructions. As soon as possible, notify the case manager at the agency or through the emergency number given you. If hospitalization is necessary, the agency must provide the necessary authorizations.

Most of the children in foster care are Medicaid eligible and will be covered for in-patient hospital care. Payment of in-patient hospital costs is authorized for children who are not Medicaid eligible. Expenses not covered by Medicaid are paid for out of state and county funds. Due to the limitation of these funds, we must take advantage of facilities which provide services at free or reduced costs, such as Grady Memorial Hospital, Talmadge Memorial Hospital, other general hospitals, Children's Healthcare of Atlanta (Scottish Rite/Eggleston Hospitals), regional mental health hospitals, Children's Medical Services (public health), etc. Whenever possible, the local health department is used for health screenings, immunizations, and other procedures such as skin tests or X-rays for tuberculosis. If you receive any medical bills not covered by Medicaid for a child's examination, treatment and prescriptions, attach them to your invoice (Form 526) at the end of the month.



Dental Care

Routine dental care should begin by age 3 and may be obtained through public or private (Medicaid) providers. Routine examinations should occur at least annually and all corrective treatment completed. If the child's health history indicates that dental care has not been provided or has started but could not be completed before placement, you should discuss with the child's Case Manager plans to initiate or complete the recommended treatment.



All non-Medicaid expenses must be paid out of state or county funds, except when there is a public or private clinic available to the child at no cost.

The Ben Massell Dental Clinic will provide orthodontic services for the Metropolitan Atlanta children in care. If you receive bills for dental care from a private dental care provider, attach them to your invoice at the end of the month. Additional information regarding procedures for dental care will be shared with you by the Case Manager. Orthodontic care (braces) may be available if the health of the child will be adversely affected without treatment.

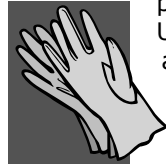
Specialized Services

Some children require special health services. For example, there are some children who need psychological or psychiatric evaluations and treatment. Some children have speech defects, hearing impairment, reading and learning disabilities, and problems related to mental retardation. There are some children who need unusual dental or eye care. Your Case Manager will help you to identify and select places to go for help. Resources in your community may include:

- School counselor
- Special clinics such as Kiwanis Clinic, Easter Seal, Children's Medical services and others
- Mental health clinics, speech therapists, psychologists
- Community volunteer resources

Universal Precautions

Universal precautions, as defined by the Center for Disease Control, are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other blood borne pathogens when



providing first aid or health care. Under universal precautions, blood and certain body fluids of everyone are considered potentially infectious for HIV, HBV and other blood borne pathogens.

Universal precautions apply to blood, other body fluids containing visible blood, semen, and vaginal secretions. Universal precautions do not apply to feces, nasal secretions, sweat, tears, urine, and vomit unless they contain visible blood. Universal precautions do not apply to saliva except when visibly contaminated with blood.

Universal Precautions include:

1. Wash hands after diapering or wiping a child's nose, before preparing or eating foods, after using the bathroom, and after any cleaning.
2. Wear latex gloves when you come into contact with blood or blood-containing body fluids, such as when diapering, and when you have abrasions on your hands. Never reuse the gloves.
3. Clean all surfaces and the children's play areas with a disinfectant on a regular basis.
4. Teach children not to touch anyone else's blood.
5. Do not allow sharing of toothbrushes.
6. Avoid placing your fingers in a child's mouth.

Remember hand washing is the cornerstone of infection control. Good practice includes washing your hands after helping a child with toileting or diapering; after wiping runny noses; when preparing to assist with eating or feeding, or after accidental contact with blood or blood-tinged fluids.



Early Intervention Because
Babies Can't Wait

Medical Emergencies and Nights/Weekends

Call the child's doctor. In case of serious illness when you cannot reach the doctor, take the child to the emergency room. Immediately notify the



case manager at the emergency number provided.

Child Development

Your daily observations of the child's developmental progress will prove to be very beneficial to the Case Manager and others providing services for the child. When a child enters care, the Case Manager will obtain as much developmental history as possible from the parent, extended family, and medical records. The age at which a child masters developmental milestones can provide valuable information regarding the child's medical status and other needs which may require special services. The earlier these needs are identified, the greater the likelihood they can be corrected or at least prevented from further deterioration. The child's health provider will complete developmental assessments during scheduled screenings. See Developmental Charts in the Appendix.

Children 1st and Babies Can't Wait

Because children in foster care have a higher prevalence of physical, developmental, dental and behavioral health problems, DFCS collaborates with the Division of Public Health (DPH) to specifically address this concern. As a result, all children in foster care age five and younger must be referred to DPH's Children 1st program. Children 1st will collect information on health needs, make and follow up on referrals as needed, and maintain a health history on children. Children under the age of three may also be eligible for services through Babies Can't Wait (BCW). BCW is Georgia's statewide interagency service delivery system for infants and toddlers with developmental delays or disabilities and their families.

HIV Testing of Children

If a child has signs or symptoms that may be consistent with HIV infection or whose history may pose risk factors for acquiring HIV, he/she must be evaluated by a medical professional to determine if testing is necessary and appropriate. Risk factors include

- ❑ A person from a high-risk group sexually abused the child.
- ❑ The child has engaged in sexual activities with high-risk partners.
- ❑ The child has a history of IV drug usage.

- ❑ The child was born to a parent from a high-risk group.
- ❑ The child is a hemophiliac.
- ❑ The child received a blood transfusion prior to April 1985.

HIV Test Results

Almost all children who have become infected with HIV are infected prenatally by their mother. The maternal HIV antibody is present in children up to age 18 months, which results in a “false positive” for the HIV virus. A “true negative” finding can only be made 18-24 months following birth, at which time the child seroconverts to his/her own antibody status.

Notes: _____

[illegible]

Section Nine

Safety





Babysitters

Unreimbursed Substitute Caregivers

*For the purpose of this section, supervision refers to in-home or out-of-home, unreimbursed childcare; **occasional care** means care provided once a week or less with no more than three occurrences regardless of the timeframe; **routine care** means care provided more than once a week, usually at designated times; **short-term care** means less than four hours.*

Responsible supervision of children in foster care is required at all times. The Child Protective Services standards regarding the supervision of children in the homes of their parents or relatives are not applicable to children in foster care placement. Standards of care for children in foster placement are stricter due to the uniqueness of their situation, past experiences and the need to ensure their safety in out-of-home placements. This is the primary basis for the pre-service preparation and in-service training program (Continued Parent Development) for foster families.

Foster parents must provide or arrange for care and supervision appropriate to the child's age, level of development and individual needs. A plan is established by the foster parent for the care and supervision of the child, as needed, by a competent and reliable adult in their absence due to employment, training, or for personal situations.

Substitute caregivers providing **occasional**, short-term, in-home/out-of-home childcare are not required to undergo CPS screenings. However, upon completion of the third occurrence of care for any foster child having been placed in the home (regardless of timeframe), the "occasional" provider becomes "routine" and is subject to the requirements below.

Substitute caregivers providing **routine** in-home/out-of-home childcare are required to complete Form 316 and submit to CPS screenings, Sexual Offender's Registry, Pardons and Parole and Department of Corrections screening prior to providing care for the child.

Unreimbursed Routine Substitute In-Home/Out-of-Home Caregivers	
<small>This form is used to document routine substitute caregivers. The foster parent provides or arranges for care and supervision appropriate to the child's age, level of development and individual needs. A plan is established by the foster parent for the care and supervision of the child, as needed, by a competent and reliable adult in their absence due to employment, training, or for personal situations.</small>	
Foster Parent Name: _____	County: _____
Substitute Caregiver (SC) Name: _____	
SC Address: _____	SC Zip Code: _____
SC Phone Number: _____	SC Cell Number: _____
SC Maiden or Previously Used Name: _____	
Case Manager: _____	
<small>Review Form 29, DFCS Safety Agreement and any additional supervision, safety and discipline guidelines with the substitute caregiver. Ensure that two copies are signed. (Copy 1 to the SC; Copy 2 to DFCS Case Manager)</small>	
Completed by the Substitute Caregiver:	
<small>Sign below to indicate your agreement to follow the supervision, safety and discipline standards as outlined in Form 29 and as instructed by the foster parent.</small>	
<input type="checkbox"/> I agree to follow the supervision, safety and discipline standards as outlined in DFCS Form 29 and instructed by the foster parent.	
<input type="checkbox"/> I do not agree to follow the supervision, safety and discipline standards as outlined in DFCS Form 29 and instructed by the foster parent. Therefore, I understand that I cannot be a substitute caregiver.	
Unreimbursed Substitute Caregiver Signature _____	Date _____
Forward completed form and 1 signed copy of Form 29 to the case manager who will complete the CPS, Sexual Offender's, Pardons and Parole and Department of Corrections screenings.	
Internal DFCS Use Only:	
<input type="checkbox"/> CPS Screening Completed	<input type="checkbox"/> Department of Corrections Screening Completed
<input type="checkbox"/> Sexual Offender's Registry Screening Completed	<input type="checkbox"/> Pardons and Parole Screening Completed
<input type="checkbox"/> All screenings are negative for the unreimbursed substitute caregiver listed above.	
<input type="checkbox"/> Other _____	
Completed by: _____	Date: _____
<small>DIVISION OF FAMILY AND CHILDREN SERVICES GA, DHR (REV. 3/28/2005) File Original in Foster Parent Record. Provide a Copy to the Foster Parent</small>	

Foster parents must be reasonably assured that any substitute caregiver possesses the necessary skills to manage the parenting and/or special needs of the child left in their care and is aware of and agrees to follow agency guidelines regarding supervision, discipline and other safety needs of the child.



Note: Children are not left in the care of other minors. Persons providing reimbursed or non-reimbursed care for children must be at least eighteen (18) years of age or older.

Supervision of Older Youth

Generally speaking, reliable and competent youth, 13 years and older, may be left under their own supervision under certain circumstances and for short periods of time so as not to jeopardize their safety and well-being. At this stage in their lives, many youth are able to benefit from experiences that foster a sense of responsibility, independence and self-control. Situations requiring youth to be home alone after school hours or when foster parents are attending to short-term personal matters are acceptable within the limitations indicated.



The primary factor to consider in determining if youth may be left alone is their ability to function for short periods of time independent of a caretaker. The foster parent assures that the youth is aware of procedures to be taken in case of an emergency and has access to emergency contact numbers, including their own and a nearby relative, neighbor or friend. Other important criteria to consider include the following:

- Length of time in the home.
 - Judgment and level of maturity or development.
 - Demonstration of dependability, responsibility and trustworthiness.
- History of emotional/psychological stability.
- History of running away and other status offenses.
- History of delinquent behavior.
- History of alcohol and substance abuse.
- Number of youth present in the home and their relationship with each other.
- Gender, number and the relationship of the youth to be left alone.
- History of sexual acting out.
- School performance.
- Safety of the home environment (firearm safety, water safety, any other potential hazards, etc.).
- Youth's ability to readily access foster parent or other identified person should the need arise.

The foster parent and Case Manager together must determine the feasibility of leaving older youth alone in the foster home for short periods of time.

Water Safety

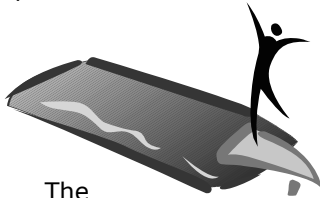
Drowning, according to the National Safety Council, ranks among the highest leading causes of accidental death for children and youth ages 0-24. Foster parents must take extra precaution with children when around large bodies of water. Foster parents whose primary or alternate residence (vacation home, country residence, etc.) has an in-ground or aboveground pool, must comply with the following requirements:

Requirements

- Verbally agree to and sign the Water Safety Agreement.
- Know or learn how to swim.
- Obtain the required CPR and First Aid training during the first year of approval. and maintain certification.
- Complete a Basic Water Rescue class that is designed to prevent and respond to water emergencies within the first year of approval or as soon as the course is made available in your area.



- Provide some form of written verification (letter of verification, certificate, etc.) that the swimming, First Aid, CPR and Basic Water Rescue requirements have been completed.
- Enroll all children placed in the home, three (3) years and older, in a swimming class at the local YMCA or other free or inexpensive facility some time during the first year of placement in the home. The course must be taught by a certified swimming instructor and should be retaken until the child learns to swim. The Case Manager should be contacted immediately if a child is unable to complete the required swimming or water safety course due to mental or physical challenges.
- Complete the child's swimming requirements within one (1) year of placement in the home.
- Refrain from allowing children who have not completed a course in swimming in or around pools and other large bodies of water unless closely supervised by an adult. Provide close adult supervision of children at all times.



The

young children. Fences enclosing pools should be at least forty-eight (48) inches in height with vertical or horizontal openings that are no more the four (4) inches wide.

- Ensure that the pool or waterfront area meets local and/or state ordinances.
- Surround the pool with a fence that is enclosed on all sides (isolate the pool from the yard) and has a gate that locks. The fence should be of sufficient height to prevent the entry of

Aboveground pools- The structure of an aboveground pool may also be used to meet the fence requirement. When the structure is used as a fence, or a fence is mounted on top of the aboveground pool, the pool must be made inaccessible by removing the steps or ladder, or by surrounding the steps or the ladder itself with a fence and a gate that locks. The fence should be at least 48 inches in height, with vertical or horizontal openings that are no more than four (4) inches wide.

- Always provide direct adult supervision where bodies of water exist, this includes the freestanding "kiddy pools" that vary in depth.
- Have children wear a U.S. Coast Guard approved personal flotation device (life vest, jacket, etc.) when on a boat or other watercraft.

Although the water safety policy makes specific reference to swimming pools, extra safety precaution (i.e., close supervision, sensors, alarms, locks, etc.) must also be taken with lakes and ponds, especially ponds that are located on the same property as the foster home.

Guidelines

There are additional precautions foster parents can take to assure the safety of children in and around water. You are also encouraged to check with local medical facilities or go on-line (surf the web) to increase your awareness of water safety strategies for children. Additional steps that may be taken to ensure the safety of children in your care include the following:

- Never leave children unattended near any source of standing water, including bathtubs, swimming pools, hot tubs, or even large buckets of water for infants and toddlers. Children have drowned in as little as one to two inches of water!
- Install self-closing/self-latching devices on windows or doors leading to pool/lake area (if possible), as well as on pool gates.
- Drain and cover pools that are not to be used for an extended period of time.



- Remove pool cover completely when pool is in use to prevent children from getting trapped underneath.
- Remove portable steps to aboveground pools when the pool is not in use.
- Keep a cordless phone at hand (or install a pool-side jack) to prevent having to go indoors "briefly" to use the telephone, leaving children unsupervised.
- Program emergency numbers for quick dialing.
- Clearly identify the deep and shallow ends of the pool.



- Equip the swimming pool or water area with such life saving devices as ring buoys, rescue tubes or other floatation devices such as "water wings", etc.
- Floatation devices should never be used as a substitute for proper supervision.
- Children should never be left unsupervised while in or near water simply because they know how to swim.

*Water or "bodies of water" for the purpose of this policy include streams, lakes, rivers, creeks, canals, swamps, oceans and flooded areas and all pools. Waterfront property includes property that is adjacent to or bordered by water.

Motor Vehicle Safety

Ensure foster parents' awareness and understanding of the following requirements regarding motorized vehicles and safety helmets:

1. Foster parents are required to transport every child placed in their care, under age 6 years, in a federally approved child safety seat that is used in accordance with the manufacturer's instructions.
2. Foster parents are required to transport children 12 years and under in the rear seat of the vehicle, with seat belts buckled up to protect them from air bag injuries.
3. Foster parents are prohibited from allowing children and youth under the age of 18 to ride in the bed of a pickup truck. The County Director/designee may provide *waivers* when children wish to participate in parades, hayrides and similar events.
4. Foster parents must contact the child's Case Manager and comply with all agency policy regarding the driving of motor vehicles by youth in placement prior to allowing the child to operate a motor vehicle.
5. Foster parents are required to take extra precaution in allowing a child under 18 years of age to operate or ride as a passenger on a motorcycle, a motorbike, an all terrain vehicle, 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.**

Note: In responding to a foster parent's request for guidance, the Case Manager takes under consideration the child's psychological, medical and developmental needs and determines the type and safety of the vehicle and its suitability for the child, as well as the vehicle operators and supervision plan. Discuss any restrictions (i.e., no use of public roads, daytime riding only, no racing or hot-rodding) and other safety measures such as helmets, seat belts, floatation devices and any other manufacturer's recommended safety



gear. Children should have reasonable opportunities to engage in play and wholesome recreational activities.

6. All children in care, regardless of age, must be individually secured (one child to a seat belt) by an appropriately fitting seat belt when being transported in a motorized vehicle.
7. Foster parents must never leave children 12 years and younger or children who are medically, emotionally, psychologically, or behaviorally challenged unattended in motor vehicles.

Bicycle Safety

1. Foster parents must provide a safety helmet for any child who is operating a bicycle or is riding as a passenger on a bicycle on a road, bicycle path or sidewalk. Helmets are also required for children when operating or riding as a passenger on other types of vehicles (excluding an automobile), i.e., all-terrain vehicles, motorbikes, small motor craft, etc.
2. Foster parents are required to provide helmets that are properly fitted and securely fastened.



Fire Arm Safety

1. All firearms in the foster home are kept under lock and key and are inaccessible to children at all times. As an added safety measure, any one of the reliable gun-safety mechanisms available commercially (trigger guard lock, etc.) may also be used.
2. All ammunition should be locked away and stored in a separate location from firearms in the home.
3. *Foster parents should never allow children in care to handle any type firearm.
4. Keys to locked storage devices are to be kept in the possession of an adult or reasonably secured from children.

**NOTE:* Youth ages thirteen (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 foster parent or other approved adult. The foster parent/adult is also required to be in compliance with Georgia hunting license requirements. Georgia requires completion of a hunter education course (includes safety guidelines) for all persons born after January 1, 1961. The County Director/designee gives prior approval, taking under 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.

Examples of the types of locking devices that may be employed to protect children from guns include the following:

Trigger Lock- blocks access to the trigger of the gun and prevents the gun from firing. Trigger locks cannot be used on loaded guns. The lock must be removed with a key and then the gun may be loaded, if necessary.

Lock Box – Locks the gun away and limits accessibility. The box must be unlocked for use. The key should not be accessible to children.

Plug/Rod Lock – blocks firing and cannot be used on a loaded gun. Lock must be removed to load gun.

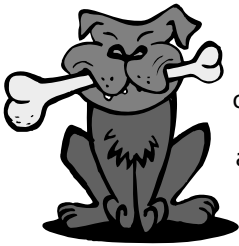
Cable Lock – Prevents ammunition loading and firing.

Other locks – may lock safely and prevent firing of gun. Can be used on a loaded or unloaded gun and provides the homeowner with instant accessibility to the gun, if needed for safety. (A firearm dealer will be able to identify such a lock.)

Animal Vaccinations

Georgia law requires that all dogs, cats, and ferrets be vaccinated for rabies. Re-immunizations are required either annually or triennially depending on the vaccine. Foster homes with exotic animals or wildlife (chimpanzees, snakes, raccoons, large mammals) will require a health and suitability statement from a veterinarian, and approval by the DFCS Regional Director. However, any issues or concerns related to any pet (type, size, quantity etc...) should be thoroughly discussed and documented during the assessment and re-evaluation process.

Dogs



Children, unfortunately, are the primary victims of dog attacks, representing more than 60% of all dog bite cases, according to national statistics. While no specific breed of dog can legally be characterized as “vicious” or “dangerous dogs”, it is important that foster parents are alert to the potential risks and consequences that are forever present with any pet animal. Children are usually bitten by dogs with whom they are familiar – their own, a neighbor’s or the dog of a friend. The bodily areas usually attacked or bitten by dogs include the child’s face, hands, neck and head. Listed in this section are breeds of dogs that, according to the American Veterinary Medical Association, are said to have higher incidences of bites than other breeds.

Some Georgia legislators have made several unsuccessful attempts to pass a law relating to “dangerous dogs.” In the absence of State Law relating to the identification and proper maintenance of dogs that are considered to be “dangerous,” the Department of Family and Children Services has instituted guidelines relative to pet safety in the foster home.


In the interest of the children placed in your home, foster parents are required to exercise reasonable safety precautions when children are around pets. The following should be exercised to promote the safety of the child:

Closely monitor children around pets.

1. Refrain from bringing into the home any type or breed of animal that has a known history of violence and/or aggressiveness toward people.
2. Safely secure animals that have displayed violent and/or aggressive behavior toward people inside a cage, pen, or fence that prevents a child from entering and the dog from escaping.
3. When acquiring a pet for the home, choose a breed or type of animal that has, at the least, a history of being people-friendly.
4. Provide opportunities and instruction to children regarding safe socialization habits with people-friendly breeds of animals.
5. Report immediately to the agency any acts of violence toward a child in care or others by an animal in the foster home.
6. **Carefully review the Appendix information and research other sources for information regarding animal safety.**

General Environmental Safety

Your home environment must continue to meet health and safety standards. Some of the areas that will be observed during monthly contacts and also at re-evaluations follow:

1. Soundness of physical dwelling (address all visible/known dangers: roofing, porches, steps, doors, windows, flooring, etc.)
2. Cleanliness (clothing, furnishings, waste: garbage, trash, animal feces, etc.)
3. Appearance of electrical wiring system, fixtures and outlets
4. Appearance of  gas lines and heating/cooking appliances
5. Availability and condition of running water indoors
6. Availability and condition of toilet facilities indoors
7. Appearance of household furnishings
8. Presence and appearance of external storage facilities and/or environmental hazards such as
 - a. Inoperable vehicles
 - b. Adequacy of fencing/gates
 - c. Access to busy streets and/or highways

Carbon Monoxide

The number one cause of poisoning related deaths in the United States is carbon monoxide. Carbon monoxide may escape from the surrounding land on which a home is built, but it most commonly escapes from defective unvented heating sources in the home such as the following:

1. Gas ovens
2. Water heaters
3. Space heaters
4. Furnaces
5. Wood burning stoves
6. Fireplaces

To prevent problems or fatalities with these appliances, take particular care to see that they are properly maintained and functioning appropriately. The following DFCS requirements are to be observed:

- A carbon monoxide detector is an added safety device and is required in your home should you have an unvented, fuel-fired heater (kerosene, wood-burning, etc.).
- Gas heaters must be vented.

Second Hand Smoke

Particular caution should be taken when smoking in the home. Children who reside with smokers have more upper respiratory infections than most children. When medically fragile care is provided, a smoke-free environment is required.

