GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

Prospective Caregiver(s) Onboarding Instructions and Forms

Prospective Caregiver Onboarding Pathway

Instructional Guide

Welcome Prospective Caregiver(s)!

In this packet, you will find the Initial Onboarding Forms for the Prospective Foster, Adoptive, or Kinship Care-giver. These forms can be completed electronically for your convenience. However, you may also print and complete them manually. Should you decide to complete the forms manually, we ask that you print legibly. You may also con-tact your local Caregiver Recruitment and Retention Specialist (CRRS) to assist you when needed.

The following forms are attached to this instructional guide and must be returned to your CRRS or assigned Home Assessor within **10 business days:**

- Safety and Quality Standards Acknowledgment
- Financial Statement for Resource Parenting
- Caregiver Reference Form
- Caregiver Child Safety Agreement
- SAFE Questionnaire 1-must be printed and completed manually
- Caregiver Confidentiality & Privacy Standards Agreement

The Prospective Foster or Adoptive Parent Medical Evaluation Report, must be completed by your medical provider and returned to your CRRS or assigned Home Assessor within **30 calendar days**. If you have not had a physical evalua-tion within the past 12 months, you must have an evaluation done by your medical provider to complete this form.

The CRRS will contact you to discuss the onboarding paperwork and provide additional information regarding the next steps, as well as answer any other questions. Upon completion, you may email the forms/documents back to the CRRS, however several of the forms will require an original signature. For emailed packets original signatures will be obtained at the next in-person visit.

Please see the attached verification checklist listing additional documents you must provide for the completion of the family assessment.

We look forward to partnering with you.

Thank you for making the decision to change the BLUEPRINT of a child's life and join us as we build a State of Hope!

GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

Prospective Caregiver Onboarding Pathway

Supplemental Verifications Checklist

The following forms, documents, and/or verifications must be submitted to your case manager along with your onboarding packet:

Primary and Secondary Caregiver

- TB Test Results – *(if not completed during medical exam)*
- *Drug Screen Results- (If not completed during medical exam)*
- *Up-to-date pertussis (Whooping cough) vaccination to care for infants* (unless the immunization is contrary to your health as documented by a licensed health care professional.)*
- *Up-to-date influenza (flu) vaccination to care for infants* and children with special medical needs (unless the immunization is contrary to your health as documented by a licensed health care professional.)*
- Proof of Citizenship *(ie, birth certificate, naturalization papers, US Passport, Permanent Resident Alien Form/Green Card)*
- Copy of your Driver's License – *must be provided when completing fingerprints*
- Copy of Automobile Insurance
- Marriage Certificate(s)/Divorce Decree(s)
- Death Certificate(s) *(if applicable)*
- Verification of Income
- Copy of Lease or Verification of Mortgage
- Copy of Water/Sewage Bill or Environmental Statement

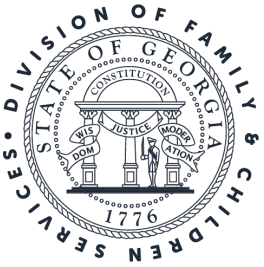
Additional Verifications needed

- Pet Vaccination Record, if applicable
- Up-to date Immunization Records for household members under the age of 18, if applicable
- Emergency Preparedness, Fire Safety and Evacuation Plan
- List of emergency telephone numbers including poison control posted in a prominent place in the home