Fire Safety

All families should have an established plan of action in case of a residential fire or other catastrophe. In order to minimize injury to members of your household, foster parents should take the following fire safety precautions:

- Install smoke detectors on all levels of the home, in the kitchen and near bedrooms. Check smoke detectors on a regular basis and change batteries twice a year, preferably during the fall and spring months when the time changes.
- Smoke detectors should be installed on the ceiling or 6 to 12 inches below the ceiling, if possible, every 40-50 feet on each floor of the home. Do not install detectors above "drop ceilings."



- Fire extinguishers may be kept in the kitchen area to be used in putting out cooking related fires. Familiarize yourself with manufacturer's instructions.
- Identify potential exit points in the home in case of a fire. Make household members aware of each.
- Inform newly placed children, depending upon their level of development, of the family's fire safety plan.
- Conduct a fire drill at least twice a year at least. Instruct family members how to exit a burning, smoke-filled structure: Stay low (smoke and heat rise), cover nose and mouth with a handy cloth, and crawl out.
- Consider keeping a strong hemp rope with a slipknot or some other safety device in a safe location for easy retrieval if rooms are located on an upper level. Check with your local fire department for additional information on how to safely exit from upper level areas of the home.
- Specify a meeting place outside the home for family members.
- Call or have neighbor's call 911 immediately.

Other sources for obtaining fire prevention measures include local fire, health and medical services, and County Extension Services.

SIDS & Back To Sleep



The Back to Sleep campaign is suitably named for its recommendation to place healthy babies on their backs to sleep. Placing babies on their backs to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS), also known as "crib death." SIDS stands for Sudden Infant Death Syndrome, is the sudden and unexplained death of a baby under one year of age.

Because many SIDS babies are found in their cribs, some people call SIDS "crib death." But cribs do not cause SIDS.

Facts About SIDS

- SIDS is the leading cause of death in babies after one month of age.
- Most SIDS deaths occur in babies who are between 2 and 4 months old.
- More SIDS deaths occur in colder months.



- Babies placed to sleep on their stomachs are much more likely to die of SIDS than babies placed on their backs to sleep.
- African American babies are twice as likely to die of SIDS as white babies. American Indian babies are nearly three times more likely to die of SIDS than white babies.

Hot Water Settings

The leading cause of deaths and injuries to children at home is accidents. Scalding from hot water is one of the most dangerous of these accidents. Small children are busy and can get to sinks or bathtubs quickly. They can burn themselves severely before they can get out of the water. Infants are unable to move away from hot water if it is accidentally left on too hot or the cold water is unintentionally turned off.

The following chart shows just how dangerous hot water can be.

Severity of Burns

- First Degree Burns – A superficial burn of minimal depth
- Second Degree Burns – Burn extending through the epidermis and into the dermis
- Third Degree Burns – Entire thickness of the skin is burned
-

How can you tell what the hot water temperature is in your home?

First measure the hot water temperature. The best way to do this is to measure it in the morning, before anyone in your home has used any hot water. Turn on the hot water at the kitchen sink and let it run for 2 minutes. Then, using either an outdoor thermometer or a candy thermometer, hold the thermometer in the stream of the water until the reading stops going up. If your water-heater setting is at a safe level (between 120°F and 125°F, or 49°C to 52°C), you don't have to do anything. There is no advantage to setting the thermostat below 120°F (49°C). If your hot water setting is too high, here are some tips on how to find the thermostat and turn it down:

1. Gas hot water heaters usually have a thermostat outside the tank at the bottom. Electric water heaters usually have either two panels screwed to the top and bottom of the tank or one panel along the side of the tank. Thermostats are located under these panels.

2. The thermostat should be set on the "low" setting or within the "energy efficient range." If the temperature at the kitchen sink is too hot at this setting, adjust the thermostat to a lower setting.

After changing the thermostat setting, you can test the hot water temperature again about 24 hours later. If you test it in less than 24 hours, you will not get an accurate reading. Continue to test the water temperature and adjust the thermostat setting until the water is no hotter than 125°F (52°C). If you get it below 120°F (49°C), then turn it back up slightly.

Notes: _____

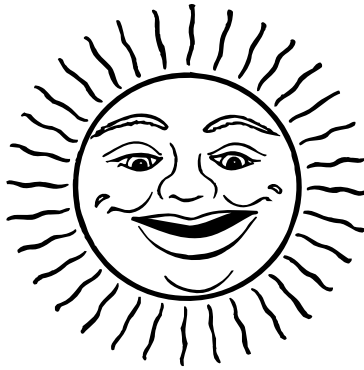
Temperature	Time Required for Third Degree Burns
120°F	5 minutes
125°F	2 minutes
130°F	30 seconds
140°F	5 seconds
150°F	2 seconds
160°F	1 second



Section Ten

Daily Life





Child's Property

The personal items the child brings with him or receives from his parents -- regardless of their condition, appearance, or cost -- are very important to him. The child should have control of such articles and have access to them unless they pose a danger to him or others. The child should not be expected to give them up or value them less, and should never be criticized because of his attachment to such things. Packing items the child is not using in "his special box" may satisfy the child's need to secure his belongings and the foster parent's desire for order in the home. If the child's lack of orderliness is a major concern, use this as an opportunity to teach him how to care for and store personal belongings.

Clothing

Children should be dressed in clean, serviceable clothing that is appropriate for their size, age, gender and the occasion. Any exception to this would be at the child's request. Nothing shatters a child's self esteem more than being teased by his peers because he is inappropriately dressed. Children who may have few positive attributes in their favor would benefit greatly from the attention you give to their personal appearance. Talk with the child's Case Manager about any unusual clothing circumstances.

During the placement, you and the case manager will determine the adequacy of your child's wardrobe. When appropriate, the case manager will authorize you to purchase initial or annual clothing. Always obtain approval from the child's case manager prior to making out-of-pocket clothing purchases. Receipts, as defined by the county, are required for reimbursement.

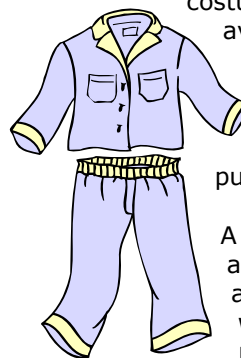
✦ **Initial Clothing:** Clothing which may be bought within six months of a child's first placement in foster care. A child who moves from one foster home to another is expected to take his wardrobe with him. The maximum allowable amount for initial clothing is determined by State policy.

✦ **Annual Clothing:** Clothing which may be bought to replenish a child's wardrobe. Annual clothing may not be purchased in the same calendar year in which a child enters care. A child entering care in the year 2005

is not eligible for annual clothing allowance until January 1, 2006. The ideal time to utilize the annual clothing allowance is at the beginning of the school year, if applicable.

✦ **Replacement Clothing:** Items of clothing that replace worn and outgrown articles may be purchased with portions of the per diem, which are allocated for this purpose. Your case manager may assist you in locating resources to replace items of clothing in the child's wardrobe that are no longer serviceable.

✦ **Special Clothing:** Items of clothing that are not considered to be a part of the normal, day-to-day wardrobe. Special clothing includes Scout uniforms, cheerleader costumes, graduation caps and gowns, costumes for plays, etc. As the availability of funds for special clothing is dependent upon the County DFCS budget, approval from the case manager is required before purchase.



A child's clothing is included among his personal belongings and should be taken with him when he is moved to another placement. Clothing that the child has clearly outgrown, but is in good repair, may be saved for other children coming into your home. This, of course, should be done with the agreement of older (school age -- or younger for children who are more mature) children who may want to hold on to an item of clothing that has sentimental value.

Media

Permission must be obtained from DFCS before a foster child can be involved in any newspaper articles, photographs for the press or TV and radio programs that would identify the child as being in foster care.

Mail

Sending and receiving mail are important to children. Opportunities should be provided for this, if possible, even if the mail has to be sent to



the agency and then mailed off to the parent. Mail should never be opened or read by anyone other than the addressee without express permission. Any concerns regarding the contents of mail received by the child should be shared with the case manager.

School

If the child was enrolled or participated in a pre-school or early intervention program prior to the child's placement in care, the case manager will assist the foster parent in locating another program that adequately meets the child's needs. Georgia law requires that children from age 6 years to 16 years attend school. A child of school age will be enrolled in school by the foster parent within two days of placement. The case manager will provide information and documents needed for enrollment. You will fill the parenting role for the child in school. However, there will be some instances where the case manager will need to be directly involved with the school.

Items required for enrollment depend upon the child's age, grade level and circumstances. These may include the following:

1. Certified copy of child's birth certificate
2. A current immunization report
3. An ear, eye, and dental report
4. Proof of residence (your current utility bill)
5. A copy of current grade transcript or report card
6. Other items as indicated by the receiving school.

You will also be expected at a minimum to do the following for your child in school:

- Checking on and/or assisting child with homework.
- Signing various requests, report cards, etc.
- Attending and sharing in PTA and other school functions and activities.
- Advising the case manager of the child's progress in school, grade reports, notes



from the school, teacher conferences, or your own observations.

- Providing a suitable place for the child to do homework. There should be a certain time of the day -- understood by the child and expected by you-- that the child routinely completes homework.
- Keep an account of the child's school expenses and include these along with copies of receipts with your invoice.
- Serve as a surrogate if the child receives special education; and
- Advocating on behalf of the child.

Problems such as truancy, emotional problems, and special education needs require the involvement of the Case Manager, the foster parent, and the school.

Any issues regarding private school enrollment or home schooling are to be discussed with the Case Manager.

Creating An At-Home Learning Environment

Children often learn more from what they observe in their environment than from verbal instruction. Foster parents can create an environment in their home that encourages children to want to learn. Some of the measures you can take to achieve this include the following:

- ❑ Have a variety of books, including those for children, in your home. Many books in good condition may be purchased for little or no cost from second hand stores, yard sales, during sales at bookstores, or at local schoolbook depositories. Encyclopedias may also be purchased at these locations. Obtain a library card for the child also.
- ❑ Read to younger children.
- ❑ Let children observe you reading the newspaper, books and other materials.
- ❑ Encourage children to express themselves verbally. They may share information regarding their school day, a field trip, their feelings and other experiences that occur from day to day.

- ❑ Have children discuss their thoughts about lessons being taught as they watch television shows geared toward their level.
- ❑ Identify days or evenings or special hours for reading or board games only – no television!
- ❑ Establish a special place for studying, homework and reading.
- ❑ Keep on hand paints, crayons, markers, clay, glue, and other colorful odds and ends in your home.
- ❑ Encourage creativity. You can use inexpensive frames and matting made of construction paper to display children's artwork
- ❑ Display children's work on the refrigerator or elsewhere in the home.
- ❑ Support and encourage children's hobbies such as collecting, making or building things.

Religion

It is important that children be provided opportunities for moral and spiritual development. However, this should not conflict with the preferences of older children, particularly when there is a significant philosophical difference in religious beliefs, or with birth parents when rights have not been terminated. This can be a very delicate area, and should be discussed with the case manager.

Gifts

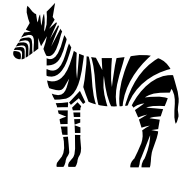
Foster parents frequently provide children with gifts, such as bicycles, dolls, skates, clothing and the like. However, you are under no obligation to provide the child with these items; but neither is the giving of such gifts discouraged. It is important that gifts be given with no strings attached. Let the child know the gift is his and that he can take it with him if he should leave your home, no matter what the circumstances.

Social and Recreational Activities

Recreation is an important aspect of a child's development. It provides opportunities for self-expression and aids in the development of a positive self-identity through personal achievement. Recreation also provides a positive emotional outlet for children as well as opportunities to develop such traits as sportsmanship, fairness, cooperation, self-control and others. Foster parents should observe children closely and encourage and support them in their talents and interests.

Children should be given an opportunity, if possible, to participate in activities of interest, such as: dance (ballet, etc.); sports (soccer, etc.); music; art; theatre or other interests. Special events and other outings enjoyed by children may include the following:

- roller-skating
- picnics
- sporting events
- movies
- family reunions
- camping
- theme parks (Six Flags, White Water, etc.)



Children should also be given the opportunity to visit other local places of interest that may enhance their growth and development such as the zoo.

Foster parents should discuss this area with case managers to determine the appropriateness of any questionable activities/locations. In some instances, your local DFCS agency or community businesses and organizations may provide access to activities or events at a reduced cost or free of charge.

Foster parents or an appropriate adult person should accompany children on outings. With your approval, teens (using the criteria discussed under supervision) may be allowed to attend suitable events alone or with peers. Children can be very resourceful in helping to plan their own leisure time activities. This should be encouraged, and may be used as a special treat or a "reward" for continued positive behavior.



Chores

Children typically do not maintain a positive attitude about having to perform family chores. However, these and other responsibilities are instrumental in helping the child develop such character traits as dependability, cleanliness, diligence and responsibility. In deciding what chores you will assign the child to complete, your best guide is what you would expect of your own child at the same age and level of maturity, or what should reasonably be expected of a child at that stage of development. Younger children will require some help with their chores. Try to make this a fun experience for them.

In some instances, certain chores may be assigned to children in order to challenge or strengthen their capabilities. However, the assignment of too many challenging tasks will only serve to discourage or anger the child, and should be avoided. Children should never be made to feel that they have to "earn their keep." Rather, they should be made to understand that as a member of the family, the responsibilities assigned to them represent their share of the overall family responsibilities in the upkeep and maintenance of the home.

Suggested Chores By Age Group

Ages 5 to 6	Ages 7 to 9	Ages 10 to 13
Put dirty clothes in hamper; Help set table; Take clean folded clothes to room; Place dirty dishes in dishwasher; Put toys away; Wipe dinner table.	Previous list plus --Make bed; Feed Pets; Help put away groceries; Set and clear table; Sweep floors; Rake leaves; Wipe up spills.	Previous list plus—Pour beverages for meals; Make lunch for school, Unload dishwasher; Sort and fold laundry; Clean room; Take out trash; Wipe countertops.

from "Mrs. Clean Jeans Housekeeping With Kids"

Allowance

Giving a child an allowance is helpful in teaching them the value of a dollar. It also promotes independence and responsible decision-making. Check with your case manager to see if a reimbursable amount for allowance is available.

Trips and Vacations

Whenever a child is away from the foster home, the county must have information about the child's whereabouts in the event of a birth family emergency. Your county DFCS agency provides approval for out-of-town trips. **At least two weeks notice is preferred in seeking permission to take children on out-of-town trips; more notice**

may need to be given for situations requiring parental or court approval.



If you are planning a trip (that includes the child) for **3 days or less**

1. Obtain verbal approval from the child's Case Manager or supervisor prior to taking the child on an out-of-town trip.
2. Provide an emergency contact number where you may be reached.

If you are planning a trip that will last **more than 3 days**, obtain the following from the Case Manager or supervisor.

1. Written authorization for the trip.
2. Written authorization for emergency medical care for the child.
3. Provide the Case Manager or supervisor with an emergency contact number.

If you are planning a trip that requires travel with the child **out of state**, the following must be obtained:

1. Written authorization for the trip.
2. Written authority to obtain medical care for the child, if needed.
3. Written permission from the parent and the court, if the child is in temporary custody. The County Director may grant the above if the child is in permanent custody.

For trips involving **out-of-country** travel, follow the steps above plus



1. A waiver from the Regional Director must be obtained.
2. Passport and immunizations must be obtained, and serious consideration must be given to the fact that Georgia Medicaid, while out of the country, will not cover the child.

Even if you do not plan to have the child accompany you on the trip, the agency should be notified within the required time frame, as the child's continued care during your absence will need to be assured. Arrangements for the care of the child during your absence will be made by the agency or jointly between you and the agency. There is no state reimbursement, other than the usual per diem, for vacations or other trips for a child in care.

Other Trips

The county agency will need to individually evaluate issues such as safety and supervision when requests are being made for children to attend school-related or church-related out-of-town trips, conferences, sports competitions and the like.

Youth Employment

As children grow and mature, they develop an increasing need for independence and self-fulfillment. One means of satisfying these natural developmental needs are through the acquisition of independently earned income – or employment. As a foster parent, you will play a major role in deciding whether employment is the appropriate plan for a teen in your home. The youth's case manager will assist you in assessing the child's overall situation before the two of you come to a mutual decision in the matter. Whenever possible, the birth parents should be involved in the decision.



Use the following questions as a guide in deciding whether employment is appropriate for the teen in your home.

- Will working interfere with the child's school schedule and completion of his homework?
- Has the teen generally been responsible in the past?

- Will the work hours allow the child adequate rest, recreation, time to complete homework assignments etc.?
- Is the work environment conducive to his development?
- With the feeling of growing independence, will the teen still be willing to be accountable to you and the case manager?
- How will his being employed affect his Medicaid and IV-E eligibility?

If you and the Case Manager decide that employment is feasible for the teen, it will be your responsibility as on-going caregiver to watch for positive and negative changes in attitude and behavior and convey these to the Case Manager. The two of you will decide as to the present and future benefits the child will derive from his employment. Having a part-time job will provide a great opportunity for teens to begin learning how to save and budget.

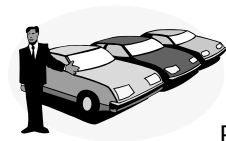
Children and youth are expected as a "family member" to perform routine chores in the home. However, this expectation is not appropriate if the work consumes so much time that the teen is unable to seek employment outside the home. Youth should be reasonably and justly compensated for working in a business that is owned or run exclusively by the foster parents. The foster parent, case manager and the youth should determine the decision as to reasonable compensation jointly.

Driving and Ownership of a Motorized Vehicle

Driving a motorized vehicle is considered a privilege and not a right for youth, including youth in foster care. It represents a significant milestone in their maturation and has a significant impact on their sense of identity and self-confidence. For youth that will be emancipated from the foster care program, driving becomes an important step toward making the transition to independence. The responsibilities of driving involve tremendous social as well as legal implications for the youth, the birth parent, the foster parent or other substitute caretaker, and the agency. The deadly consequences of irresponsible and immature



driving cannot be overemphasized.



Youth in the temporary or permanent custody of DFCS may, under certain conditions, obtain a "Class D Provisional License" at age 16-

17 or Class C Driver's License if age 18 or older. The following procedures should be followed:

- The youth must have made satisfactory progress toward the completion of the written Transitional Living Plan.
- Youth in foster care must be at least 16 years old to drive a motorized vehicle and must have been in care for a minimum of 18 months.
- There must be some indication that the current placement will last until age 18 and beyond.
- A valid Georgia Driver's license must be obtained prior to operating a vehicle, with or without an adult present.
- If parental rights have not been terminated, the birth parent must give written consent by signing Form 9 (Consent for Youth to Drive a Motorized Vehicle) that consents for the youth to obtain a license and/or operate a vehicle. This form also documents the parent(s)' understanding of their ultimate responsibility for any liability that occurs.
- The foster parent or other substitute caretaker must provide written permission for a youth to use their personal vehicle, with the full understanding that their only protection is their own personal insurance.
- The foster parent must sign Form 11 (Acknowledgment of DFCS Driving Policy for Youth in Care) to acknowledge the liability, which is assumed when a youth is permitted to drive, and that the youth is covered by your policy.

Any consideration given to youth operating a motor vehicle should be based on the following criteria:

- The judgment and maturity of the youth.

- The completion of a Driver's Education course or quality informal instruction by a mature adult.
- School performance.
- The intended use of the vehicle (transportation necessity for school, work, training, etc.)
- Previous record of driving offenses.
- History of runaways or other status offenses.
- History of substance/alcohol abuse.
- Completion of a "driving contract" between the foster parent and the youth regarding the general use of the vehicle and any contingencies. The Case Manager or Independent Living Coordinator can provide a sample contract.

Youth over the age of 18 must also abide by the above assessment criteria indicated for youth 16-18 in foster care and, in addition:

- Must have signed Form 7 (Consent to Remain in Foster Care) that reflects an understanding of the youth's responsibility relative to the ownership and operation of a motor vehicle and other liability issues.
- Must be made to understand that ownership of a vehicle is dependent upon their ability to maintain the expense of operating a vehicle, including sufficient insurance protection (at least at the minimum level required by Georgia law).

The foster parent and the youth's Case Manager must work together to see that all requirements are met. The agency director will have to give final approval.

Hair Care



Whenever possible, foster parents are encouraged to consult with the birth parents and the child, if old enough—about the child's hairstyle. Foster parents cannot drastically alter the appearance of a child (hair cut, color, perm etc...) without consulting with DFCS first. As simple as it may seem, changing a



[illegible][illegible]

Section Eleven

Teamwork



Permanency

The placement of a child in foster care is a temporary solution for children and families who are experiencing a crisis in parenting. The primary goals are the reunification of the child and birth family, if possible, and permanency. The Case Manager will work diligently with the birth family to resolve the problems that led to the child being placed and, if those efforts are successful, the child will be returned home. If it is clear over time that reunification is not possible, the Case Manager will pursue other permanency options that were initiated early in the placement. The various options for the permanent placement of the child include:

- birth parents
- other birth relatives
- foster parents
- prospective foster-adopt parents, or
- prospective adoptive parents

Case Planning

You have the right to participate in decision-making and case planning.

You will be kept informed about Case

Plans and given notice of case reviews for your awareness and input regarding future plans for the child. If you are unable to attend, you may provide your observations in writing regarding the child and the supports needed to maintain and care for the child may be provided in writing. Following the initial 30-Day Case Plan, Case Reviews are conducted every six months, or as the case requires. A copy of the completed Plan will be given to you as well as to other parties of interest.

Supporting the Plan to Return the Child to the Birth Parents

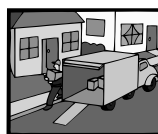
Foster parents often find themselves extremely concerned about a child's impending return to his/her birth parents. In fact, most foster parents have greater difficulty accepting a child's return to the birth family than their placement in an adoptive home with a stranger. Much of this resistance or anxiety stems from the foster parent's awareness of the family situation which resulted in the child being placed in foster care.

Although foster parents are fully aware of the temporary nature of foster care, there continues to be concern for the child's ongoing safety and well-being, as well as concern for the family's ability to rebound from crisis and emerge stronger with improved parental functioning.

Whenever possible, children should have the opportunity to grow and develop within their own family circle. This is where their roots are and is a significant factor in who they are and how they perceive themselves. While you and others provide a tremendous service to children in out-of-home placements, their birth families are also very important to them.

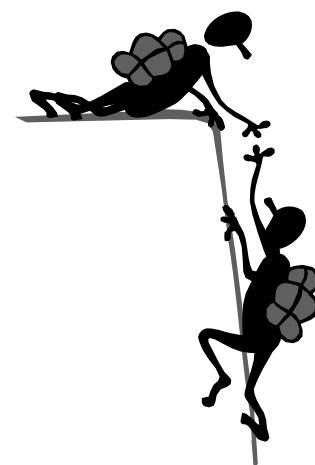
It is helpful to remember that the child who was initially placed with you is not the same child who is being returned home. Hopefully, your role modeling and the care given this child will make a positive impact on his or her newly gained perspective on parenting and family life. The child may be better able to relate to his parents or other caregivers, as well be able to seek help when needed.

Changes in the Foster Home



Any planned or sudden changes in your home should be reported to DFCS as soon as you become aware of them. Such changes include:

- ☐ Moving
- ☐ Telephone number
- ☐ Anyone moving in or out
- ☐ Income changes
- ☐ Employment changes
- ☐ Health changes
- ☐ Increased family stressors
- ☐ Deaths or births in immediate family
- ☐ Any change which impacts your ability to meet the Minimum Standards or parent children in care



Respite



Respite for family foster care providers is a support service to allow foster parents “time away” from their parenting responsibilities. There are two types of respite care: overnight care and day care. Only children in DFCS approved foster

homes and Private Agency foster homes are eligible for this service. Respite care is paid at the child’s current per diem rate, not to exceed five (5) days per child served for overnight respite care and (5) days per child served for day respite care. The respite days may be taken individually or consecutively in a fiscal year (July-June).

Note: Respite care for foster parents attending approved overnight conferences should follow the provider guidelines established. However, these days will not count against a foster parents respite balance.

Overnight Respite Care

This type of respite care is designed to give foster parents a needed break from parenting for such purposes as vacation, hospitalization or any other reason or circumstance which makes the foster parent unable to provide for the child’s care in their home. The respite home provider (DFCS approved foster home or Private Agency foster home) must meet the DHR Minimum Standards for Foster Homes, including the maximum number of children for whom respite care can be provided; i.e., six, including birth, foster and non-related children placed in the home, and the ages of the children served; i.e., no more than two (2) children under age two being served at any time. The primary home receives the respite per diem (UAS 520) while the respite provider is reimbursed from the child’s normal UAS per diem program number.

Day Respite Care

This type of respite care is designed to provide less than 24-hour childcare in order for the foster parent to deal with short-term situations of being away from the home; e.g., hair appointments, unexpected family illness, or any other personal

activities. The respite care provider must meet the same requirements as Supplemental Supervision providers who are licensed center or group based providers; registered family child care homes; legally operating child care programs; informal relative or non-relative providers; or In Home /Out-of-Home providers*. Only children in approved DFCS or Private Agency foster homes are eligible for this program.

- Requirements for In Home/Out-of-Home providers should be discussed with your case manager.

Situations Requiring DFCS Approval

Before agreeing to any MAJOR changes in the child’s life, such as:

- A change of schools (other than normal, such as from grade school to high school);
- A major change in the school program;
- Leaving school;
- Taking jobs other than odd jobs;
- A change in church membership, baptism, confirmation;
- A drastic change in child’s appearance (cutting hair, tattooing body piercing, etc;)
- Obtaining birth control;
- Supporting an abortion; and
- Dating

DFCS approval must be granted.

Case Manager Contacts

At least *monthly*, the case manager, who is managing the birth family’s case plan, will have face-to-face contact with the child and foster parent. At least bi-monthly, the contact will occur in the foster home.

1. Case managers make both announced and unannounced visits with resource families.
2. The following topics will be discussed with your family during visits:
 - Child’s progress and/or needs



- Behavioral and/or management problems
 - Health and safety issues
 - Foster parent's concerns and issues
 - Needed supports, training or services
 - Foster family household/health/or changes
 - Issues in the case plan which pertain to the child and foster parent
3. All significant issues are documented in the foster parent's record.

When to Call the Case Manager

The child's case manager will be in contact with you on a regular basis. You should share information regarding the child's status, including progress and any other needs or concerns. You may contact the child's case manager or supervisor at anytime during regular office hours if there is a need to speak with them between visits. Most agencies have a voice mail system (or a secretary) where messages may be left when the case manager or supervisor is unavailable. Foster parents should also be provided an emergency number for contacting the case manager or designated staff person after working hours. Telephone the child's case manager immediately, or as soon as possible (call the emergency number provided during nights or weekends) if any of the following occur:

- ☐ The child leaves your home without your permission.
- ☐ The child is seriously ill or has been seriously hurt and requires immediate medical attention. Note: Take the child to the hospital emergency room if you cannot reach the child's doctor for advice. The agency will need to complete any authorization forms for payment and hospital records.
- ☐ The child gets into serious trouble with the school, the police, the juvenile court, or anyone else.
- ☐ If anyone, including the child's birth parents, tries to take the child from your home without the agency's permission.
- ☐ If there is any major change or serious illness in your home.
- ☐ If the child's behavior poses a serious threat to the safety of himself or your family.
- ☐ If you feel you can no longer care for a child placed in your home.

Wrap-Around Services

Comprehensive Child and Family Assessment Wrap Around Services provide critical support in placement cases, with the intent of promoting safe and stable families and early reunification. As children enter care, the need for Wrap Around services should be determined in the Comprehensive Child and Family Assessment. If a child does not have a Comprehensive Assessment, or if the need for Wrap Around services does not arise until after the Assessment is completed, services can still be provided.

Unless otherwise noted, services are not to exceed eight months in duration. Services may be used in combination or as separate service components. Wrap-Around services are accomplished through the use of DFCS approved private providers.

Wrap Around Service Areas

SUMMER SAFTEY / SUMMER ENRICHMENT:

Promotes the well-being of children by providing summer enrichment activities. These activities offer stimulating learning and / or cultural experiences in the community. Available June, July and August only.

IN-HOME INTENSIVE TREATMENT:

Provides therapeutic services for a birth family in preparation for the safe return of a child and /or to maintain and stabilize a child's current foster placement.

IN-HOME CASE MANAGEMENT:

Provides case management assistance to birth families in completing the defined goals and steps of their Case Plan.

CRISIS INTERVENTION TO PREVENT PLACEMENT DISRUPTION:

Provides immediate service to stabilize a volatile family situation where the safety of the child is not an issue, but may result in a child's current foster care / relative placement, adoptive placement (pre-finalization) or aftercare placement being at imminent risk of disruption and /or the child being at risk of re-entering foster care.



CRISIS INTERVENTION FOR BEHAVIOR MANAGEMENT:

Provides immediate service to stabilize and manage the behavior of a child, which results in a child's current foster care / relative placement, adoptive placement (pre-finalization) or aftercare placement being at imminent risk of disruption and /or the child being at risk of re-entering foster care.

If you believe that your child in care or your family could benefit from Wrap-Around Services, please contact your case manager.

Independent Living Program

The Independent Living Program (ILP) is a federally funded program that is a permanent part of the foster care system, and is administered through the Division of Families and Children Services.

Who is ILP for?

ILP is available for every youth in the agency's custody starting at age 14.

What is the Purpose of the ILP?

The Independent Living Program was established to assist young people in setting goals and getting ready to move out on their own. The ILP seeks to improve the educational, social and personal outlook of all youth in DFCS custody, 14 years and above, and to work towards youth becoming self-sufficient adults in the future.

Who are the People Involved in the ILP?

"People" are the key to the success of the Independent Living Program. Each person involved has a significant role in ensuring that our youth gain the skills and knowledge needed to function in society. Some of the key people involved include:

- youth in placement
- agency staff
- foster parents
- the ILP coordinator
- birth parents, and
- other community resources

How Can Youth Get Involved in ILP?

The youth's case manager usually provides the initial referral of the youth to the ILP Coordinator within 30 days of the youth turning 14 years old. The initial referral process provides valuable information to the ILP Coordinator (ILC). The case manager and the foster parent will provide on-going information that might impact the independent living plan of the youth. The support and active participation of the foster parent, the youth's Case Manager and ILC are essential in ensuring the participation of the youth in the program.

The active participation of youth in the development of their Written Transitional Living Plans (WTLP), including the development of short term goals, and their motivation and investment in the outcome, increase their chances for successful transition into adulthood after leaving foster care. The WTLP builds on the strengths of youth in care, and identifies needs that impact their skill development.

What Type Services and Activities Does ILP Provide?

A wide range of services and activities are made available to youth through the ILP. Surveys and personal assessment instruments are provided to help youth pinpoint tasks and knowledge regarding daily living skills they already possess, and identifies those areas that require further development.

Throughout the year, youth will be invited to attend a variety of activities. These may include:

Meetings and Mini-Conferences focusing on such topics as:

- Planning for College/Technical School
- Money Management
- Substance Abuse
- Locating and Maintaining Housing
- How to Find and Keep a Job
- Obtaining Proper identification and Documents
- Health Education
- Problem Solving Skills
- Leisure Time Activities
- Awards Banquets for ILP Youth
- Summer Youth Conference (overnight)
- Visits on College Campuses
- Individual Sessions to Develop Personal Goals
- Financial Aid Workshops
- On-going Services

- Educational (remedial education /tutoring, vocational training)
- Daily living skills (budgeting, securing and maintaining housing, nutrition, laundry)
- Employment preparation (job seeking/job retention skills, collaboration with Job Corp, JTPA, Apprenticeship)
- Health maintenance (safety/first aid, sexuality, health education/prevention)
- Counseling (individual, group, peer support, family)
- Parenting skills (pre-natal, child care, child development, discipline)

How Can Foster Parents Support the Success of Youth In Care?

Foster parents play a major role on the Independent Living team, providing youth with appropriate adult role modeling behavior and actively teaching daily living skills. By appropriately handling problems and issues relating to your spouse, friends or relatives, and making daily decisions, the foster parent demonstrates to the youth a real life example of the successful application of life skills. Foster parents also provide youth with hands- on experience in learning practical skills, such as doing the laundry, cleaning house, grocery shopping, budgeting, etc. Most importantly, however, the foster parent can remain as a support system for youth who transition from foster care, but who need a home to return to for visits and moral support.

How Can the Community Assist With the ILP?

The community at large can be a resource for the Independent Living Program in a variety of ways. Other service related agencies can provide support and services to youth; businesses can help provide jobs and job training; donations to conferences and group meetings can be made; speakers and trainers can volunteer to work with youth; and mentors from the community can be trained to provide support and encouragement.

What is the Birth Parent's Role in the ILP?

Birth parents are a key ingredient in the successful transition of youth from adolescence to young adulthood. Although, in many instances

birth parents are no longer involved with youth who have grown up in foster care, there are situations where birth parents do maintain contact. Birth parents can encourage youth to do well and "give permission" for the youth to achieve goals. They also provide an on-going "safety net" should their plans for emancipation and independence fall short. Youth contact with birth parents also helps to bring clarity to the issues surrounding their initial placement in care, and removes some of the fantasy and denial associated with separation and loss.

What is the Role of the ILP Coordinator (ILC) ?

The ILP Coordinator's role is to reach, motivate, lead and locate resources for youth in DFCS custody, and to enable them to make a successful transition to post-foster care living. The approaches taken to accomplish this may differ based on the demographics of the ILC's assigned area. ILCs typically serve an area that includes one or more clusters of counties, with youth scattered along a wide geographical area.

Contact the child's case manager for information regarding the ILC and programs in your area. As a foster parent, if you are providing care for youth who are 14 and over, you will provide an invaluable service by directing and encouraging their involvement in the Independent Living Program.

Parenting Children with Special Needs

You may have given some thought to your ability to parent a child who is mentally or physically challenged during your IMPACT preparation. Foster parents who have had some degree of experience in caring for this population of children will, of course, meet this challenge with a greater degree of comfort than others. Whether you are new to the experience or are a well-seasoned pro, the requirements for successfully parenting children with diagnosed "special needs" are pretty much the same. Children who are mentally/physically/medically challenged are "children" just the same. They must first and foremost be viewed and accepted as growing and developing human beings, with their own unique range of strengths and needs.

Fostering a child who is mentally/physically/medically challenged requires



certain specialized skills and abilities. These may include:

- Your family's ability to accept such a child.
- Your family's ability to assess its strengths and needs in light of the medical and/or maintenance needs of the child; your understanding of the adjustments that will have to be made in your family's lifestyle or routine in order to accommodate the needs of the child; your family's ability to advocate for the child.
- Your family's ability to discuss observations regarding the child's medical and behavioral needs with the Case Manager, health professionals, the birth family, educational staff and others parties of interest.
- Your family's ability to understand and follow through on established plans and requirements for meeting the child's day-to-day needs.
- Your family's ability to understand the child's medical or emotional condition and treatment needs, and how these factors will impact the child's growth and development.
- Your family's ability to maintain a home environment that accommodates the child's special needs, including, availability of on-going supervision by an appropriate adult, physical space, equipment needs, wheelchair accessibility, etc. It is important that the foster family is within reasonable proximity to medical and other resources, and maintains telephone services at all times.
- Your family's ability to be comfortable, yet realistic about the child's strengths and needs; the ability to build on the child's strengths and nurture his or her needs; the ability to bring as much "normalcy" to the child's life as possible.
- Your family's ability to develop and maintain a positive working relationship with a variety of community professionals who will be working closely with you in assessing and providing for the medical and educational needs of the child; your

family's ability to be innovative in accessing community support for the child in your care. (The case manager will also assist you in this area.)

- Your family's ability to manage the child's behavioral needs in a manner that takes under consideration his or her level of development and level of functioning. Families must be willing to seek out and participate in support groups that relate to the child's needs.
- Your family's ability to assist the child in understanding and accepting his disability. As foster parents, you must be comfortable with the child, yet realistic. By facing limitations and problems realistically, you can better help the child to handle his or her feelings about being different yet feel lovable and worthwhile. The ability to build on the child's strengths is of utmost importance.
- Your family's ability to understand the changes that will occur in your lifestyle and the impact the placement will have on the family – individually and as a whole. Your family must realize its own limitations and, in doing so, must be willing to ask for help when needed. You must be an advocate for your own family, as well as for the child.

When asked to take a child who is mentally or physically challenged, find out as much as you can about the needs of the child and the resources that are available to you for support. Have a frank talk with the case manager regarding the agency's expectations of you in caring for the child. Talk the situation over with your family and make an informed decision about providing care.

Re-evaluations

The approval of your foster home is usually granted for one year, but may be terminated earlier if you or DFCS finds it necessary. As the end of the approval period draws near, a case manager who is specifically designated to reassess the status of your home will schedule a home visit with you and your family to initiate the joint re-evaluation of your home.



A re-evaluation of your home can occur before the end of the one-year period if there is reasonable cause. The need to re-evaluate your home prior to the scheduled annual renewal of approval may occur for either or a combination of the following reasons:

- ☐ A discipline or foster care policy violation.
- ☐ The relocation to a new residence.
- ☐ Chronic, inappropriate care and maintenance of children placed.
- ☐ Marriage, divorce or other major life event.
- ☐ Any major change in the household (i.e., other family members having to move in, etc.)

The re-evaluation of your foster home is a joint process that involves you and the assigned Case Manager reviewing the successful outcomes and challenges of the previous year. The maintenance of minimum standards and quality of care provided by you are among the areas reviewed by the agency. You will have an opportunity to provide verbal as well as written input regarding your experiences during the previous year, and the supports needed to strengthen your role as foster parent.

You also have the opportunity to let DFCS know how we have served your family by completing Section 2 of the Foster Home Re-evaluation report.

**Division of Family and Children Services
Foster Home Re-Evaluation**

Section II.

1. What best describes the impact that fostering has had on you and your family?

☐ Very Positive ☐ Positive ☐ Somewhat Positive ☐ Somewhat Negative ☐ Negative ☐ Very Negative

Comments: _____

2. What has been the most positive aspect of fostering?

Comments: _____

3. What has been the most difficult aspect of fostering?

Comments: _____

4. Will your family continue to foster? ☐ Yes ☐ No

If you answered 'no', please explain: _____

5. Do you have any plans to relocate your residence or move anyone in or out of your home (not including placements) in the next 12 months? ☐ Yes ☐ No

If yes, please explain: _____

6. What additional supports do you need to successfully parent children placed in your home?

Form 0-13 Foster Home Re-Evaluation Page 11 of 12 Revised January 05

Criminal Records

Finger printing is required every five years for foster parents and any other person residing in the home who is 18 years and older.

Finger printing is required for new household members age 18 years and older and those already residing in the home who are turning 18 years.

Medical Examination

A medical examination is required every five years for foster parents. Additionally, those foster parents who are age 65 years and older or who have a health problem which impacts parenting, are required to provide an annual health statement.

New household members are required to meet the same medical and/or criminal history checks as required for initial approval of the home.

Following the case manager's re-evaluation and your self-assessment, a decision will be made as to your home's status. If the mutual decision is to continue your home in active status, your home will be approved for up to another year.

Mandated Reporters

Foster parents are mandated reporters. This means that you have the legal responsibility to report to DFCS any suspicion that a child has been or is at risk for abuse or neglect. Reports should be made to your local county DFCS office. Protection as a Mandated Reporter - Georgia Code 19-7-5(f),(g):

Any person or persons, partnership, firm corporation association, hospital, or other entity participating in the making of a report to a child welfare agency providing protective services or to an appropriate law enforcement authority will be immune from any civil or criminal liability provided such a report is made in good faith.

Suspected child abuse, which is required, to be reported by any person by law must be reported notwithstanding that the reasonable cause to believe such abuse had occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law.



Foster parent organizations can prove to be a very important component in our joint efforts to attain goals for children in our care, and in improving the foster care system. If there is no organization in your community, your state association or your county agency will assist you in forming one. Assistance is also available from foster care consultants in the state office and from those foster parents representing your area on the AFPAG Board.

Notes: _____



Section Twelve

Fostering Concerns



Disruptions

Disruption in a foster or pre-adoptive placement is traumatic to all involved. Careful preparation prior to accepting a foster child is crucial in preventing disruption. This includes: pre-service training, an appropriate match of a child with your family and getting complete information on each child to be placed. Once a child is in your home, behavior management may become the focus for helping a child adjust, grow and remain with your family until a permanent plan is realized. Keep a journal. A daily, brief, written observation of the child's behaviors and needs can help in charting regression and progress. At the first sign of disruptive behaviors/indicators, call your child's case manager, and any other collateral to get help. Don't wait until the child is distressed and you are exhausted. Review these tips on getting help:

You have the right to request, upon reasonable notice*, the removal of a child from the foster home without fear of reprisal or any adverse affect on being assigned any future foster or adoptive placements.
*14 days

- ☐ **Seek strength in numbers** – Contact your case manager and seek support from other parents who have had similar problems
- ☐ **Sort out the facts** – What you are experiencing might be a “normal” kid problem. Talk to your case manager or therapist about what is expected behavior for adolescents or toddlers.
- ☐ **Look for patterns** – Take another look at the child's family background and placement history to determine the basis for the current problem.
- ☐ **Keep a log of the major occurrences** – This will be especially helpful when you talk with professionals. It is hard to remember when something happened, how often, with what intensity, etc. Write it down.
- ☐ **Request Wrap-Around Services** (see pg. 71)
- ☐ **Be the parent** – Be assertive, when necessary, to obtain resources, demand assistance, and advocate for the child and your family.

Using your skills, strengths, and supports to analyze a problem and plan an intervention is a process for fixing the responses to behavior, rather than fixing the child. Don't blame the child or yourself – get information and help right away!

If all attempts to support and strengthen the placement are unsuccessful, the case manager

will make arrangements to transition the child to another placement. Your support throughout this process is critical in helping the child make the necessary adjustments so that he/she can move in the least disruptive way.

Placement Changes

When it is determined that it is in the child's best interest to select a permanent placement resource other than the foster home, you must begin immediately to prepare the child and your family for the transition. The child may feel betrayed or want to know why you can't adopt them. This is an important question and should be answered with as much honesty and clarity as you can provide. This helps to eliminate any uncertainties the child might have (i.e., “Am I being moved because I wet the bed or kicked the cat last month?”)

The child needs the foster parent's “permission” to move on to another family. A firm statement that you are not going to adopt and a clear, empathic statement as to why, is the first step in helping the child move on. Next you must give the child permission to go, with positive and encouraging statements regarding the potential placement. Any feelings of grief or anxiety you may experience regarding the impending separation are perfectly normal, but should not be a barrier to the child's placement.

Things you can do to support the child's move to a permanent placement include the following:

- ✓ Accept that the child is moving to a permanent home, and that this is in the best interest of the child—which is what you desire.
- ✓ Have the Case Manager share as much information with you as possible about the prospective family.
- ✓ Provide a Life Book for the child to carry along. See discussion on Life Books (page 36)
- ✓ Write a letter to the prospective parents that details day-to-day information about the child – including routines, habits, favorite foods, favorite toys, school performance, what you have observed as strengths and needs (keeping in mind

that these may change when the child achieves stability), etc.

- ✓ Allow the child to see positive situations of interaction between the prospective parents and yourself, if possible.
- ✓ Make your help available to the prospective parents. Don't force this. Prospective parents may need to feel a greater sense of security or finality as the child's "new parents" before sharing the parental role with you.
- ✓ Talk with other foster parents or the child's Case Manager if you are experiencing any extremely uncomfortable feelings about the prospective parents or your impending separation from the child.
- ✓ Neatly prepare and pack the child's belongings, sending along favorite books, toys and other personal items.
- ✓ Provide a formal or an informal activity in recognition of the child's departure from your family circle. Invite significant people whom the child has come to know and care about.

Now it is time to let go -- to let the child move on -- and make room in your heart and home for the scores of children who are yet to be nurtured and cared for by you. The time and energy, and the love and nurture you've given a child who leaves your home will never be lost. You have given this child an opportunity to experience a sense of well being in a healthy family environment. The time spent with your family has helped to form bits and pieces of the child's social and emotional development that will have a life long impact. As foster parent, you have provided a place of comfort and safety during a very traumatic time in the child's life. In the deepest part of this child's being, you will never be forgotten.

Policy Violations

Violations of foster care policies are actions by a foster parent that breach any foster home approval policy or procedure, but do not constitute abuse or neglect. While generally less severe than an allegation of abuse or neglect, violation of policy may be sufficient grounds for closing a foster home or other action. DFCS

Placement Staff are responsible for assessing discipline and foster care policy violations. Allegations that rise to the level of abuse or neglect are referred to Child Protective Service staff for investigation.

Foster care policy violations are divided into two categories: ***Discipline or Other Serious Foster Care Violations*** and ***Low Risk Foster Care Policy Violations***.

Discipline or Other Serious Foster Care Violations include those acts or situations by the caregiver that pose an immediate or potential risk to the safety or well being of the child in care. These may include, but are not limited to, inappropriate disciplinary measures (both physical/corporal and emotional), violations of supervision, or any other safety requirements that pose serious risk factors to the child.