*Infant is defined as a child 24 months and under

GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

Instructions for signing Caregiver Forms in Adobe Acrobat



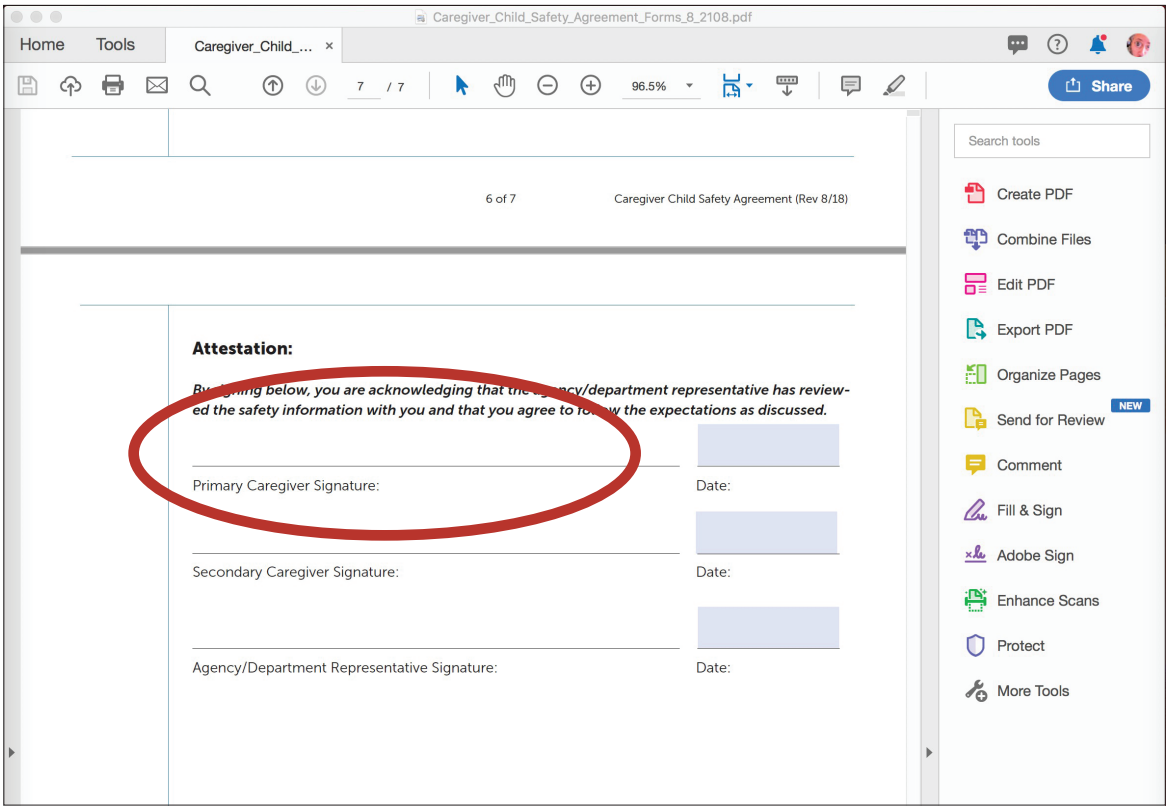
Important information to know before signing the DFCS forms

Before you sign any of the DFCS forms, here are some important things to be aware of:

- You'll need to have Adobe Acrobat on your computer to complete and sign these forms. Adobe Acrobat is a free program, and you can download a copy of it for your computer here.
- Please be careful when filling out these forms, making sure you have the correct information handy. Including incorrect information can delay the process.
- Be sure to fill in all the blue fields you have information for. Leaving out information may cause further delays in the process.
- Once you've filled out the forms, signed, and saved them, the information in the individual documents cannot be changed or modified in any way.
- If you find an error after you've signed and saved the document, you'd have to go back to the original document and start over.
- Once you've signed the document, it's important to rename the form with your name. Instructions for how to do that are in this guide.

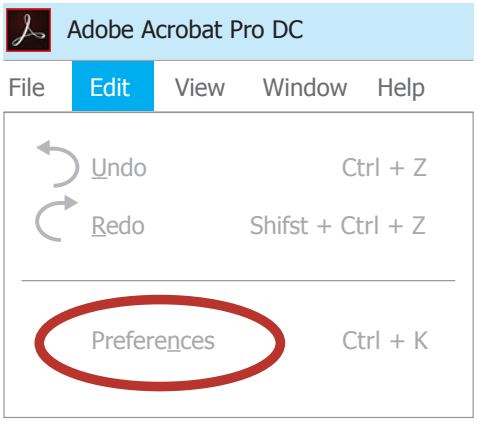
Instructions for signing DFCS forms

Fill out the form in its entirety, and when you get to the page that requires your signature...