Low Risk Foster Care Policy Violations do not pose a direct or immediate risk to the safety and well being of the child. This includes the following or similar infractions:

- Lack of required annual in-service training hours.
- Inappropriate utilization of foster home (see Minimum Standards).
- Lack of cooperation in assuming partnership role with the agency in meeting the needs of the child.
- Inappropriate disclosure of confidential information regarding the child.
- Inappropriate use of *acceptable* disciplinary practices (extended periods of discipline, i.e. time out, etc.,)
- Inappropriate assignment of chores or work responsibilities.
- Any, non-disciplinary related violation of foster care policy that does not pose a direct or immediate health or safety risk to the child in the home or that has.

Corrective Action Plans

The purpose of the Corrective Action Plan (CAP) is to support foster parents in the development and utilization of more appropriate methods of meeting the needs of children in care and to clarify the agency and the foster parent's role in



preventing further violations of the foster care policy, thus ensuring the safety and well-being of the child in the home. The CAP serves as a supportive rather than a punitive intervention.

A Corrective Action Plan is implemented following an initial Discipline or Other Serious Foster Care Policy violation that does not have a direct impact on the safety and well-being of the child or when repeated citations for Low Risk Policy Violations require the implementation of a more formal Corrective Action Plan to address the lack of compliance with standards and guidelines.

Form N-4

Corrective Action Plan
A Plan to Support Foster Families/Caretakers in Caring for Children in Placement

Foster Home:
County:

The following plan has been established between the County Department of Family and Children Services and the above named foster home in order to correct and support the prevention of future foster care policy violations.

I. Name(s) of Child(ren) involved in Policy Violation(s), (if applicable)

II. Date of Corrective Action Staffing/Consultation and names and titles of Persons in Attendance
 Date of Staffing/Consultation:
 Names and titles of persons involved in staffing/consultation:

III. Briefly State the Nature of the Policy Violation(s) (i.e., discipline policy violation, lack of supervision, etc.)

Indicate whether this is the first or second Corrective Action Plan for this home.

IV. Approximate Date(s) of Present Violation(s)

Foster Home Investigations

When a report is received by placement staff regarding the inappropriate treatment of a child in a DFCS home, the allegations are immediately reviewed by the Placement or Resource Development Supervisor and forwarded to the Child Protective Services Supervisor for immediate screening if there is any indication or suspicion of possible abuse or neglect.

The County Director and other appropriate staff are immediately informed of the report.

Foster parents may have an Adoptive and Foster Parent Association of Georgia (AFPAG) advocate present at all portions of investigations of abuse and neglect when an accused foster parent is present.

Following the initial investigative contact by CPS, the Placement or Resource Development case manager will contact the foster parent to explain what the next step will be and provide support, clarification and any other service that will not compromise the integrity of the CPS investigation and the safety of the child.

Complaints from the Community

Occasionally, a County Department receives complaints regarding a foster family. These complaints may include reports of severe or unusual discipline, the lack of adequate care and maintenance of the children in placement, caring for extra children, problems with the foster family's own children, health problems in the foster family, inadequate supervision of the children in the home, or unusual traffic in and out of the home. Some complaints may be valid, but others are not.

Without checking further into the situation, the validity of the complaint cannot be determined. Therefore, for everyone's protection – yours, the child's and the agency's – each complaint received by DFCS must be carefully assessed. Keep in mind, however, this does not mean that the agency has accepted the report as true. Your case manager will discuss with you any complaint made against you and the outcome of the assessment.

A good rule to keep in mind in order to avoid complaints from the community is to share your role as foster parents with neighbors. Let them know that "it takes a village to raise a child" and that you welcome their input and observations as neighbors who have "the interest of the child at heart." Introduce the children to your neighbors, and make each child aware of the neighbors' care and concern for their well being also. Each situation is different. Some neighbors may be approached in this manner and others, of course, may not. Use your best judgment in this regard.

In the event the school system sends permission slips requesting authority to administer corporal punishment to children who are in the temporary or permanent custody of the agency, foster parents are to deny such permission.

CPS Investigations

The primary goal of Child Protective Services is



the safety and protection of the child. Hopefully, as a foster parent, your only involvement with CPS will be in the placement. In reality, however, foster parents sometimes find themselves faced with allegations of child abuse and neglect, which result in a CPS investigation of their home.

During the course of the investigation of a foster home for alleged violations of agency policies or acts of child abuse/neglect, you can request an AFPAG advocate for support.

“Child abuse” means any physical injury or death inflicted upon a child by a parent or caretaker by other than accidental means. Neglect refers to a caretaker’s deliberate or chronic disregard of the needs (physical, intellectual, social and emotional) essential to a child’s development as a human being, or the deliberate act of permitting a child to experience avoidable pain and suffering.

When a report of the maltreatment of a child in your home is alleged, the following procedures generally occur:

1. Your county DFCS office has a written internal procedure to assure that the appropriate staff persons are notified when allegations of abuse or neglect of children in foster homes are received.
2. DFCS CPS staff has a mandatory immediate response time (Taylor v. Ledbetter) of 0-24 hours in investigating complaints of abuse or neglect of children in DFCS custody.
3. The report is screened by agency supervisory staff to determine if it meets the criteria for investigation by CPS (the report may be a violation of the discipline policy or other foster care policy violation which requires an assessment by Placement staff).
4. DFCS immediately forwards all reports alleging abuse or neglect of children in agency custody to law enforcement. A joint investigation may or may not be required.
5. DFCS removes the child from the foster home if the child’s safety cannot be

assured.

6. A CPS Case Manager who is not directly involved in services to you will be assigned to complete the investigation in order to maintain objectivity.
7. The CPS Case Manager will be interviewing various persons, including you, the child, Case Manager’s witnesses, and the reporter and, in addition, will review case records, etc., for additional information relative to the case.
8. The county DFCS agency will conduct a staffing with all involved Supervisors and Case Managers to 1) share the results of the investigation 2) review the need to remove the child, and 3) jointly develop a plan of action.
9. If allegations are serious and substantiated, the foster home is closed.
10. If allegations are unsubstantiated, minor, reactive and not chronic, corrective, amenable to change and a Corrective Action Plan is instituted to assist foster parents and prevent further abuse, the home may remain open.

THE FINAL DECISION TO CLOSE A FOSTER HOME LIES WITH THE DFCS COUNTY DIRECTOR.

Removal of A Child

The county department removes children at any time safety cannot be assured in the foster, foster/adoptive, or adoptive home.

The decision to remove a child is made as soon as it is determined that a child is at risk for further maltreatment.

Foster Home Closure

Whenever possible, the decision to close a foster home is mutually determined by the county department and the foster parent. If the foster parent is unable to make a decision to close the home, the case manager will consult with the supervisor to arrive at a decision.



1. Foster homes are permanently closed when the following circumstances have been substantiated:
 - Following *any* violation of Foster Care Policy that has a direct impact on the safety and well being of the child or poses serious risk factors for the child in the home.
 - Following a *second violation* for a Discipline or Other Serious Foster Care Policy violation.
 - When the family is not amenable to change, correction or DFCS intervention.
 - Failure to meet the Minimum Standards for Family Foster Homes (following directives for corrective measures and opportunity for correction).
 - Refusal by foster parent to complete a Corrective Action Plan.
2. A face-to-face meeting is held to discuss the reason(s) for closure, and determine if there are special supportive services needed to assist the family in bringing closure to any unresolved issues around the removal of the children or the agency's role and responsibility.
3. If the home is being closed due to the finding of a Child Protective Services investigation, and the County Director does not pursue a waiver to keep the home open, the substantiation of abuse or neglect in a foster home is a non-grievable issue. Nonetheless, the County Director/ designee will meet with the foster parent to afford them an opportunity to be heard, if requested. Foster Parents have no further process for review of the CPS determination.
4. If a foster home has been inactive for a period of 6 months or more at the foster parent's request, and the home is reassessed/re-evaluated and determined inadequate to care for the type children who enter foster care. The foster parents are notified verbally and in writing of the reason for closure.

5. Within 10 working days of the face-to-face meeting, a letter is sent describing the reasons for closure, and notifying the family of the closing date. A statement regarding whether or not the closure of the home is related to a grievable issue will be included in the letter.

Death of A Child in Care

Although an infrequent occurrence, a child may die while in care. Needless to say, this is very traumatic for the family of the child, the foster family and the agency. As is the case with any circumstance such as this, it may be somewhat difficult to think of all the things that need to be done.

CPS/Special Investigator— The death of a child in your home is immediately reported to the child's case manager, or the supervisor or county director if the case manager cannot be contacted.

Note: Deaths involving children in DHR/DFCS' custody are immediately relayed to DFCS management staff and the assigned area Regional Director in the child's county of residence. An internal DFCS review team examines the circumstances and reported cause of the child's death, as well as all relevant case information, decisions, and actions involving CPS. Law enforcement is also involved in investigating the death of a child in care.

To provide additional direction in this process, a group of foster parents and an agency staff person developed a set of general guidelines that are included in this section for your information. This information may be very beneficial if the need should arise.

Responsibility of the agency – If parental rights have been terminated or if the birth parents are financially unable or unavailable to provide for the child's burial, the agency will assume responsibility for the costs involved. A maximum of \$1,000.00 is available from state funds to assist with burial expenses. Sometimes, the child has additional funds that may be used toward burial. The services, while usually simple, can be planned in good taste, respecting both the deceased child and those who are left to mourn. It is the responsibility of the case manager to ensure the planning of appropriate services by working closely with the birth parents, the foster family, and the funeral home. Planning includes



arranging for a clergyman, as desired, to conduct the services and planning the funeral program.

Responsibility of the Case Manager – The child's Case Manager will be supportive and helpful to those who have had a meaningful and/or legal relationship with the child. This includes relatives (birth parents, siblings and other relatives) and foster parents (current and former). The focus of the case manager's responsibility is to inform the appropriate persons of the death, to understand and respect their grief, and to assist the birth parents in planning an appropriate service. This would include making them aware of the foster parent's interest in attending the service or in participating in some other way.

If the birth parents are not available, the Case Manager will initiate plans for the burial service and other procedures that need to be completed. It is anticipated the child's case manager and other staff and service providers who have recently worked closely with the child or family may desire to attend the services. You or DFCS staff may also want to contribute toward flowers or make some other donation in memory of the child.

Responsibility of the Birth Parents – The birth parents retain the right to plan the burial services of the child. If financially able to do so, they will assume responsibility for all expenses related to the services. The Case Manager will assist them in planning, if requested to do so. If parental rights have been terminated or if parents cannot be located or refuse to participate, and the agency has custody, the agency has the duty to assume responsibility for planning the services. As the child's foster parent or former foster parent, you will be given the opportunity to participate in the planning, should you make such a request.

Rights of the Foster Parents – Foster parents have no legal responsibility in regard to the burial of a child. However, as primary caretaker of the deceased child, you do have the responsibility of cooperating with the agency in the required investigation of the child's death and any surrounding circumstances, if applicable. You do have a right to express your sympathy and grief in appropriate ways, in keeping with the desires and wishes of the birth parents. You may want to attend the funeral, send flowers, or make a donation in memory of the child in some other way. Foster parents should be aware that the

birth parents may react to the loss of their child by becoming very hostile to you, the agency, and the hospital or medical staff. Don't hesitate to seek support from the child's worker or your own foster home worker, if necessary.

Note: General Guidelines for Agency Staff and Foster Parents

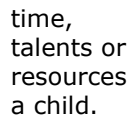
Since the circumstances surrounding the death of a child are never exactly the same, judgment has to be used in terms of which step to take first. For example, the child's death may be due to a long illness, with relatives and friends aware of the seriousness of the condition. In other instances, the death may be due to an accident, foster parent neglect/abuse or a medical emergency. Most deaths will occur in a hospital; however, a death could very likely occur in the foster home or elsewhere. An autopsy will be required.

Use of Volunteers

Both the State and County DFCS offices recruit volunteers in implementing its programs for children and families. Volunteers provide valuable services to families and children in their communities and they, too, can be of great support in helping you enrich the lives of the children placed in your care. Some examples of how volunteers may help foster parents in caring for a child are:

- Relieving foster parents by staying with the child one afternoon a week;
- Driving you and the child to the child's health care appointments.
- Tutoring the child in accordance with the child's needs.
- Assuming the cost of fees related to recreational and other activities.
- Sharing an evening or weekend with the child for recreation.
- Donating computers and other equipment to enhance the child's learning.

Foster parents may be aware of an individual or organization that has an interest in sharing their



with
If

Never allow a volunteer to take the child away from your home without the permission of the agency. DFCS is required to obtain clearance (a Criminal Record and CPS Check) on all volunteers who come in direct contact with children in placement.

For school-aged children, get their input as to their thoughts and feelings about interacting with a volunteer person or group.

Notes: _____

Notes: _____

Section Thirteen

Legal Matters



The Juvenile Court Process

Action	How Accomplished (Process)	Outcome
Child removed from home for his or her safety and protection. Child is placed in care	<ul style="list-style-type: none">• DFCS files a deprivation complaint or petition; or• Court issues an ex parte order or other such order granting authority; or• Law enforcement or officer of the court removes and obtains approval from the court or a designated intake officer authorizing DFCS to take placement responsibility; or• A verbal order is issued by a juvenile court judge (only if followed by a written order which is obtained the first work day after the issuance of a verbal order).	Child considered in protective custody until an informal detention hearing within 72 hours is held. A written order signed by the judge (or designated court personnel) should be obtained for the case record as the documented legal authority to hold a child.
72-Hour Hearing (Detention Hearing)	<ul style="list-style-type: none">• Scheduled by court as a result of the filing of a deprivation complaint or petition from DFCS.• Purpose is to allow the court to determine whether there is probable cause to believe that the allegations of the complaint are true.	If probable cause found, the judge may order that the child remains in care.



Action	How Accomplished (Process)	Outcome
Dispositional Hearing	<ul style="list-style-type: none"> Purpose is to determine what actions and recommendations are in the best interest of the child now that he/she has been found "deprived." If available, DFCS should share the results of the Comprehensive Assessment with the court to assist decision-making re: the placement and needed service activities. The initial Case Plan may be incorporated into the dispositional order of the court (or in a later supplemental order). 	<p>The possible dispositional outcomes are:</p> <ul style="list-style-type: none"> - Permit the child to remain with parent or other custodian, possibly with supervision; - Transfer temporary legal custody to DFCS, another agency or any individual (including a putative father) who has been studied and approved for the care of the child.
Motion Hearing (Extension of Custody)	<ul style="list-style-type: none"> Held within 12 months from the date the child is removed from the home for purposes of extending custody. It is recommended that DFCS file for a motion hearing within 90 to 120 days of the expiration of the temporary custody order. A permanency hearing may be held at the time of the extension hearing. 	If granted, this single extension of custody is for a period not to exceed 12 months.
(Case Plan) Review Hearing	<ul style="list-style-type: none"> Held if the parent disagrees with Case Plan and exercises his/her right to request a hearing before the court within 5 days of receipt of the Plan. 	Upon reviewing the Case Plan and hearing evidence, the court may issue a supplemental order to incorporate any changes/revisions.
Permanency Hearing	<ul style="list-style-type: none"> Held whenever a Non-Reunification Case Plan is submitted to the court. A hearing is scheduled within 30 days from the filing of the Plan; or held within 12 months of removal of the child (whichever comes first) to determine the permanency plan and set the future course of the case. Thereafter, held every 12 months as long as the child remains in care. (Can be held in conjunction with the Motion Hearing to extend custody.) 	A permanency plan finding is made. Other findings, if applicable, are made with respect to the child in out-of-state placement or for the youth age 14 and over
Review Hearings	<ul style="list-style-type: none"> May be held at any time by the court to determine the continued appropriateness of the Case Plan goals / services and the progress to date; overall case outcome for permanency is the focus. 	At the time of every review, DFCS will be expected to indicate whether and when the agency intends to file a petition for termination of parental rights. A supplemental order may be entered if there are Case Plan revisions.

Notes:

[illegible]

Case Reviews

The Permanent Homes for Children in Georgia is a program of the Council of Juvenile Court Judges, which administers Judicial Citizen Reviews in select counties/jurisdictions.

You have the right to be notified in advance, in writing, by DFCS or the court of any hearing or review where the case plan or permanency of a child is an issue, including periodic reviews held by the court or by the Judicial Citizen Panel Review.

Volunteers receive specialized training for their role in conducting reviews for children in foster care. The judge appoints volunteers to become sworn officers of the court, and affirms their

confidentiality with respect to all information discussed and in acting in the best interest of the child.

Confidentiality, with respect to information discussed with a hearing in the best interest of a child. Although advisory in role, their findings and recommendations are submitted to the judge with whom final authority rests regarding the Case Plan. A Judicial Citizen Review Panel, if so designated by the court, may also assist DFCS in the development of the initial Case Plan and in conducting all permanency hearings (with the exception of the permanency hearing which is conducted as a result of DFCS submitting a Case Plan recommending non-reunification).

A local Program Coordinator is appointed by the judge to schedule the reviews, mail out notifications to all parties, maintain all official case and Citizen Review records and distribute the panel recommendations to the judge, DFCS, parents and other appropriate parties.

Court Appointed Special Advocates (CASA)

The CASA, or Court Appointed Special Advocate, is a volunteer from the local community who has been screened and trained by the CASA program, and appointed by the court to advocate for children who are involved in juvenile deprivation proceedings. The judge as an officer of the Court appoints a CASA. The role of the CASA is to provide the Court with independent and objective information regarding the status of children involved in deprivation cases. The CASA also provides recommendations regarding the best interest of the child.

Because the CASA is engaged in assessing and monitoring the child's on-going needs and status while in placement, there will be occasions when resource parents are called upon to provide pertinent information regarding the child. The following may be expected in the foster parent's involvement with the Court Appointed Special Advocate (CASA).

The CASA staff should be invited to make a presentation to local IMPACT training sessions for foster parents.

The presidents of local AFPAG groups should make presentations at CASA volunteer meetings.

If the CASA volunteer and Case Manager cannot make the initial visit to your home together, the Case Manager will notify you of the CASA appointment.

Subsequent visits to the foster home and with the child will be made directly by the CASA volunteer.

The CASA volunteer will make monthly contact with the foster parent and/or child face-to-face or by telephone.

The State CASA Program recommends that a CASA volunteer not transport the child at any time. However, local CASA programs are free to develop their own written policy regarding this issue with their local DFCS agency.

Any suspicions of abuse or neglect of any child in a foster home will be reported to DFCS.

If a foster parent has a complaint or concern regarding the inappropriate behavior of a CASA volunteer, she/he should contact the DFCS supervisor who will, in turn, contact the CASA Program Director.

DFCS FOSTER PARENTS ARE NOT ALLOWED TO SERVE IN THE ROLE OF CASA'S IN GEORGIA.

Notes:

Section Fourteen



Adoption of Children in Care



Non-Reunification Plans

If the case plan for the child is non-reunification with the birth parents, you will be notified of the agency's plans to terminate parental rights. You will also be given an opportunity to sign off on Form 149, Notification to Foster Parents of Intent to Petition for Termination of Parental Rights (see Form 149 in the appendix). If you have an interest in adopting a child who has been in your home over a period of time, and you have been successfully meeting the child's needs, you may be an ideal resource for adoption. The child gets to remain in a familiar environment that has been both safe and nurturing, and there is no need to uproot the child for yet another move. As foster parents, you have a right to apply, along with other possible resources, to be considered for the adoptive placement of a child in your home. No one has the absolute right to adopt a child in placement.

You will also have an opportunity to confirm your disinterest in adopting a particular child in your home, whose parental rights are scheduled to be terminated. The Form 149 has a waiver section for this purpose. The child is placed in a foster/adopt home in a timely manner.

If you find that you and your family cannot assume permanent custody of a child in your care, you should make this known to the Case Manager as soon as you are made aware of plans to sever parental rights. Take caution not to allow yourself to be pressured into adopting a child whom you feel you are unable to parent on a permanent basis. In fact, there may be more urging and coaxing from the child to adopt rather than the agency. Adoption is a serious and permanent commitment to the life of a child. You will be making someone a permanent member of your family, which includes all of the emotional and legal ramifications involved in being family. In addition, you will have the long-term task of assisting the child with issues relative to adoption.

If your hesitancy to adopt involves the lack of financial resources, this may be alleviated with the adoption subsidy. The subsidy is for the maintenance of special needs children in an adoptive placement, and is the same dollar amount as the monthly per diem for children receiving regular foster care services at the time of placement. The agency will calculate the

amount of monthly adoption subsidy received for children receiving the various level of care services. Other adoption services provided to families adopting special needs children include medical coverage, respite care and other specialized services that the Case Manager will review with you.

The Case Manager will review and have you sign additional forms relative to the child's adoption. These include the following:

-Form 150 (Foster Parent Affidavit for Consideration of Adopting Foster Child Currently in Home) is provided for your signature following your discussion of the various aspects of the adoption with a Case Manager, including the opportunity to apply to adopt. See a copy of Form 150 in the appendix.

-Form 151 (Foster Parent Notification of Decision Regarding Adopting Foster Child Currently in the Home) is provided for your written decision to adopt/not to adopt the child in your home, and is signed by the foster parents. You must submit the form by the due date indicated, within 30 days of the initial staffing at which you signed Form 150. A copy of Form 151 is found in the appendices section.

Adopting the Child in Your Home

If a mutual decision has been made for you to adopt the child (ren) in your home, you must begin preparing the child (ren), your own family, and the other children in placement for the changes that will take place. All family members should be in agreement with the adoption, especially any biological children you may have.

The other children in care must be assured that you will continue to provide love and nurturing care for them until a permanent resource is found. If this involves an older child, you may want to consider long-term foster parenting. The children to be adopted must also come to realize that they will be with you permanently, and may need to be reassured of this from time to time as children transition in and out of the home. General procedures that occur when foster parents adopt a child in their home include the following:

- Completion of Forms 149, 150 and 151.



- Completion of IMPACT (if not previously completed; may be waived at the agency's discretion for homes approved prior to this requirement)
- DFCS notification to the State Adoption Exchange of your selection as an adoption resource for the child.

Foster to Adoption Home Study Conversions

The following will be required of you to complete the agency conversion of your foster home assessment to an adoptive home assessment. The following should be submitted to DFCS as soon as possible:

1. Completion of application Form 35
2. Medical statements on foster parents. If there is an approved medical (Form 36) on file in the foster home record and there has been no serious illness of either foster parent, a simple statement from your physician, indicating the status of your health is sufficient.
3. Current financial statement (Form 44). This will be used in preparing the adoption assistance.
4. Criminal record report- fingerprints (must be within 5 years of completion of the home conversion).
5. Copy of marriage certificate, all divorce decrees and/or all death decrees of ex-spouses.

If you adopt a child in Georgia who meets the definition of special needs as defined for the purpose of adoption, then the child qualifies for adoption assistance. Children falling into one of the following categories at the time of adoptive placement are considered to meet the state's definition of special needs:

- Children eight years and older ;or
- Children of African-American heritage over the age of one; or

- Three or more siblings being placed together; or
- Sibling groups of two when one is over age eight or has another identified special need; or
- Children with a documented medical, emotional or mental disability.

Adoption Assistance is a financial and medical subsidy available to adoptive children with special needs being placed for adoption through the Department of Human Resources. Adoption Assistance is available for the purpose of meeting the special needs of the adoptive child. There are four categories of adoption assistance.

1. Monthly Assistance is a monthly supplement to aid in meeting the needs of the child.

2. Medicaid is available for any child eligible for monthly adoption assistance, and is to assist adoptive families in meeting the medical needs of the child.

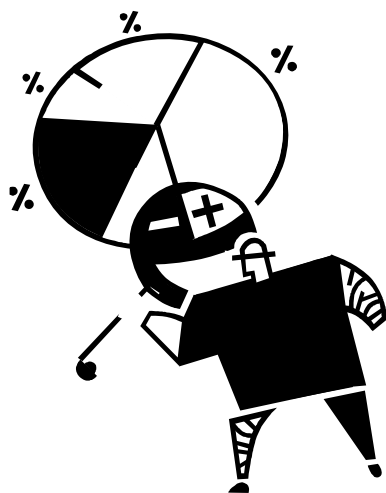
3. Special Services Adoption Assistance covers a time limited or one-time special service that is not covered by Medicaid, monthly maintenance assistance or through community resources, (i.e., orthodontics, prosthetics or psychological counseling). Special services approval is dependent on the availability of funds.

4. Non-Recurring Adoption Assistance covers attorney fees, court costs and other one-time expenses directly related to the legal adoption of the child with special needs.

Notes: _____

Section Fifteen

Appendices



Minimum Standards in Family Foster Homes

Foster parents should be able to meet minimum standards for Family Foster Homes that were initially established by the State Board for Children and Youth and incorporated into the policy of the Board of the Department of Human Resources through the Reorganization Act of 1972. The standards must be adhered to in the approval of homes, which will be used for children in foster care. When unusual situations make it advisable to waive one or a minimal number of requirements, only the Regional Director has the authority to grant such a waiver and to provide written assurances that the home can provide for the care and needs of a child. Documentation of any exception to the Minimum Standards must be on file in the foster parent's record.

1. Skills and Abilities

Foster parents and agency staff work together as a team with a shared and common goal of permanency planning for children; the primary goal for most children is family reunification. As a team member, the family will face many challenges. Foster parents are expected to provide continuity of care, while helping a child repair the effects of earlier life experiences. Foster parents must evidence the maturity, stability, fitness, skills and competency to successfully protect, nurture, and meet the developmental needs of children; they must also be able to support the agency's established case goals and Permanency Plan for child (ren) placed in their care. Foster parents need to have a number of specific skills:

Understanding of the Impact of Fostering

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

Teamwork and Communication

The foster parent must be able to communicate with the child, the agency, community, staff, birth parents and other foster/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, the agency and community. They must work in partnership to help children be reunified with birth families, be adopted, or move into independent living.

Parenting Abused/Neglected Children

Foster parents 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 non-judgmental ways that make them 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 in managing their grief. Foster parents 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 in attaching, families will need to understand attachment issues and be able to use specific techniques to help.

Understand, Prevent and Manage Misbehaviors

Children in placement use many behaviors that reflect the physical and emotional pain they have experienced. Foster families must understand the feelings, the reasons behind the behaviors, and be able to help children get their needs met in ways that make children feel

lovable, capable, worthwhile and responsible. Foster parents 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 visitation and return to birth families as soon as 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, foster parents must provide a healthy and safe environment for children, following all state and local health and safety regulations. Close supervision of all children is necessary, but especially so for infants and young children, both when awake and asleep, and any other children/youth whose activities must be closely monitored.

2. Criminal Records Check

Any adult (age 18 and over) residing permanently or temporarily in the home and having access to children, must inform the approving agency of any criminal indictments or convictions. A criminal records check including state and national finger printing must be performed and the outcomes documented. Repeat criminal records check, including fingerprinting, is required at least every (5) years at the time of the Annual Re-evaluation for all current foster parents and adults (age 18 and over) residing in the home.

3. Income

The foster parent must complete a financial statement and verification (check stubs, Federal Income Tax Return from the previous year, statement from employer, etc.) of income. The foster parent is expected to have income sufficient to maintain their family, excluding the amount of the per diem received for any child (ren) in foster care.

4. Age

Resource parents must be at least ten (10) years older than the child to be placed and if unmarried, at least 25 years of age.

5. References

At least three references must be obtained for the applicant. References may be obtained via in-person interview, telephone contact or letter. One of the three references must be from an extended family member not residing in the home. Applicants must secure an additional reference from the previous or current employer if they are or have been employed in a job situation that involves children (school, day care center, group residential care or intensive residential care facility, etc.). Additional references may be requested if conflicting, ambivalent or inadequate response are received from those initially requested.

6. Environmental Inspection

A statement that an approved environmental inspection has been completed on homes that are not on county/city water and/or sewage systems is required. Additionally, the *Water Well Standards Act* requires that, *"The upper terminal of the well shall be protected by a sanitary seal or cover to prevent entrance of pollutants to the well."* Negative reports from sampling of the wells without the upgrade can be construed as "safe" nevertheless, with an advisory that the upper well terminus should be upgraded into compliance as soon as possible. Until the well is brought into full compliance with the Act, annual re-testing is required.

A statement that the utility bills, etc. were viewed and the home is on county/city water and/or sewage

system should be accomplished if an environmental inspection is not applicable.

7. Gas Heaters

Gas heaters in the foster 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 foster homes. As noted in the requirements for the initial approval of the home, such homes are approved for the placement of no more than three (3) unrelated children or in an approved Relative Foster Home. Working carbon monoxide detectors must be installed in these homes. However, it is a good safety practice that all homes with gas appliances (stove, fireplace and water heaters) have carbon monoxide detectors.

8. Safety Considerations

- Smoke alarms must be present in the home and functioning.
- Firearms must be locked away from children. Ammunition should be kept locked and stored separately from firearms.
- Homes having a swimming pool must meet all community ordinances to operate a pool. The pool must be fenced with a gate, which is kept locked to prevent unsupervised access by children.

9. Animals

Georgia law requires that all dogs, cats, and ferrets be vaccinated for rabies. Re-immunizations are required either annually or triennially depending on the vaccine. Foster homes with exotic animals or wildlife (chimpanzees, snakes, raccoons, large mammals) will require a health and suitability statement from a veterinarian, and approval by the Regional Director. However, any issues or concerns related to any pets should be thoroughly discussed and documented during the assessment process.

10. Health

A physical examination and history must be completed and signed by a licensed physician, physician's assistant, or public health department within twelve (12) months of the date of approval of the Family Assessment. Must include TB screening and a comprehensive drug screen report conducted and signed by a qualified health professional (includes testing for marijuana/cannabinoids (THC), cocaine, amphetamines / methamphetamines, opiates, and phencyclidine (PCP)).

Adults and children 16 years of age and older living in the home shall have a health statement and tuberculin test results (skin test or chest x-ray).

A health statement must be obtained on all children in the home under 16 years of age and must be dated no more than 12 months before approval of the family assessment.

Foster parents must have a medical examination completed by medical personnel at least every (5) years, which will be checked at the time of the Annual Re-evaluation. Use of Form 36, Medical Report, is required.

Foster parents with a diagnosed health problem must have a physician's health statement annually. Foster parents age 65 and older must have a physical examination annually. Use of Form 36 is only required at five year intervals.

11. Pre-service Training

Foster parents of the Department of Family and Children Services (DFCS) and of other agencies approved to serve DFCS children, must have 20 hours of pre-service training/preparation. The training must include appropriate methods of discipline and must emphasize that corporal punishment is prohibited.

12. Continued Parent Development



Foster parents must acquire at least 10 hours of Continued Parent Development (CPD) annually. CPD should be relevant to the type of children being placed in the foster home. Required CPD topics for the first year will include CPR and First Aid.

13. Appropriate Utilization of Foster Home

No more than six (6) children under the age of 16, including the children of the foster family, shall be placed in a foster home.

No more than two (2) children under two (2) years of age, including the children of the foster family, may be placed in a foster home.

Only bedrooms shall be used as sleeping space for children.

Each non-related child must have a separate bed.

A maximum of two (2) children may sleep in a double or larger bed if they are siblings and of the same sex.

No child shall sleep in a bed with an adult.

A child over one (1) year of age cannot sleep in the bedroom of an adult.

A maximum of three (3) children to share a bedroom is preferable. The suitability of children sharing a room should be assessed based on the background/history of the children.

Children age five (5) years and older and of different sexes shall not share a bedroom.

14. Face-to face contact

At least monthly, agency staff shall have face-to-face contact with children in foster care and their foster parent(s). At least bi-monthly, these face-to-face contacts with children and foster parents must occur in the foster home.

15. Family Day Care

A foster parent may be a Family Day Care provider for a maximum number of six (6) children. Thus, the parent child ratio can never be greater than 1:6 at any time. The number often will have to be less than six due to the number, ages and needs of the children in foster care placed in the home.

16. Employment Outside the Home

A single foster parent or both foster parents can be employed outside the home if childcare is provided, and if they are able to meet the needs of the children in foster care.

17. Religion

Children in foster care should have opportunities for religious, spiritual and/or ethical development.

18. Drivers License

Foster parents are *expected* to have a valid Georgia driver's license, car and insurance. A part of the foster parent partnership expectation is that they will assist the case manager with providing transportation for children placed in their home. This cannot occur when a foster parent is unlicensed. If the county department determines that the lack of transportation is an issue that can be managed effectively, the



home can be approved with no waivers necessary. This should be noted in the home evaluation so that appropriate placements can be made.

19. Foster Home Approval

Foster parents must be an approved foster home resource for only one agency, but may accept children from another agency with prior approval from their original approving agency.

Notes:

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Bill of Rights and Grievance Procedure

The Division of Family and Children Services recognizes the need for a systematic process of expression, examination and resolution of foster parent grievances. It is further recognized that as people work together, conflicts will arise which may result in the deterioration of the quality of relationships and the quality of care provided. Each foster parent has the right to file a grievance when he/she has an irreconcilable difference.

Timely response to complaints is a critical aspect of the process. Therefore, mandated timeframes have been built into the procedure. The guidelines specified here may be shortened if a report is considered urgent by the foster parent(s), especially if they fear that the life of a child is being endangered by actions that are being taken, or failure on the part of the agency to take action. In these situations, the foster parent can make immediate contact with the Office of the Child Advocate, the Adoptive and Foster Parent Association of Georgia, or law enforcement officials that he/she feels will provide timely response to the situation.

Foster parents who are approved by DFCS to care for children in DHR custody, whether the placement is in a regular or therapeutic foster home setting, relative foster care or related care, can use this process. This process is not intended for providers of residential care.

By implementation of this policy, foster parents have the right to file complaints and discuss concerns with County Directors, the foster parent liaison, the DFCS staff liaison, supervisors, case workers, advocates appointed by the Adoptive and Foster Parent Association of Georgia, the Office of the Child Advocate or the State Mediation Committee, without being considered in violation of the rules of confidentiality. Care should always be taken to mention only case situations, not case names. Care should also be taken to avoid discussion with other individuals not listed above as this might be considered to be in violation of the rules of confidentiality.

Foster parents should never feel alone in the process of filing a complaint. DFCS is required to ensure that every source of support for the foster parent is arranged. The foster parent can request assistance from the local county department liaison, the Office of the Child Advocate, and the state foster parent liaison (if one exists). Additionally, the Adoptive and Foster Parent Association of Georgia provides trained advocates to assist and support foster parents throughout the process. Foster parents can contact the Adoptive and Foster Parent Association of Georgia at 1-877-804-6610 or at www.afpag.org to make an advocate request.

NOTE: Foster parents may choose not to have an AFPAG advocate, but rather a personal support person of their choosing. These individuals are not provided the same access to confidential information, and will be limited to portions of the grievance process which does not violate confidentiality laws.

Actions taken by the Department when a complaint is filed should never be retaliatory/punitive in nature. No person who files a grievance, complaint, or concern will be punished, discriminated against, threatened, or retaliated against in any way for filing such action. Caution should be taken to prevent this from becoming the agency vs. the foster parent situation. Foster parents are partners in the planning for children and have every right to have their opinions and concerns heard as well as the right to be considered as a valuable part of the professional treatment team.

When evidence proves that a staff member has retaliated against a foster parent, that staff member may be subject to disciplinary action, subject to the personnel rules and regulations of the State Merit System.

General Guidelines

STEP ONE: COUNTY DFCS LEVEL

- A. The foster parent must submit a written complaint utilizing Form 80 "Grievance Notification: County Director" to the local DFCS County Director.
- B. The local DFCS office must acknowledge receipt of the grievance using Form 81 "Notification of Receipt: Step One Grievance". If the Form 80 indicates an agreement to receive notices via electronic mail, this and subsequent communications can be emailed and then copied via US mail.
- C. The local DFCS office must inform the foster parents of their right to have an AFPAG advocate assist and support them with their grievance. If the foster parents choose to have an AFPAG advocate, they must be provided with the contact information: www.afpag.org where they can request an advocate via the Internet or via phone at 1-877-804-6610.
- D. Local DFCS has *(10) ten working days to resolve the complaint and send a written response. A

staffing is required if the grievance cannot be resolved otherwise. For example, a grievance concerning a delayed reimbursement may not require a meeting if the check has been sent or will be sent. The staffing must include the County Director, supervisor, case manager and other pertinent staff. This includes the foster parent and advocate if one was requested. The following must be accomplished within the (10) ten working day timeframe:

- i. Acknowledge receipt of the grievance using Form 81;
 - ii. Investigate the grievance;
 - iii. Facilitate a staffing with the County Director, supervisor, case manager, foster parent, AFPAG advocate (if requested) and any other pertinent staff present unless the grievance can be successfully resolved without it; and
 - iv. Send a written response indicating the resolution or decision reached.
- E. Under no circumstances shall the county department take more than ten (10) working days to resolve the problem unless good cause can be shown as to why it would take longer, in which case the county department must send the foster parent a letter, which specifies a date by which the county expects to resolve the issue.
- F. If the complaint is not resolved within ten (10) working days from the date the complaint was received by the county department, OR the foster parent does not feel that there was a timely response OR a satisfactory resolution, then the foster parent can send the complaint to the State DFCS Division Director or his/her designee for resolution.

****The first day is the next business day after receipt of the grievance. Example: If the grievance is received on Tuesday, day one is counted as Wednesday.***

STEP TWO: DFCS DIVISION DIRECTOR LEVEL

- A. Having determined that the complaint was not resolved within ten (10) working days from the date the complaint was received by the county department, OR that there was not a timely response OR that the local county's decision was unsatisfactory, the foster parent may proceed to Step Two.
- B. The foster parent must complete Form 82 "Grievance Notification: State Division Director" and forward it with a copy of Form 80 and the local DFCS response and any other pertinent documentation to:
- Division of Family and Children Services
Division Director
2 Peachtree Street N.W. Suite 19-400
Atlanta, GA 30303
- C. The foster parent must also send copies of the Step Two complaint and documentation (Forms 80



and 82 and local DFCS response) to the Office of the Child Advocate. The OCA address follows:

State Mediation Committee
Office of the Child Advocate
State of Georgia
3330 Northside Drive, Suite 100
Macon, GA 31210

- D. Upon receipt of the Step Two grievance by the State Division Director, the foster parent will be sent Form 83 "Notification Receipt: Step Two Grievance" which indicates the date of receipt and 10 day due date.
- E. The DFCS Division Director or his/her designee will review the complaint and shall attempt to resolve the problems/concerns within ten (10) working days of receipt of the complaint. The following must be accomplished within the (10) ten working day timeframe:
 - i. Acknowledge receipt of the grievance using Form 83;
 - ii. Investigate the grievance; and
 - iii. Send a written response indicating the resolution or decision reached.
- F. With the foster parent's agreement, the response timeline can be extended to allow for further investigation into the grievance.
- G. If the complaint is not resolved within ten (10) working days OR the foster parent does not feel that there was a timely response OR a satisfactory resolution to the problem, the foster parent can send the complaint to the State Mediation Committee.

STEP THREE: STATE MEDIATION COMMITTEE

- A. Having determined that the complaint was not resolved within ten (10) working days OR the foster parent does not feel that there was a timely response OR that the State Division Director's decision was unsatisfactory, the foster parent may send the complaint to the State Mediation Committee.
- B. The foster parent must complete FORM 84 "Grievance Notification: State Mediation Committee" and forward it with the entire complaint packet including responses from the local DFCS office and State Division Director to:

State Mediation Committee
Office of the Child Advocate
State of Georgia
3330 Northside Drive, Suite 100



The State Mediation Committee (SMC) is a standing committee composed of two representatives from the Georgia Department of Human Resources/ Division of Family and Children Services ("DFCS"), two representatives from the Adoptive and Foster Parent Association of Georgia ("AFPAG"), and one representative from the Office of the Child Advocate ("OCA"), totaling five members of the committee. The OCA representative serves as the chairperson of the SMC and coordinates administrative matters through the OCA.

The SMC is subject to all applicable federal and state laws regarding confidentiality. An SMC staffing is not a legal proceeding and foster parents may have an AFPAG advocate or other personal support person present. However, personal support persons are not provided the same access to confidential information as AFPAG advocates. Therefore, they are limited to participating only in the portions of the staffing which do not violate confidentiality laws.

The SMC reviews complaints on the second Thursday of each month and as necessary. All complaints received on or before the 15th of the month, are placed on the SMC's meeting agenda for the following month, unless good cause can be shown as to why the complaint should be reviewed sooner.

- C. Upon receipt of the complaint, the SMC will officially log the complaint.
- D. Upon review of the complaint and supporting documentation, the SMC may agree not to review a complaint, because the grievance concerns an issue that is not appropriate for their consideration. This would include, but is not limited to foster homes that are closed for safety reasons, or children that are moved for safety reasons, or by order of the court.
- E. If the Committee decides to review a case, the SMC will send written notification, via e-mail or US mail, to the foster parent(s), the county director, and any other person involved in the case, of the date, time and location of the review/staffing.
- F. The foster parent must confirm acceptance of the review/staffing appointment via telephone, facsimile, or letter before the complaint will be placed on the SMC's calendar.
- G. The SMC may request additional information as needed. Any requested information should be forwarded to the Office of the Child Advocate in three (3) working days from the date of receipt of the request.
- H. Depending on the nature of the complaint, the Office of the Child Advocate may recommend that certain preliminary steps be taken including, but not limited to:



- i. Emergency steps to ensure safety of child which might include suspension of visitation; change in visitation location; safety measures to ensure careful monitoring of the case, temporary suspension of placement until safety measures are in place, etc;
 - ii. Local Quality Assurance committee review of the case record;
 - iii. Preliminary internal staffing and interviews with DFCS staff, foster parents etc...;
 - iv. A review of the case by appointed investigators, including interviews with parties to the case to gain additional information;
 - v. Requesting assistance from other county offices to assist in evaluating the complaint; and
 - vi. Requesting psychological evaluations.
- I. In reviewing the merits of a grievance, the committee may review other documents, which include, but are not limited to:
 - i. Grievances filed by other foster parents who within the past year alleged that their home was closed in retaliation for such actions, including, but not limited to speaking out at meetings, taking a stand against a position of the agency on behalf of a child, and providing information to third party caregivers.
 - ii. Statistical information regarding the number of foster homes closed by a county during a particular time period.
- J. Within three (3) working days of the conclusion of the staffing/review, the SMC will forward a written report to the State Division Director and the foster parent(s), which will include the SMC's findings and recommendations for the resolution of the grievance.
- K. Within fifteen (15) working days of receipt of the SMC's recommendation, the State Division Director must send a written response to the SMC.
- L. Within three (3) working days of the receipt of the State Division Director's response, the SMC will send a final written response to the foster parent(s), County Director and State Division Director.

The SMC's recommendations and DFCS's final response are final and determinative of all issues. Neither DFCS, AFPAG nor the OCA will review or reconsider a grievance that has been reviewed by the SMC, unless the grievance involves, new facts or issues not previously considered or decided during the grievance process.

On a quarterly basis, the SMC will report to the DHR Commissioner and the Governor's Office on the committee's activities.



Grievable Issues

Under section 49-5-281 of the Official Code of Georgia Annotated, foster parents have the following rights, which are subject to the grievance procedures outlined in this policy.