Under the "Edit" dropdown menu, or "Acrobat Pro DC" dropdown menu, go to "Preferences"

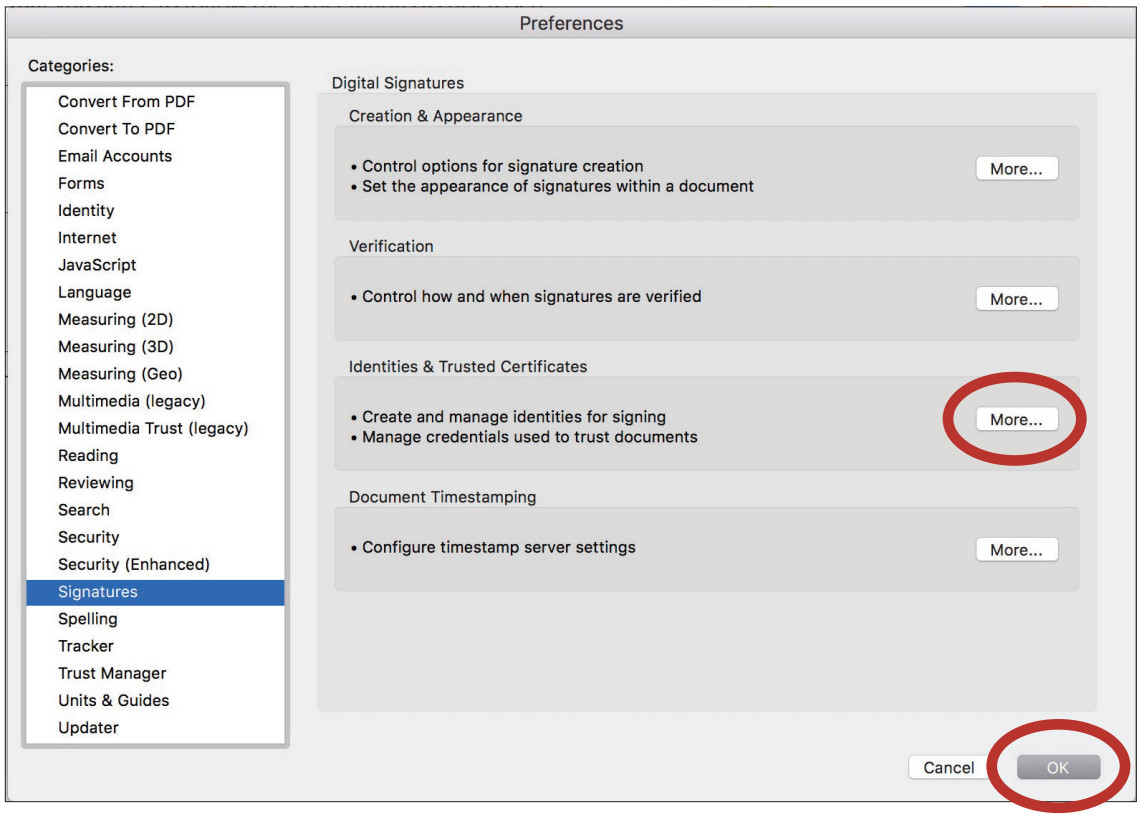
On a PC:



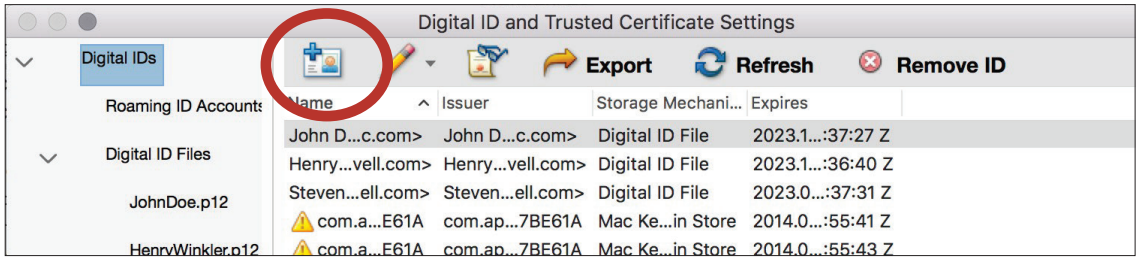
On a Mac:

Instructions for signing DFCS forms

In the Preferences window, scroll to "SIgnatures" in the left column and click.
Then click the "More" button under "Identities & Trusted Certificates"
Click the "OK" button