1. The right to be treated by the Division of Family and Children Services of the Department of Human Resources and other partners in the care of abused children with dignity, respect, and trust as a primary provider of foster care and a member of the professional team caring for foster children;
2. The right not to be discriminated against on the basis of religion, race, color, creed, gender, marital status, national origin, age, or physical handicap;
3. The right to continue with his or her own family values and beliefs, so long as the values and beliefs of the foster child and the birth family are not infringed upon and consideration is given to the special needs of children who have experienced trauma and separation from their families. This shall include the right to exercise parental authority within the limits of policies, procedures, and other directions of the Division of Family and Children Services and within the limits of the laws of the State of Georgia;
4. The right to receive both standardized pre-service training, including training in Division of Family and Children Services policies and procedures and appropriate ongoing training, by the Division of Family and Children Services or the placing agency at appropriate intervals to meet mutually assessed needs of the child and to improve foster parents' skills and to apprise foster parents of any changes in policies and procedures of the Division of Family and Children Services and any changes in applicable law;
5. The right to be apprised of information, laws, and guidelines on the obligations, responsibilities, and opportunities of foster parenting and to be kept informed of any changes in laws, policies, and



procedures regarding foster parenting by the Division of Family and Children Services in a timely manner and at least annually;

6. The right to receive timely financial reimbursement according to the agreement between the foster parents and the Department of Human Resources from funds appropriated by the General Assembly and to be notified of any costs or expenses for which the foster parent may be eligible for reimbursement. Grievances may include the following:
 - ❑ The County Department with financial responsibility for the child fails to provide reimbursement for the child in care in accordance with established per diem rates.
 - ❑ The County Department with financial responsibility for the child fails to provide reimbursement for the child in care in accordance with established clothing allowances for initial clothing, annual clothing, and special clothing.
 - ❑ The County Department with financial responsibility for the child fails to provide reimbursement for supplemental supervision (approved childcare) for working Foster Parents in accordance with State rates and policy.
 - ❑ The County Department with financial responsibility for the child fails to pay concurrent per diem to Foster Parents when the absence of the child is planned and purposeful; e.g., visits with a parent or relative; pre-placement visits to another facility, hospitalization, admission to other institutions for evaluation, camp, respite, ILP activities, and runaway (provided the foster parent is willing to have the child returned).
7. The right to receive information from the Division of Family and Children Services on how to receive services and reach personnel 24 hours per day, seven days per week;
8. The right prior to the placement of a child to be notified of any issues relative to the child that may jeopardize the health and safety of the foster family or the child or alter the manner in which foster care should be administered;
9. The right to discuss information regarding the child prior to placement. The Division of Family and Children Services will provide such information as it becomes available as allowable under state and federal laws. Grievance may include the following:
10. The local County Department denies the Foster Parent reasonable access to non-identifying information from the placement or child protective services record, with respect to any child who has been placed in the care of the Foster parents or for whom Foster Care is being sought.
11. The right to refuse placement of a child in the foster home or to request, upon reasonable notice, the removal of a child from the foster home without fear of reprisal or any adverse affect on being assigned any future foster or adoptive placements;



12. The right to receive any information through the Division of Family and Children Services regarding the number of times a foster child has been moved and the reasons therefore; and to receive the names and phone numbers of the previous foster parents if the previous foster parents have authorized such release and as allowable under state and federal law;
13. The right, at any time during which a child is placed with the foster parent, to receive from the Division of Family and Children Services any and all additional pertinent information relevant to the care of the child;
14. The right to be provided with a written copy of the individual treatment and service plan concerning the child in the foster parent's home and to discuss such plan with the case manager, as well as reasonable notification of any changes to that plan;
15. The right to participate in the planning of visitation with the child and the child's biological family with the foster parents recognizing that visitation with his or her biological family is important to the child;
16. The right to participate in the case planning and decision-making process with the Division of Family and Children Services regarding the child as provided in Code Section 15-11-58;
17. The right to provide input concerning the plan of services for the child and to have that input considered by the department;
18. The right to communicate for the purpose of participating in the case of the foster child with other professionals who work with such child within the context of the professional team, including, but not limited to, therapists, physicians, and teachers, as allowable under state and federal law;
19. The right to be notified in advance, in writing, by the Division of Family and Children Services or the court of any hearing or review where the case plan or permanency of the child is an issue, including periodic reviews held by the court or by the Judicial Citizen Review Panel, hearings following revocation of the license of an agency which has permanent custody of a child, permanency hearings, and motions to extend custody, in accordance with Code Section 15-11-58;
20. The right to be considered, where appropriate, as a preferential placement option when a child who was formerly placed with the foster parents has reentered the foster care system;
21. The right to be considered, where appropriate, as the first choice as a permanent parent or parents for a child who, after 12 months of placement in the foster home, is released for adoption or permanent foster care;



22. The right to be provided a fair and timely investigation of complaints concerning the operation of a foster home;
23. The right to an explanation of a corrective action plan or policy violation relating to foster parents; and
24. The right, to the extent allowed under state and federal law, to have an advocate present at all portions of investigations of abuse and neglect at which an accused foster parent is present. Child abuse and neglect investigations shall be investigated pursuant to Division of Family and Children Services policies and procedures, and any removal of a foster child shall be conducted pursuant to those policies and procedures. The Division of Family and Children Services will permit volunteers with the Adoptive and Foster Parent Association of Georgia to be educated concerning the procedures relevant to investigations of alleged abuse and neglect and the rights of accused foster parents. After such training, a volunteer will be permitted to serve as an advocate for an accused foster parent. All communication received by the advocate in this capacity shall be strictly confidential.

Additionally, DFCS policy defines the following issues as grievable:

1. The local County Department fails to provide face-to face contact with the foster parent(s) to discuss the reasons for the involuntary closure of their foster home, and to offer support to the Foster Family as children are placed in other resources.
2. The local County Department fails to send a letter describing the reasons the home is being closed and notification of the closing date within 10 working days of the face-to-face contact.
3. The County Department denies the Foster Parent assistance with preparing a written request for access to a child's record and a response to the written request within a 14-calendar day time frame as specified in the law, O.C.G.A. 49-5-41 (D).

Notes:



GRIEVANCE PROCESS FLOW CHART

Foster Parent (FP) files Form 80 with the County Director initiating the official grievance. DFCS acknowledges receipt of the grievance via Form 81. The FP is informed of their right to have an AFPAG advocate and given contact information, if requested.



Local DFCS has 10 working days to make a determination/decision. Within this timeframe, a staffing (including all pertinent staff, the foster parent and advocate, if requested) should be held unless the grievance can be resolved without one; and a determination letter sent to the foster parent.



Grievance is successfully resolved.

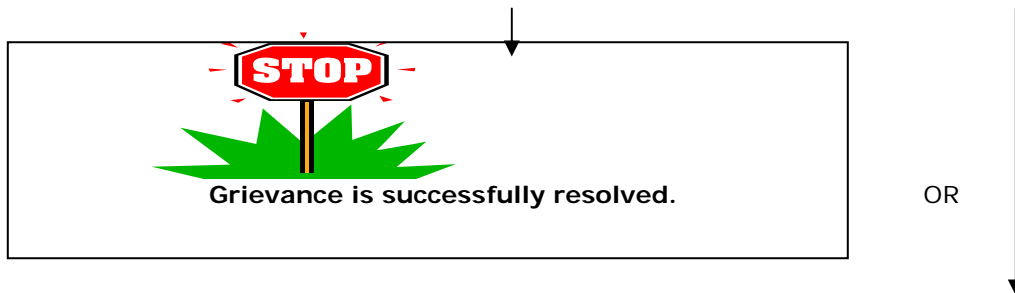
OR



If the foster parent, determines that the complaint was not resolved within 10 working days OR does not feel that there was a timely response OR that a satisfactory resolution to the problem was presented, then the foster parent can send the complaint to the State DFCS Director or his/her designee (STEP TWO) utilizing Form 82.



Receipt of grievance acknowledged via Form 83; The State Division Director/designee has 10 working days from receipt of the complaint to reach a resolution and send a written response.



GRIEVANCE PROCESS FLOW CHART

If the foster parent determines that the complaint was not resolved within 10 working days, OR does not feel that there was a timely response, OR that a satisfactory resolution to the problem was presented, then the foster parent can send the complaint to the State Mediation Committee **(STEP THREE)**.

The State Mediation Committee facilitates a review with all parties and renders a finding. The finding is sent to the State Division Director.

The State Division Director has 15 working days to provide a written response to the SMC findings.

Upon review of the State Division Director's response, the SMC sends out a final response to all parties (county, state and foster parent).





Grievance is closed to further review from DFCS, OCA, AFPAG and the State Mediation Committee.

Multiethnic Placement Act-Frequently Asked Questions

Common Questions About MEPA-IEP

1. Since the Constitution and Title VI already prohibit discrimination, what difference will MEPA-IEP make?

Although the Constitution and Title VI bar discriminatory practices by states and publicly funded entities, many states and child welfare agencies nonetheless assumed that it was lawful to prefer racially and ethnically-matched foster care and adoptive placements for children. MEPA-IEP has made it clear that such preferences are illegal.

In enacting MEPA-IEP, Congress was concerned about widespread reports that children were being harmed by being removed from stable foster placements simply in order to be placed with someone else of the same race or national origin whom they had never met.

Reports also suggested that growing numbers of children were being denied a permanent adoptive placement because of efforts, often futile, to find a racially or ethnically matching adoptive home. For example, some agencies required specific waiting periods to search for a same race placement or required social workers to justify a transracial placement.

Minority children, particularly African-American children, were the most likely to experience lengthy delays in placement and to have fewer opportunities to be adopted, as they grew older. Despite differences of opinion about whether these delays were caused primarily by unfair exclusion of minority individuals from being considered as foster or adoptive parents, or by unfair exclusion of whites who sought transracial placements, or by some combination of these and other factors, child welfare experts agreed that something had to be done to prevent the adverse effects on minority children of placement delays and "foster care drift."

MEPA-IEP can assist states and agencies to remove the vestiges of unlawful discriminatory practices by providing technical assistance through OCR and ACF staff. This assistance will continue to be available to help states review their statutes and administrative codes and to help agencies develop procedures that reflect good social work principles and promote the best interests of children in out-of-home care.

By requiring diligent recruitment of foster and adoptive parents who reflect the ethnic and racial diversity of children in state care, MEPA-IEP also aims to expand the pool of qualified parents who can meet the needs of children awaiting homes, including those whose specific and well-documented needs may justify an effort to achieve a same-race placement.



2. **What are the differences between MEPA, as originally enacted, and the 1996 Interethnic Adoption Provisions?**

The Interethnic Adoption Provisions (IEP) make several important changes to MEPA which clarify the kinds of discriminatory placement activities that are prohibited and, as explained in Chapter 2(7)(a)(3), add sanctions under title IV-E for violations of MEPA-IEP.

To clarify that the routine consideration of a child's or prospective parent's race color, or national origin is impermissible, the IEP amends the basic MEPA prohibitions as follows:

...neither the State nor any other entity in the State that receives funds from the Federal Government and is involved in adoption or foster care placements may--

- a. deny to any person the opportunity to become an adoptive or foster parent, on the basis of the race, color, or national origin of the person, or of the child involved or
- b. delay or deny the placement of a child for adoption or into foster care on the basis of the race, color, or national origin of the adoptive or foster parent, or the child involved. [Language deleted from original MEPA is indicated with strikeouts]

In addition, the IEP repeals a section of MEPA that permitted agencies to determine a child's best interests by considering, as one of a number of factors, "the child's cultural, ethnic, and racial background and the capacity of the prospective foster or adoptive parents to meet the needs of a child from this background." The deletion of the words "categorically" and "solely" from the Act's prohibitions and the repeal of the permissible considerations make it clear that the standard for the use of race, color, national origin in foster care and adoptive placements is strict scrutiny. Even where a placement decision is not based on a prohibited categorical consideration, other actions that delay or deny placements on the basis of race, color, or national origin are prohibited. According to the 1997 and 1998 Guidance, agencies may not routinely assume that children have needs related to their race, color, or national origin. Nor may agencies routinely evaluate the ability of prospective foster and adoptive parents to meet such needs.

As amended by IEP, MEPA does not prohibit agencies from the nondiscriminatory consideration of a child's cultural background and experience in making an individualized placement decision. However, the 1998 Guidance warns against the use of "culture as a proxy for race, color, or national origin." Any routine use of "cultural assessments" of children's needs or prospective parent's capacities would be suspect if it had the effect of circumventing the law's prohibition against the routine consideration of race, color, and national origin.

3. **Can race ever be taken into consideration in making placements? When?**

On rare occasions, the distinctive needs of an individual child may warrant consideration of the child's race, color, or national origin. Any consideration of these factors must pass the strict scrutiny test: Is it necessary to take into account the child's needs related to race, color, or national origin in order to make a placement that serves this particular child's best interest? If it appears that the child does have these distinctive needs, caseworkers should document their response to the following questions:

- o What is the child's special or distinctive need based on race, color, or national origin? Why is it in the child's best interests to take these needs into account?
- o Can the child's needs related to race, color, or national origin be taken into account without delaying placement and placing the child at risk of other harms?
- o Can these needs be met by a prospective foster or adoptive parent who does not share the child's racial or ethnic background?
- o Can these needs be met only by a same race/ethnic placement? If so, is some delay justified in order to search for a parent of the same race or ethnicity, if an appropriate person is not available in the agency's current files?



- o In a foster care placement, can the child's special needs be taken into account without denying the child an opportunity to be cared for in a readily available foster home?
- o What are the child's other important needs?

Even when the facts of the particular case allow some consideration related to race, color, or national origin, this consideration should not predominate. Among other needs to be considered and typically to be given the most weight are: the child's age, ties to siblings and other relatives, health or physical condition, educational, cognitive, and psychological needs, and cultural needs, including religious, linguistic, dietary, musical, or athletic needs. In addition, the child may have personal preferences that he or she can articulate and discuss.

MEPA-IEP encourages child welfare workers to make decisions on the basis of the individualized needs of each child, and renders suspect any placement decision based on stereotypical thinking or untested generalizations about what children need. From now on, it should be clear that any use of race, color, or ethnicity is subject to the strict scrutiny standard of review, and that the use of racial or ethnic factors is permitted, only in exceptional circumstances where the special or distinctive needs of a child require it and where those needs can be documented or substantiated.

Consider the following example: A six-year-old girl in foster care has been attending a school where she is regularly teased because of her race. She is deeply distressed about this and cries inconsolably whenever the teasing occurs. This child needs a foster parent who can work with staff and other parents at her current school to improve the situation there. The foster parent has to help the child understand that the teasing is inappropriate and not a reaction to anything she did that was objectionable.

While this child has a specific race-based need, the caseworker cannot assume that the only way to meet this need is through a same-race placement. It is an issue to discuss with the foster parent (or a prospective foster parent), regardless of their race. Simply being from the same racial background does not ensure that a particular individual will do any better in helping the child cope with the atmosphere in school than an individual from a different racial background.

Consider another example: A three year old boy born in Honduras and present in this country for less than six months is suddenly removed from his parents who have allegedly beaten him. His verbal skills are age appropriate but he only speaks and understands Spanish. He needs immediate foster care, preferably in a home where Spanish is spoken. Although this child will eventually need to learn English, his immediate needs call for finding a foster parent who speaks Spanish. It would not be appropriate to limit the search to someone from Honduras or some other Latin American country. The placement should be made on the basis of the child's demonstrable cultural needs, and not on the basis of the child's national origin.

4. **Can state law or policy include a preference for racial or ethnic matching so long as no child or prospective parent is precluded from being considered for placement on the basis of his or her race, color, or national origin?**

MEPA-IEP does not allow state laws or policies to be based on blanket preferences for racial or ethnic matching. General or categorical policies that do not derive from the needs of a specific child are not consistent with the kinds of individualized decisions required by MEPA-IEP. Statutes or policies that establish orders of preference based on race, color, or ethnicity or that require caseworkers to justify departures from these preferences violate MEPA-IEP and Title VI.

5. **Can agencies honor the preferences of a birth parent based on race, color, or national origin?**



Because agencies subject to MEPA-IEP may not deny or delay placements on the basis of race, color, or national origin, they cannot honor a biological parent's preferences for placing the child in a family with a similar racial or ethnic background.

6. Does MEPA-IEP prevent States from having a preference for placing a child with a relative?

MEPA-IEP does not prohibit a preference for placing a child with relatives, if the placement is in the best interest of the child and not in conflict with the requirement that the child's health and safety be the paramount concern in child placement decisions.

In 1996, Congress added a section to the title IV-E State Plan requirements that States are to consider giving preference to an adult relative over a non-related foster or adoptive parent, provided that the

relative meets all relevant state child protection standards. Many states include preferences for relatives in their foster care or adoptive placement statutes or administrative regulations. Nonetheless, caseworkers should not use general preferences for placing children with relatives as a device for evading MEPA-IEP. All placement decisions should be specific to the needs of the individual child.

7. Does MEPA-IEP apply to white children?

MEPA-IEP applies to all children regardless of race or ethnicity. For example, if a worker determines an African American family can best meet the needs of a white child, denying the child that placement on account of race would be illegal.

8. How does MEPA-IEP apply to infants?

MEPA-IEP applies regardless of the age of the child. The 1995 and 1997 Guidance's suggest that the age of the child may be a factor in determining the effect of race or ethnicity on the best interest of the child. For example, an older child may have a strong sense of identity with a particular racial or ethnic community; an infant may not have developed such needs. However, the Guidance's emphasize that each decision must be individualized. Further, the 1998 Guidance notes that, regardless of age, racial or ethnic factors can seldom determine where a child will be placed.

9. How should biracial/bicultural and multiracial/multicultural children be treated?

MEPA-IEP requires that all children be treated equally, without regard to their racial or ethnic characteristics. If a child has a mixed racial ethnic heritage, that heritage does not have to be ignored when assessing the child's needs, but it cannot become the basis for a placement decision except in those exceptional or distinctive circumstances that would apply to making a placement decision for any other child based on race, color, or national origin.

Nevertheless, in order to comply with the Indian Child Welfare Act (ICWA), children entering the child welfare system who may have some Native American heritage should have their existing or potential tribal affiliations ascertained immediately so that ICWA notice, jurisdictional, and placement requirements can be followed. Because ICWA is not based on a child's race as such, but on the child's cultural and political ties to a quasi-sovereign federally recognized Indian tribe, ICWA is not affected by MEPA-IEP. This means that a child with a certain quantum of "Indian blood" may or may not be subject to ICWA. Caseworkers generally have to rely on tribal determinations whether or not the child is a tribal member or eligible for membership.

10. Does MEPA-IEP apply to private agencies and independent adoptions?

MEPA-IEP applies to all agencies and entities receiving federal assistance directly or as a subrecipient from another entity. Agencies or entities that do not receive federal assistance are not covered by



MEPA-IEP unless a federally assisted agency is also involved in their placement decisions. However, other statutes or policies prohibiting discrimination may cover these entities.

11. Can agencies conduct targeted recruitment?

MEPA-IEP requires diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of the children who need homes. Therefore, states must develop strategies that reach the communities of these families. At the same time, states and other entities must ensure that they do not deny anyone the opportunity to adopt or foster a child on the basis of race, color or national origin.

The 1995 federal Guidance discussed targeted recruitment efforts as part of a comprehensive strategy aimed at reaching all segments of the community. The 1995 Guidance provides that information should be disseminated to targeted communities through organizations such as churches and neighborhood centers. It further suggests agencies develop partnerships with community groups that can help spread the word about waiting children and identify and support prospective adoptive and foster parents.

In addition, the 1998 Guidance states that targeted recruiting cannot be the exclusive means for a state to identify families for particular categories of children. For example, while a state may contract with a private agency to make public announcements in Spanish to recruit Hispanic foster and adoptive parents, the state may not rely exclusively on that private agency to place Hispanic children. Rather, in identifying a potential pool of foster or adoptive parents for a child, the state must consider individuals listed with agencies that recruit parents from all ethnic groups.

12. Do prospective adoptive parents have the right to adopt a particular child?

Under MEPA-IEP, individuals cannot be denied an opportunity to be considered as a potential adoptive parent. They have a right to an assessment of their suitability as adoptive parents that are not based on discriminatory criteria. If accepted into the pool of qualified applicants for an agency, a state, or an interstate exchange, they have a right to be considered as a possible adoptive parent for children for whom they have expressed an interest, and whose needs they believe they can meet. However, neither they nor anyone else has an absolute right to adopt a particular child.

When foster parents seek to adopt a child who has been in their care for a significant period of time, the child's attachment to them and the child's need for permanence may suggest that they are the most appropriate parents for the child. Nonetheless, this decision must be based on the agency's and the court's assessment of the child's best interests and not on an alleged "right" of the foster parents to adopt this child.



Additional Guidelines For Foster Parents with Dogs

Choosing a Pet for the Home--While no specific breed of dog is exempt from becoming aggressive, the dogs that are indicated by the American Veterinary Medical Association to have higher incidences of bites include the following:

Chow Chow	German shepherd	Pit bull
Akita	Rotweiler	Doberman
Chihuahua	Dachshund	Terriers
Husky-type	Wolf-dog	Malamute

By no means, is this to infer that all dogs of the breeds listed are aggressive and prone to attack humans; however these breeds do require less provocation or coaxing than dogs of other breeds. Dogs that are said to be less aggressive toward humans, but must be closely monitored, nonetheless, include the following breeds:

Labrador Retriever	Vizsla	Brittany Spaniel
Collie	Golden Retriever	Australian Shepherd
Old English Sheepdog	Bloodhound	Basset Hound
English Bulldog	Norwegian Elkhound	Keeshond

Child and Dog Safety Tips – Being around and interacting with pets can be one of the child's fondest memories of being in care. A close, nurturing relationship with a pet can provide a very therapeutic experience for a child. Unfortunately, this may not prove to be true with the child's relationship with other animals, or even the same animal under less friendly circumstances.

While the laws in Georgia governing dog safety do not provide a more preventive remedy, there are measures that foster parents can take to support and ensure the safety of children around animals. If you are contemplating buying a pet, check with your local vet, pet store or go to Purina's web site for assistance in locating people-friendly or child-friendly pets. Additional guidelines foster parents should consider when bringing a pet dog into the home include the following:

- Choose a puppy rather than an older dog that may be less friendly toward strangers. An older dog should be assessed by a vet to determine if he is suitable for children.
- Demonstrate for the children acceptable behavior toward pets prior to the dog's arrival.
- Teach children how to assist with the feeding, maintenance and training of the dog. This spawns a relationship with the dog and teaches children a sense of responsibility.
- Interact with the dog in the presence of the children.
- Supervise children closely when they are playing with a dog.
- Teach children the proper way to get acquainted with dogs.
- Discourage children from teasing or handling the dog roughly.
- Refrain from including the dog at parties or other situations of high excitability or aggressiveness. The dog may become too excited and aggressive.
- Train the dog to respond to your commands.

Provide opportunities for safe socialization with dogs. Children should be instructed in habits of sociability and safe behavior toward dogs, using the following tips and guidelines:

- A dog wagging its tail is not always friendly.
- Never attempt to touch a strange dog.



- Never touch a dog that is growling, barking or showing its teeth.
- Never stare a dog in the eye when it is behaving aggressively.
- Back away slowly from an aggressive dog; never run.
- If knocked down by an aggressive dog, protect the head and neck with the hands and forearms, taking care to keep the hands closed to protect the fingers.
- Never run up to a dog.
- Never approach a dog without grown-up supervision, especially a strange dog.
- Allow the dog to sniff your scent before attempting to pet or touch him.
- Never approach a guard dog or a watchdog.
- Obey owner's sign regarding the potential danger of dogs.
- Never disturb a dog that is eating or has a treat of any sort in its mouth.
- Don't yell, make loud noises, or attempt to frighten the dog.
- Don't attempt to ride on the dog's back.
- Refrain from pulling the dog's ears, touching his eyes, or pulling its tail.

Foster parents are encouraged to seek out additional information regarding the safety of children in the presence of dogs. Visit your local library or log on to these web sites:

- American Veterinary Medical Association: www.avma.org
- The Centers for Disease Control (dog bite prevention advice)
www.cdc.gov/ncipc/duip/dogbites.htm
- American Kennel Club for Purebred Dogs: www.akc.org
- Humane Society of the United States: www.hsus.org

ACCEPTABLE METHODS OF DISCIPLINE

Discipline Guidelines and Acceptable Alternatives to Punishment

The guidelines below were developed to help parents meet the needs of children using non-physical means of discipline. This information is provided to participants in the IMPACT Pre-service Training.

10 TECHNIQUES TO SHAPE CHILDREN'S BEHAVIOR

Shaping means providing the child with cues and reinforcements that direct them toward desirable behavior. As you shape behavior, the child's personality tags along and also changes and improves. The main ways to shape a child's behavior are through:

Praise
Selective ignoring
Consequences
Motivators
Reminders
Negotiation
Withdrawing privileges
No nagging
Humor



PRAISE

Praise is a valuable shaper; children want to please you and earn your approval. Yet, you can easily overdo it. Praise the behavior, not the person. Praises like "good girl" or "good boy" risk misinterpretation and are best reserved for training pets. These labels are too heavy for some children. ("If I don't do well, does that mean I'm bad?") Better is: "You did a good job cleaning your room," "that's a good decision," "I like the way you used lots of color in this picture." The child will see that the praise is sincere since you made the effort to be specific; it shows that you're paying attention. For quickies try "Great job!" or "Way to go!" or even "Yesss!" To avoid the "I'm valued by my performance" trap, acknowledge the act and let the child conclude the act is praiseworthy. If you praise every other move the child makes he will either get addicted to praise, or wonder why you are so desperate to make him feel good about himself. Be realistic. You don't have to praise, or even acknowledge things he just does for the joy of it, for his own reasons.

Shaping through praise works well if you have a specific behavior goal that you want to reach, for example, stopping whining. Initially, you may feel like you are acknowledging nearly every pleasant sound your child makes ("I like your sweet voice"). Eventually, as the whining subsides, the immediate need for praise lessens (of course, a booster shot is needed for relapses) ,and you move on to shaping another behavior.

Change praises. To keep your child's attention, change the delivery of your accolades. As you pass by the open door of the cleaner room, say: "Good job!" Show with body language a thumbs-up signal for the child who dresses herself. Written praises are a boon in large families. They show extra care. Private praises help, too. Leave little "nice work" notes on pillows, yellow "post-its" on homework, messages that convey that you noticed and that you are pleased. Children need praise, but don't overdo it. You don't want a child to look around for applause whenever she lifts a finger.

As an exercise in praise giving, write down how many times you praised and how many times you criticized your child. As an exercise in praise giving, write down the number of times in the last 24 hours that you praised (pull-ups) or criticized (pulled-down). If your pull-ups don't significantly outnumber your pull-downs, you are shaping your child in the wrong direction.

Praise genuinely. Praise loses its punch if you shower acclaim on usual and expected behavior; yet when the child who habitually strikes out finally hits the ball, that's praiseworthy. Simply acknowledge expected behavior, rather than gushing praise. Acknowledgment is dispassionate praise that shapes a child to please himself rather than perform for approval. Don't make up fake kudos.

Use the art of complimenting. Teach children to be comfortable giving and receiving compliments. Tell them, "What a handsome boy you are" or "How pretty you look in that dress!" Eye and body contact during your delivery reinforces the sincerity of your acknowledgment. Make sure you're sincere. Children with weak self-worth have difficulty giving and receiving compliments. They are so hung up on how they imagine the receiver will take their tribute that they clam up; they feel so unworthy of any compliment that they shrug off the compliment and put off the person giving the compliment. Learn to give and take a compliment yourself so that you can model this to your child. Compliment yourself, "I feel good about the sale I made today!" Parental self-image directly affects children's self-confidence, and the ability to give and receive compliments comfortably.

Addressing problems with praise. While appropriately used praise can shape behavior, it's not the only way to reinforce good behavior. Praise is an external motivator. The ultimate goal of discipline is self-discipline—inner motivation.

Expect good behavior. Excessive praise will give children the message that obedience and good behavior are optional. It's better to give your child the message that he is doing exactly what you expect, not something out of the ordinary. Children are programmed to meet your expectations. Sometimes all that is needed for you to break a negative cycle is to expect good behavior. Treat them as if they really are going to choose right. When parents don't expect obedience, they generally don't get it.

SELECTIVE IGNORING

Learn to ignore smallies and concentrate on biggies. A smallie is a behavior that is annoying, but doesn't harm humans, animals, or property, or which even if uncorrected does not lead to a biggie. These childish



irresponsibilities will self-correct with time and maturity. Ignoring helps your child respect the limits of a parent's job description (e.g., "I don't do petty arguments"). Ignoring undesirable behaviors works best if you readily acknowledge desirable ones. The ignored interrupter learns to enter adult conversations with "excuse me" once you reinforce the use of these polite addresses. Ignore the misbehavior, not the child.

CHOICES HAVE CONSEQUENCES

Experiencing the consequences of their choices is one of the most effective ways children can learn self-discipline. These lessons really last because they come from real life. Most success in life depends on making wise choices. Being able to think ahead about the positive or negative consequences of an action and choose accordingly is a skill children must learn.

Building a child's natural immunity to bad choices. Letting natural consequences teach your child to make right choices is a powerful learning tool. Experience is the best teacher: He's careless, he falls; he leaves his bicycle in the driveway, it gets stolen. Children make unwise choices on the way to becoming responsible adults. Children must experience the consequences of their actions in order to learn from them. Expect the preschooler to help clean up his messes. Let your school-age child experience the penalty for not completing homework by bedtime. After years of small inoculations of consequences, the child enters adolescence at least partially immunized against bad choices, having had some genuine experience with decision-making. Children learn better from their own mistakes than from your preventive preaching.

Adolescence is a time when the consequences of wrong choices are serious. The child who has learned to deal with smallies is more likely to be successful with biggies. Being a wise immunizer means keeping a balance between overprotecting your child and being negligent.

Sometimes the best solution is to offer the child guidance, state your opinion, and then back off and let the consequence teach your child. Use each consequence as a teachable moment, not an opportunity to gloat. Avoid sentences that begin with "I told you so..." or "If you would have listened to me..." But to be sure that your child learns these little lessons of life, talk through each situation. Replay the tape so that your child gets the point that choices count, and his actions affect what happens. You want your child to realize that he is happier and his life runs more smoothly when he makes wise, though perhaps not easy, choices. Let the consequence speak for itself. The child spills her soda and there's no more soda – without your commentary.

Use logical consequences to correct. Besides letting natural consequences teach your child, you can set up parent-made consequences tailored to have lasting learning value for your child.

For the most learning value, balance negative with positive consequences: The child who frequently practices the piano gets the thrill of moving through his books quickly and receiving hearty applause at his recital. The child who consistently takes care of her bicycle merits a new one when she outgrows it; otherwise, she gets a used one. The child who puts his sports equipment away in the same place each time gets the nice feeling of always being able to find his favorite bat or soccer ball.

In these examples, no amount of punishment could have had the lasting teaching value of natural and logical consequences. With punishment, children see no connection between their behavior and the discipline. With consequences, the child makes the connection between the behavior and the results. You plant a lesson of life: take responsibility for your behavior.

MOTIVATORS AND REWARDS

Children and adults behave according to the pleasure principle: behavior that's rewarding continues, behavior that's unrewarding ceases. While you don't have to go to the extreme of playing behavioral scientist, you can invent creative ways to motivate desirable behavior with rewards. Motivators help family life run more smoothly: "First one in bed picks the story."

A word of caution. Prizes are a way to entice the child toward goals you've made for him. The ultimate goal is self-discipline – a child behaves because she wants to or because she knows you expect good behavior. She shouldn't expect a prize each time she behaves well.



To work, a reward must be something the child likes and truly desires. Ask some leading questions to get ideas:

"If you could do some special things with mom or dad, what would they be?"

"If you could go somewhere with a friend, where would you like to go?"

"If you had a dollar, what would you buy?"

Granting privileges and rewards are discipline tools to set limits and get jobs done. "If you hurry and do a good job cleaning your room, you might get finished in time to play outside before dinner."

Reward charts. Charts are a helpful way to motivate young children. They see their progress and participate in the daily steps toward the reward. The chart stands out as a testimony of good behavior for all to see. Charts work because they are interactive and fun. Even the business world uses charts as profit motivators. Throughout life many children will be surrounded by performance charts, so they may as well get used to seeing them in their home. When nothing else seems to be working, behavior charts help a child get over the hump of extinguishing an undesirable behavior. As you weed out undesirable behaviors one by one, your child gradually gets used to the feelings that come with good behavior, and these feelings become self-motivating. In making reward charts, consider these tips:

Follow the basic rule: KISMIF – Keep it simple, make it fun.

Work with your child. Let your child help construct the chart and make daily entries.

Construct the chart so that the child has a visual image of closing in on the reward. Have the child draw a picture of what she wants. Then outline the periphery of the picture with dots several inches apart. With each day of successful behavior (e.g., each time he remembers to take out the trash) the child connects another dot. When all the dots are connected, the child collects the prize.

Display the chart in a high visibility location. Giving the chart a high profile and high visibility gives the child easy access, and serves as a frequent reminder of the desired behavior..

Make the chart interactive: connecting dots, pasting on stickers or different colored stars, anything more interesting than a check mark.

Charts can contain positive and negative entries, reminders of both types of behaviors. For example: Use daily charts to correct bedwetting in children older than five. The child puts a happy face sticker on the chart every morning he wakes up dry and a sad face sticker on the chart on mornings he wakes up wet. If the happy faces outnumber the sad faces at the end of the week, the child gets to choose where he wants to go for lunch on Saturday.

Frequent, simple rewards keep motivation high. For a toddler, use end-of-the-hour rewards; for the preschooler, end-of-the-day rewards; for the school-age child, end-of-the-week rewards. A month is an unreachable eternity for any child. For the preschool child, rather than set a calendar time, refer to an event such as "dinner time" or "after Sunday school." Novelty wears off quickly for children. Change charts frequently.

Creative rewards. Besides charts, design your own clever motivators. For example: "The ticket system" Give three 'free' tickets to start the day. Let the child earn tickets for helping without being asked, for doing assigned chores, for having a good attitude, etc. They lose tickets for whining, complaining, or refusing to obey. At the end of the day or the week, the child should get a special treat that was prearranged according to the number of coupons collected (frozen yogurt, a movie, a hamburger, etc.).

This is not a system for everyone's problems. It's very time-consuming. It is, however, a lot of fun and well worth the effort.

REMINDERS

"But I forgot." "But I didn't know I was supposed to." As lame as these excuses sound to adults, children do honestly forget and need reminders to keep their behavior on track.

Reminders are cues that jog the hazy memory of a busy child. They may be subtle prompts in the form of a look that tells the about-to-be-mischievous child, "You know better," or a short verbal cue that turns on the child's memory: "Ah! Where does that plate belong?"

Reminders are less likely to provoke a refusal or a power struggle than are outright commands. You have already painted the scene in the child's mind, he knows what you expect, and he has previously agreed to



it. Reminders prompt a child to complete a behavior equation on her own. You give a clue and the child fills in the blanks. You stand over a pile of homework sprawled on the floor, then scowl disapprovingly. He gets the message and picks up the homework without you even saying a word.

Written reminders go over better with children who don't like to feel controlled. You avoid a face-off. It's up to the child to carry out the reminder in good time to avoid getting a verbal direction. Frequent reminders of what's acceptable and what's not lets the child know what is normal for your home.

THE ART OF NEGOTIATING

Bargaining with your child doesn't compromise your authority. It strengthens it. Children respect parents who are willing to listen to them. Until they leave your home, children must accept your authority— that's not negotiable; but that doesn't mean you can't listen to their side of things.

Negotiating is a win-win situation that benefits both parents and children. Parents show that they are approachable and open to another's viewpoint—a quality children become more sensitive about as they approach adolescence. In teen years you will find that negotiating becomes your main behavior management tool, because adolescents like to be treated as intellectual equals and expect you to respect their viewpoint. If used wisely, negotiating improves communication between parent and child. A stubborn insistence on having your own way has the opposite effect.

Sometimes let your child take the lead. Use a well-known negotiating tool: Meet the child where he is, and then bring him to where you want him to be. For example, you want your child to sit and read a book with you, but he's intent on wrestling as evidenced by his grabbing your arm and showing signs that he wants physical play. Let him spend a bit of energy roughhousing on the floor. Tire him out enough so that he can then sit still and read the book. This is not giving into the child or letting the child be in control, it's simply being a smart negotiator. It's a way to bring your child back to your agenda after a short excursion that satisfies the needs of his agenda.

Follow the house rules. Command and exhibit respect during negotiations. If your child starts yelling or acting disrespectful of your authority, close the discussion: "You must not talk to me in that tone, Susan. I'm the mother, you're the child, and I expect respect." This sets the tone for future negotiations. You may have to remind your child of this non-negotiable fact of family life often during the pre-teen and teen years. Because of the constant haggling that older children do, it is easy to let your authority slip away. Don't! You need this authority to keep order in the house, and your child will need to respect authority to get along in life.

There will be situations when you don't want to haggle with your child. You know you're right and your child is being unreasonable. Before the child works himself into a dither, break off the negotiations. That's the parents' prerogative.

If used wisely, negotiation can become a valuable communication tool, helping children develop their reasoning abilities. Teach your child that negotiations work best when everyone is calm and peaceful, not in the heat of the moment. "I don't like the way you are talking to me. Come back later when you're feeling more peaceful." When you're not sure, or feeling pressured, decide not to decide.

WITHDRAWING PRIVILEGES

Withdrawing privileges is one of the few behavior shapers you never run out of. Kids will always want something from you. For this correction technique to have a good chance of preventing recurrence of misbehavior, the child must naturally connect the privilege withdrawal with the behavior: "If you ride your tricycle into the street, you lose the use of your tricycle for the rest of the day."

This correction technique is commonly used in adult law enforcement: You get caught driving drunk and you lose your license. But this doesn't cure your drinking problem. So you see, withdrawing privileges has its limits as a discipline technique. What does withholding television have to do with being home in time for supper, a child may wonder.



Losing privileges can work if it's part of a pre-agreed behavior management strategy decided on during a family meeting. Parents state the behaviors they expect from their children and announce that part of the fun of being a parent is granting privileges to the children so they can have some fun too. But if the children don't hold up their end of the bargain, the parents cannot grant those privileges. So, being home in time for supper gets you the privilege of a half-hour of TV rather than the TV time being an inalienable right of every citizen of the household. As children get older they need to learn a valuable lesson for life: With increasing privileges come increasing responsibilities.

NO NAGGING

"You're picking your nose again." "Watch where you're going." "Late again!" "Can't you do anything right?" Persistent negative comments like these, called nagging, nip away at a child's self-worth. Studies show that nagging does not improve behavior; it actually worsens it. Nagging is especially defeating in children with a poor self-image. Nagging and repeating commands make children nervous. Some children exhibit more than their fair share of negative behavior, but constantly reminding them produces more negative behavior. It is better to purposely pick out some redeeming qualities and concentrate on the positives ("I like the way you stepped aside for your sister"). You will see the negatives melt away. Continuing to talk, or repeating advice that you've previously given, tells the child that you don't trust her to carry out a simple request, such as "Put a load of laundry in, please." If you add a string of qualifiers, you're teaching her you don't trust her to do it right (your way). If you can't stop "advising," start writing notes.

HUMOR: THE BEST MEDICINE

In disciplining a growing child, a parent wears many costumes: You put on your policeman's cap for dangerous situations, your preacher's collar for morality lessons, your diplomatic tie and tails for power struggles, and your doctor's coat for healing little hurts. But the costume that will serve you best during tough discipline times is your jester's cap.

Humor surprises. Levity catches a child off guard and sparks instant attention, diffusing a power struggle before the opening shots are fired. Humor opens up closed little ears and minds.

Use humor sensitively. There are times when your child's behavior is no laughing matter. Also, children are sensitive to ridicule and sometimes take your humor as a sarcastic put-down, even when you may simply be trying to bring a bit of levity to a tense situation. There are times to be serious, and there are times to be funny. Both have a place in disciplining your family. Much of your discipline can be amusing to your kids, and it's fun to have an admiring audience.

HOLDING A FAMILY MEETING

Family meetings are good times to set house rules. You are relaxed and the children are more receptive. Spur-of-the-moment rules ("You're grounded!") made when you are angry are likely to be unfair and not followed. Getting together to sort out discipline problems is a valuable way for parents and children to express their concerns. Discipline problems that involve one child should be handled privately, but there are times when all the children get a bit lax in the self-control department and the whole family needs a reminder. Suppose your house is continually a mess. Call a family meeting and invite suggestions from the children on how to keep the house tidy. Use a chalkboard to make it more businesslike. Write down the problem and propose solutions. Put together a "kids want/parents want" list in order to set goals.

Formulate house rules for happier living. Arriving at a general consensus is better than voting, which has winners and losers. Try a suggestion box and have the children write their suggestions on little cards. You'll learn a lot about your living habits that way. You can use family councils to help a child solve a problem. Develop a share-and-care atmosphere. Make the meeting fun. Besides your living room, try other meeting places, such as a family picnic at the park. Meetings shape family behavior and are a forum in which to foster family communication.

The information was adapted from Dr. William Sears at his website at www.askdrsears.com.



Definitions

Attachment Disorder- Inability to engage in close, meaningful relationships; superficially engaging; indiscriminate affection with strangers; lack of eye contact; not cuddly to parents; destructive to self, others, animals; lying; stealing; impulsive; lacks conscience; poor interaction with peers; sexual acting out.

Attention Deficit Disorder (ADD)- Excessive daydreaming, lethargic, shy, excessive confusion, problems processing information.

Attention Deficit Hyperactive Disorder (ADHD)- Inability to concentrate, impulsive, disruptive, non-compliant. This is common in children who have been prenatally exposed to drugs.

Basic Service Rate- The Basic Service Rate is the Division's established per diem for a child in care. It partially reimburses the provider for costs associated with room and board, clothing replacement, medicine chest and incidentals.

CASA- Court Appointed Special Advocate- Specially trained volunteers who advocate for the best interest of abused and neglected children.

Case Plan- A written tool, which is mutually developed by the Case Manager and the parent to change the circumstances and/or conditions which caused the child to come into care.

Case Review- A periodic review of the Case Plan about every six months. The purpose of the review is to determine the appropriateness of the goals and services as well as the progress being made toward the ultimate achievement of permanency for the child. Foster parents often participate in Citizen panel reviews.

Downs Syndrome- Mild to moderate mental retardation due to chromosomal disorder. Normally very loving, friendly and responsive.

Dyslexic- A learning disorder which can include reversal of letters and words, poor writing and hand writing skills, memory difficulties; left and right orientation; requires professional diagnosis.

Fetal Alcohol Effect (FAE)- Prenatally exposed to alcohol but not displaying all the symptoms of FAS.

Fetal Alcohol Syndrome (FAS)- A pattern of abnormalities in children prenatally exposed to alcohol; leading cause of mental retardation; effects irreversible; low weight; dysmorphic facial features (flattened midface, low set ears, ear deformity; microcephaly; developmental delays; intellectual impairment; hyperactivity; motor problems.

Hypertonic- High muscle tone, stiff, cerebral palsy like.

Hypotonic- Low muscle tone, floppy, overly flexible limbs, poor ability to support body.

Independent Living Program (ILP)- Federally funded program that provides life skills services to youth, age 14 and over.

Individualized Education Plan (IEP)- An educational plan made by the school system to meet the individualized educational needs of a child. IEP's are usually made for children with specialized needs.

Learning Disabled- A term used to describe a person with a handicap that interferes with the ability to process, store or produce information.

Least Restrictive Environment- a living or educational setting that allows a child to obtain the greatest benefits under the circumstances.

Medically Fragile- Infants and children whose medical problems and disabilities place them at risk for life-threatening conditions; e.g., substance exposed, ventilator dependents, etc.

Microcephalic- An abnormally small head.

Opposition Defiant Disorder- Often loses temper; often argues with adults; Often actively defies or refuses to comply with adult requests or rules; deliberately annoys people; blames others for his mistakes; angry; resentful; spiteful.

Orally Defensive- Sensitivity to eating utensils; food, especially food with consistency (not firm); tooth brushing; often seen in infants prenatally exposed to drugs.

Prenatally Exposed to Substance Abuse- Refers to one whose mother used drugs and/or alcohol during pregnancy.

Special Education- is instruction that is specially designed, at no cost to the parent or legal guardians, to meet the child or youth's unique needs.

Sudden Infant Death Syndrome (SIDS)- Also known as "crib death." Sudden unexpected death of otherwise healthy infant; infant will stop breathing during sleep; usually under the age of one. It is strongly suggested that this age group be put to sleep on their backs to lessen the risk of death.

Voluntary Placement Agreement- This agreement gives the county department placement authority for some children in care. Usually the child is placed due to a family crisis, which is intended to be temporary in nature. Placement services are offered for 90 days, with a single extension of 90 days as a possible option.

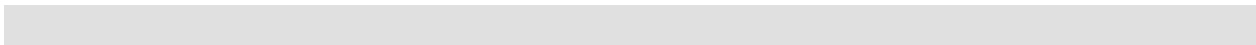


Size & Weight Guide for Child Safety Seats

From	To	What You Need to Know when Using and Purchasing a Seat:
Birth-5 lbs.	To one year at least 20-22 lbs.	<p style="text-align: center;">Infant only (Rear-Facing) (\$70 - \$100)</p> <ul style="list-style-type: none"> • Disadvantages: The infant carrier in most cases will last a child only 6-months. Caregivers may get much more use out of a Convertible seat particularly if the baby is greater than four months old. • Advantages: Ease of Use. The infant seat pops in and out of a base unit secured by the seatbelt to the vehicle. • Possible Seats: Graco Snug Ride Infant Carrier (All seats listed here are infant carriers and should be purchased with a 5-point harness.) • 5-point harness straps should be at or below the shoulders. The straps should be snug and comfortable for the child. The harness retainer clip should be at armpit level. • If a child under one year weighs more than 20-22 pounds, use a convertible seat facing the rear of the car. Look for seats that accommodate higher weight limits. * Note: In addition to keeping your child rear facing to at least 20-22 lbs and 12 months, children are best protected if they remain rear facing to the upper height and weight limits of their rear facing seat according to the American Academy of Pediatrics 🚒
Birth-5 lbs.	30–35 lbs.	<p style="text-align: center;">Rear-Facing Convertible seat (\$55 - \$85)</p> <ul style="list-style-type: none"> • Advantages: The Convertible seat can be used both rear and forward facing. One child can use the seat for a longer period of time than the rear facing only infant seat. • Possible Seats: Cosco Touriva, Graco Comfort Sport, Evenflo Titan, Evenflo Tribute V (All seats listed here are convertible seats and should be purchased with a 5-point harness.) • 5-point harness straps should be at or below the shoulders. The straps should be snug and comfortable for the child. The harness retainer clip should be at armpit level. • If a child under one year weighs more than 20-22 pounds, use a convertible seat facing the rear of the car. Look for seats that accommodate higher weight limits. * Note: In addition to keeping your child rear facing to at least 20-22 lbs and 12 months, children are best protected if they remain rear facing to the upper height and weight limits of their rear facing seat according to the American Academy of Pediatrics 🚒
20 lbs.	40 lbs.	<p style="text-align: center;">Forward-Facing Convertible seat</p> <ul style="list-style-type: none"> • Advantages: The Convertible seat is a good choice for a child that has not yet met the minimum of 1 year and 20 pounds to be kept rear facing. The seat can be used rear facing for the child and turned forward facing for a toddler. • 5-point harness straps should be at or above the shoulders. The harness retainer clip should be at armpit level. The straps should be snug and comfortable for the child. • Most seats require top slot for forward facing and the use of a tether.
Over 1 year and 20-22 lbs.	40 lbs.	<p style="text-align: center;">Forward-facing seat only (also known as Combination seat) (\$55 - \$75)</p> <ul style="list-style-type: none"> • Advantages: The Forward-Facing Only or Combination seat is an excellent choice if the child has already reached the 1 year and 20 pounds minimum to be turned forward facing. The Combination/Forward-facing only seat can be used with a harness for smaller children and without a harness as a belt-positioning booster for bigger children. • Possible Seats: Graco Ultra/Treasured CarGo, Safety 1st Vantage Sport, Cosco Commuter, Evenflo Chase (All seats listed here are combination or forward-facing only seats and should be purchased with a 5-point harness.) • Keep children in a harness system to the maximum weight limit of the seat. Some seats now have harness systems that exceed 40 pounds. • Harness straps should be at or above the shoulders. The harness retainer clip should be at armpit level. The straps should be snug and comfortable for the child. • Most seats require the use of a tether.
40 lbs.	80 lbs.	

		<p style="text-align: center;">Combination seat used as a Belt-Positioning Booster</p> <ul style="list-style-type: none"> • The combination seat when used without the harness as a belt-positioning booster must be used with both lap and shoulder belt. • The proper fitting lap/shoulder belt will remain low and snug on the hips/thighs and the shoulder belt should fit snug crossing the chest and shoulder to avoid abdominal injuries. The child should be able to stay in this position for the duration of the car trip. • If no rear lap/shoulder belt is available, use a child safety seat with a harness system that accommodates the child to a higher weight limit or safety vest that can be restrained by the vehicle lap belt. • If no rear lap/shoulder belt is available, you might check with the local vehicle dealership to see if the vehicle can be retrofitted for lap/shoulder belts. • If no other type of restraint is available, use the lap belt, positioned low on the hips and adjusted snugly.
Over 40 lbs.	80-100 lbs.	<p style="text-align: center;">Belt-Positioning Booster (\$20 - \$60)</p> <ul style="list-style-type: none"> • Advantages: A belt-positioning booster can greatly reduce injury in a crash for older children. In fact, a study published in the Journal of the American Medical Association in 2003 indicated that children ages 4-7 were 59% less likely to sustain injuries in a crash if they were using a belt-positioning booster than children who were simply riding in an adult seat belt. • Possible Seats: Graco Turbo High Back Booster, Graco Backless Turbo Booster, Cosco Ambassador (low back) Booster, Evenflo Big Kid (High and No Back) Booster (All seats listed here are belt-positioning booster seats) • Belt positioning booster seats must be used with both lap and shoulder belt. • The proper fitting lap/shoulder belt will remain low and snug on the hips/thighs and the shoulder belt should fit snug crossing the chest and shoulder to avoid abdominal injuries. The child should be able to stay in this position for the duration of the car trip. • If no rear lap/shoulder belt is available, use a child safety seat with a harness system that accommodates the child to a higher weight limit or safety vest that can be restrained by the vehicle lap belt. • If no rear lap/shoulder belt is available, you might check with the local vehicle dealership to see if the vehicle can be retrofitted for lap/shoulder belts. • If no other type of restraint is available, use the lap belt, positioned low on the hips and adjusted snugly.
Birth	160 lbs.	<p style="text-align: center;">Positioning Devices for Children with Medical Necessity (\$125 - \$700)</p> <ul style="list-style-type: none"> • Advantages: These products can provide a safe transportation option in unique medical situations. • Can face the rear or front of the vehicle. • A medical professional and/or Children's Medical Services (CMS) may be able to provide assistance in selecting the correct positioning device for children with special health care needs. <p style="text-align: center;">All children age 12 and under are best protected in the back seat.</p>

NOTE: Ages and weights are approximate. Manufacturer's instructions should be consulted for exact figures. Use only safety seats with a label stating that the seat is approved for use in motor vehicles. Also, not all safety seats fit in all cars. Try a seat in your car before buying it.



Tips on Child Safety Seats

- You should always choose the CSS that fits the child, fits the motor vehicle and that you will use correctly and consistently.
- Foster parents are reimbursed for the pre-approved purchase of car seats. Foster parents must consult with their Case Manager before purchasing a car seat.
- Remember, if DFCS has reimbursed you for a CSS that CSS must remain with the individual child, even if the child leaves your care.
- Always check the CSS you are purchasing to ensure that it is labeled indicating that the CSS meets all federal motor vehicle safety standards (FMVSS).
- All CSS that are labeled indicating the CSS meets the FMVSS must meet or exceed the same standards. Therefore, price is not the best indicator of a seat's safety or protection capabilities.
- For ease of use, look for a CSS that offers front harness adjustment, narrow CSS base to fit into vehicle, and 5-point harness system instead of a tray shield.
- CSS may be purchased at area retail stores such as: Babies R Us, K-Mart, Target, Toys R Us, Wal-Mart, or specialty baby stores.
- Don't purchase a CSS at garage sales or thrift stores.
- Georgia Law requires that all children under 6 years of age ride in an appropriate child safety seat.



Developmental Milestones And Characteristics of Children

Age Range	Social Interactions	Physical Mastery /Manipulation	Sensory Stimulation /Perception	Emotional Well-being/Personality	Communication /Language
The Very Young (Birth to 6 mos.)	Briefly looks at person responds to voices, fixes eyes on person, stretches out to be picked up, clings when held, imitates facial expressions, excited at social approaches, reaches, pats faces, may use hug or kiss gesture.	Lifts head briefly, turns head, kicks legs vigorously, visually follows bright objects, holds toy given, reaches and grasps rattles, rolls over, sits with support in chair, fingers things, holds and mouths objects and bottle, plays with toes, transfers toys hand to hand, feeds self finger foods, sits unsupported.	Responds to sound and temperature changes, stares at light patterns, excited at parent's voice or face, listens to music, tires of unchanging settings and positions, likes and dislikes foods, responds to mirror image, conscious of strange settings and persons, shakes rattles for noise effect, visually inspects objects held, feels textures and shapes, rubs and pats.	Alert some times of day, comforted by holding, rocking, stroking, attends to mobiles and toys in view, less crying, smiles spontaneously, enjoys playing bath or with people, can soothe self sometimes, sleeping/eating patterns established, shows pleasure, anger, protest, fear, may complain, may giggle, sleeps through night and daytime naps.	Cries for assistance, quiets, attends to coos, vocalizes alone or in social approach, squeals, laughs, babbles, repeats sounds, vocalizes moods, repeats sounds series, vocalizes for attention, imitates sounds.
The Upright Infant (6 mo. to 1 year)	Plays pat-a-cake, peek-a-boo, offer toy to person, shows some humor; teasing, likes to be included and around people, fears strangers at times, can carry out simple requests, may "perform" for others, aware of approval/disapproval of others, imitates others, waves "by-by" or "so-big"	Bites and chews toys, tries to crawl or pull self about, gets self into sitting position, drinks from cup, crawls up and down stairs, stands briefly holding on; stands to play, walks with help; later walks alone, can pile up blocks, opens, shuts, explores containers and toys, tries out poking, crumbling, rattling, banging, objects held, may have trouble sleeping.	Rings bell, bangs toys for sound, looks for dropped toy, aware of some size differences with cups, anticipates next events from cues, will search for a hidden object, enjoys music, responds physically, perceives some social uses of toys-handles on cup; necklace over the head, pushes car.	Responds to own name, prefers family members, has some expressed toy preferences, indicates wants, some needs with gestures, responds to own image in mirror, persists in some play activities, displays moods, may fuss to have diaper changed, responds with hesitation to "no-no," hugs favorite soft toy or dog.	Calls parent for help vocally by pulling or gesture, shakes head for "no", understands "by-by" and words for eating, napping and family members, vocalizes in jargon patterns, has expressions for mom, dad, or a few objects, understands some simple requests, and imitates speech inflections.
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Overview of Developmental Milestones and Characteristics of Young Children

Age Range	Social Interactions	Physical Mastery /Manipulation	Sensory Stimulation /Perception	Emotional Well-being/Personality	Communication /Language
The Young Pre-Schooler (2-4 years)	Plays well with other children in cooperative imaginative games, utilizes adults for assistance, sometimes able to share and take turns, can separate from parents with little upset, adheres to some rules, engages in imitative role-play, uses dolls, vehicles, puppets to act out events, persists in simple table games with adults, shows affection and concern for younger children, peers, and animals.	Can pedal a small tricycle, can string beads, uses small pegs, alternate feet on stairs, can undo buttons and zippers, dresses with supervision, feeds self well, adheres to some rules, climbs, skips, tumbles, dances/balances, can build construction toys, manages own toilet needs, can draw a simple person, some shapes.	Enjoys action toys; imaginative toys and toy sets, knows a few colors, can count by rote, recognizes and labels some shapes, textures, can use seriated toys, puzzles; lottos, matches similarities/differences in sizes, weights, etc., can take apart and reassemble simple toys, uses art media with some purpose and persistence, can relate some amounts of objects, can recognize some alphabet letters or signs.	Can accept shared attention has own play interests, games, playmates, may be possessive with belongings, attention span and purposefulness increased, may be easily frustrated in tasks undertaken, may react negatively to efforts to usually have a beginning and end, is responsible with own belongings, knows age, address, phone, birthday, talks to self in monologue alone or near others, can handle difficult emotions with some control.	Listens to simple stories, uses language to indicate needs, desires, drops jargon and baby talk, has 50 or more words; then up to 1000, can repeat immediate experience, gives full name, sex, can repeat 3 digits, chats with others, asks questions, uses language to resolve difficulties or explain, relates some stories, sings some songs, rhymes, labels animals.
The Pre-Schooler in Transition (4-5 years)	Participates in group play; Invites playmates, contributes to adult conversation or activity, relates to table and ballgames with rules with supervision, accepts and completes some chores, attempts to organize play with peers, may boss or criticize, able to share, wait and take turns with ease, displays manners.	Can dress and wash self independently, can copy shapes; some letters and numbers, may write own name, cut shapes, able to draw person with many parts, is active with good body control, can catch a ball, hang from a bar, pedals and steers vehicles well, is accurate with bat, hammer, ball, can prepare simple foods, can climb tree, ladders or jump rope.	Relates to time, weather, seasonal concepts, and changes, can duplicate many simple patterns, counts to 20 or more, remembers and recalls pictures, events, notices, discrepancies; things out of place, recognizes most letters of alphabet, knows left and right, can predict what happens next, points out details, understands concepts of sizes, curious of outside world.	Takes responsibility for self often, joins family activities, knows right and wrong, can control emotions fairly well, behaves acceptably in public places, often silly; teasing, telling jokes, some awareness of adult concerns with safety, sex, work, money, friends, states feelings about self, chooses own friends and playmates, independent in neighborhood, accepts some instruction.	Asks meaning of words, describes uses of objects, shares ideas, exchanges, information, understands some abstract concepts, can rhyme words, knows many words, familiar stories, relates stories fairly well, few speech errors.

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Overview of Developmental Milestones and Characteristics of Young Children

Age Range	Physical Growth and Skills	Social Progress	Intellectual Growth and Activities
School Age (6-7 years)	One or two permanent teeth	Likes group play providing groups are small	Uses 2,500-3,000 words
	Very Active	Boys and girls play together	
	Absorbed in running, jumping, chasing, games	Boys wrestle, fight and are best friends	Likes dramatic play. Have imaginary friends. May believe radio characters are real. Knows name, how to cross street.
	Likes wheel toys	Able to use phone well	Name-calling. Vulgar talk common.
	Can dress without help	Teachers' opinions very important	
School Age (7-8 years)	Dawdles	Rapid alternation between goods and bad behavior	Is beginning to read and knows coins and number combinations up to 10.
	Adds 3 to 5 pounds of weight yearly	Competition at play begins. Wants to dress and act like friends	Has ability to make things, often not up to standards of what he/she would like to do.
	Nervous habits such as nail biting and thumb sucking continues but shows no increase between ages 6-12	Choice of friends not influenced by social or economic status	Can tell time
	Less impulsive and boisterous in actions	Awareness of differences between home and those of others increasing	Can run errands and make purchases.
		Recognition of property rights sketchy.	Knows what month it is.
			Argues about what he/she is expected to do.
			Curious about differences between sexes and how babies are born.
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Overview of Developmental Milestones and Characteristics of Young Children

Age Range	Physical Growth and Skills	Social Progress	Intellectual Growth and Activities
School Age (8-9 years)	<p>Ten permanent teeth.</p> <p>Likes games requiring coordination of muscles, hitting a moving target, catching ball (one hand).</p> <p>Ability to write progressing.</p> <p>Can swim, bicycle and roller skate expertly, if given opportunity to learn.</p> <p>Bathes self sketchily.</p>	<p>Some evidence of modesty due to social pressure</p> <p>Group projects OK but not real teamwork.</p> <p>Recognition of property rights established.</p> <p>Doll and paper doll play.</p>	<p>Begins to be interested in distant past. Likes Indian costumes, tales.</p> <p>Begins to read funnies</p> <p>Listens to radio but skeptical as to realness of program.</p> <p>Sense of humor marked</p> <p>Likes to hear of far-off places.</p>
Puberty (9-10 years)	<p>Slow growth in height.</p> <p>Can care for all physical needs</p> <p>Constantly on go and needs more rest and sleep.</p> <p>Disdainful of danger.</p>	<p>Sex differences in play begin to be marked.</p> <p>Antagonisms between sexes noticeable for next several years.</p> <p>Gang and club enthusiasm noticeable> (However, short lived.)</p> <p>Visits alone away from home. May go to camp.</p> <p>Now becoming reticent with adults.</p>	<p>Reading increases.</p> <p>Begin to have friends outside immediate neighborhood.</p> <p>Radio and drama appreciated.</p> <p>Interests begin in science, nature, and mechanics.</p> <p>Interested in how things are made, etc.</p>
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Overview of Developmental Milestones and Characteristics of Young Children

Age Range	Physical Growth and Skills	Social Progress	Intellectual Growth and Activities
Puberty (10-11 years)	Rapid increase in weight for girls.	Organized and competitive games, more prominent team work now possible.	Ability to plan ahead increasing. Gathering factual information is important.
	Willing to work hard to acquire physical skills.	Occasionally, privacy becomes important.	Now doing fractions Able to discuss problems.
	Interest in hazardous activities.	A room of one's own and secret caches for personal property desired.	Interested in other peoples' ideas. Growing capacity for thought
Puberty (11-12 years)	Girls falling behind the boys in physical strength.	Membership in clubs and groups increasing in importance.	Can understand human reproduction and can criticize own artistic products.
	No longer care to compete on equal teams.	Likes to take part in school and community affairs. Team games popular.	Can understand health rules. Has hobbies and needs money.
		Shyness may be becoming more noticeable.	Willing to work and earn it.
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Overview of Developmental Milestones and Characteristics of Young Children

Adolescence (12-18 years): Primary task is to develop a strong personal identity, which involves detachment from and rebellion against parents. Many feelings of ambivalence, self-doubt and isolation alternating with desire for adult roles and privileges. Have difficulty understanding their own anger and need to rebel. Typically require a lot of understanding, acceptance and comfort from parents.

Age Range	Physical Growth and Skills	Social Progress	Intellectual Growth and Activities
Adolescence (12-15 years)	Heightened physical power and co-ordination.	More selective in friendships, peers of opposite sex.	Capable of abstract thought.
	Development of secondary sex characteristics.	Cliques are common	Deductive and inductive reasoning starting to develop.
	Typically rapid growth for boys.	Assess people/situations in terms of the ideal.	Likes to think and discuss ideas, problems.
	Girls often attain final height.	Idealistic and romantic.	Exploration and experimentation with self and world.
	Onset of menarche.	Transient mood swings.	
Puberty (16-18 years)		Drive for independence with many returns to security of dependence.	
		Erratic work-play patterns.	
	Growth patterns vary.	Strong push toward independence.	Greater ability to use deductive and inductive reasoning.
	Girls finish growing.	Inconsistent, unpredictable, paradoxical behavior.	Verbally able to test out new thoughts and ideas.
	Boys may continue growing into 20's.	Very critical of self and others.	Argumentative.
	Genital maturation.	Deep need for peer approval.	Learning to see universalization of behavior.
		Desire for economic independence as a means of achieving adult cultural status.	Development of Intellectualism.
		Ego-concepts often include feelings of isolation, inferiority and self-doubt.	
		Strong desire for interpersonal social and sexual relationships.	

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Specialist Definition List

Audiologist	Assesses for hearing difficulties
Child Life Specialist	Helps child learn to handle medical procedures through medical play. Provides play opportunities for hospitalized children or in clinical settings. CLS works with families to help them integrate the child into family playtime.
Developmental Pediatrician	Medical doctor who diagnoses and treats a variety of developmental disorders in children.
Developmental Specialist	Provides diagnostic and testing services.
Pediatric Neurologist	Pediatric medical doctor who diagnoses and treats problems related to the central nervous system.
Nurse	Assists the physician in looking at growth and overall health. Educates families and children on medical procedures.
Nutritionist	A professional clinician who works with families and children around proper diet for good nutrition.
Pediatric Occupational Therapist	Therapist who evaluates, plans, and carries out therapy programs to develop motor skills, especially fine motor, self care, and sensory integration skills.
Pediatric Ophthalmologist	Pediatric physician who diagnoses and treats diseases of the eye.
Behavioral Optometrist	Examines the eyes to determine the presence of visual difficulties. Can be licensed to provide vision therapy or vision training to assist children with visual motor, perception, and spatial skills.
Otolaryngologist (ENT specialist)	Medical doctor who diagnoses and treats ear, nose and throat disorders.
Pediatric Endocrinologist	Medical doctor who diagnoses and treats hormone problems, such as growth, puberty and thyroid abnormalities.
Pediatric Gastroenterologist	Medical Doctor who specializes in the digestive system, including the stomach, intestine and liver problems.

**Pediatric
Infectious
Disease Physician**

Pediatric doctor who deals with diagnosing and treating infections in children.

**Pediatric
Physical
Therapist**

Therapist who evaluates, plans, and carries out therapy programs to develop motor skills such as walking, sitting and positioning.

Psychologist

A professional clinician with a Doctorate who diagnoses and treats emotional, behavioral, or developmental problems. Provides counseling to the child and/or parents. Provides Behavior Management Therapy and Psychotherapy. Provides comprehensive psychological evaluations related to intelligence, emotional status, and learning abilities. The Psychologist should be a licensed clinical psychologist, and/or neuropsychologist that has experience with children and families. May assist the family with educational planning for their child.

**Service
Coordinator**

A professional clinician having experience with young children and their families. Establishes a collaborative relationship with a family to advocate for themselves and their children. Assists the family from the child's birth to three years of age, through county's Early Intervention/Babies Can't Wait program.

**Master/Licensed
Clinician**

A licensed professional clinician who holds a masters degree in social work, counseling, marriage and family therapy, or psychology with experience and knowledge of children and families. Provides supportive counseling, advocacy, and consultation for individuals and families experiencing a variety of emotional and/or social difficulties. This clinician can provide Behavior Management Therapy and Psychotherapy. This clinician is knowledgeable of resources locally and nationally for families. May assist the family with educational planning for the child.

Note: Information provided by **The Marcus Institute for Development and Learning**. All rights reserved.



FOSTER PARENT INFORMATION SHEET

Child's name _____ DOB _____

Allergies _____

Worker's name _____ Phone _____

Supervisors name _____ Phone _____

County Director's name _____ Phone _____

Child's Medicaid # _____ Child's SS# _____

Birth Parents _____ Phone _____

Child's Relative _____ Phone _____

Health Needs _____

Medicine _____

Doctor _____ Phone _____

CCFA Provider _____ Phone _____

School _____ Phone _____

Regular Board Payment _____

Name _____ Home _____

Address _____ Office _____

Fax _____ Cellular _____

Web Address _____ E-Mail _____

Name _____ Home _____

Address _____ Office _____

Fax _____ Cellular _____

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Section Fifteen

Foster Parent Forms



Georgia Division of Family and Children Services

These forms can also be accessed at <http://dfcs.dhr.georgia.gov> or from your local county DFCS office.

-  Form 7 Consent to Remain in Foster Care
-  Form 9 Consent for Youth to Drive a Motorized Vehicle
-  Form 11 Acknowledgement of DFCS Driving Policy for Youth in Care
-  Form 29 DFCS Foster Parent Child Safety Agreement
-  Form 35 DHR Foster Parent Application
-  Form 36 Medical Evaluation
-  Form 38 Agreement between Foster Family and County DFCS
-  Form 40 Agreement Supplement- A supplement to the standard Foster Care Agreement; an agreement to the placement of a particular child/children in the foster home
-  Grievance Procedures (Forms 80-84)
-  Form 149 Notifications to Foster Parent of Intent to Terminate Parental Rights
-  Form 150 Foster Parent Affidavits for Consideration of Adopting Child Currently in Home
-  Form 151 Foster parent Notification of Decision Regarding Adopting Foster Child in the Home
-  Form 469 Foster Child Information Sheet (Given to foster parent at the time of child's placement or as soon as possible thereafter)
-  Form 316 Unreimbursed Caregiver
-  Form 526 DFCS Foster Care Invoice (Monthly invoice to be completed by foster parent for per diem and other reimbursements)
-  Form 560 Adoption Assistance in Georgia / Financial Assistance for Children with Special Needs in Adoptive Placement
-  Form 0-13 Foster Home Re-Evaluation