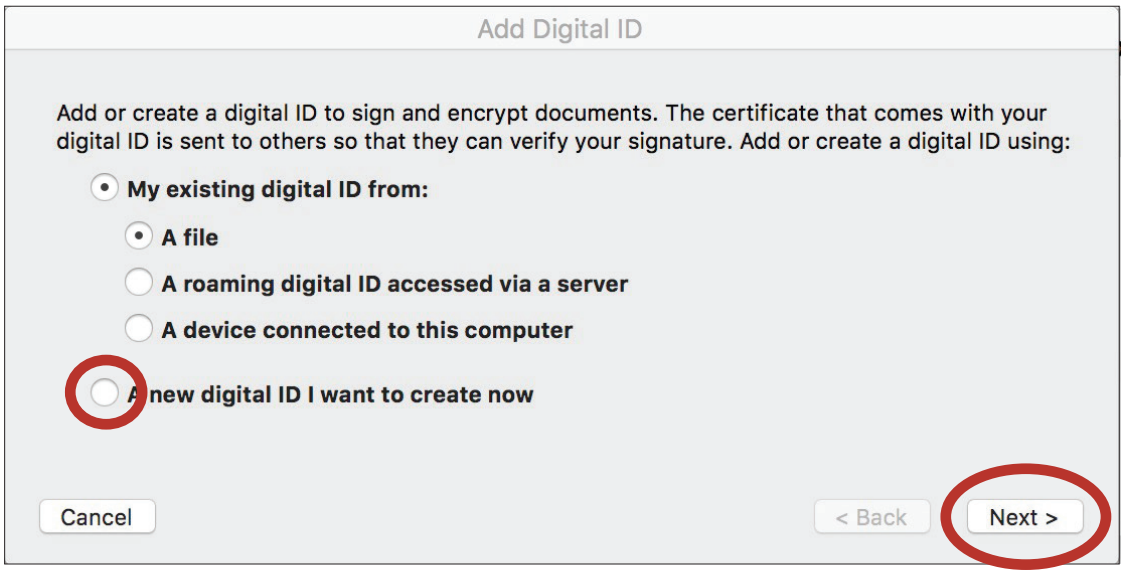


Click the "Name" icon

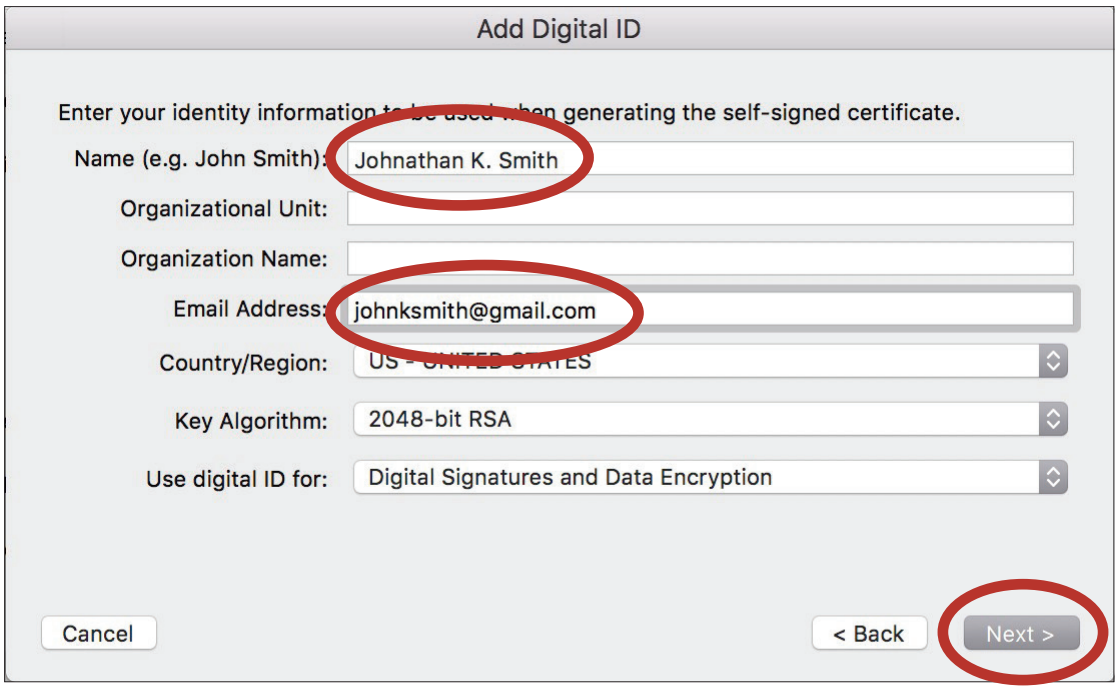


Instructions for signing DFCS forms

Click the radio button for "A new digitial ID I want to create now" then click the "Next" button

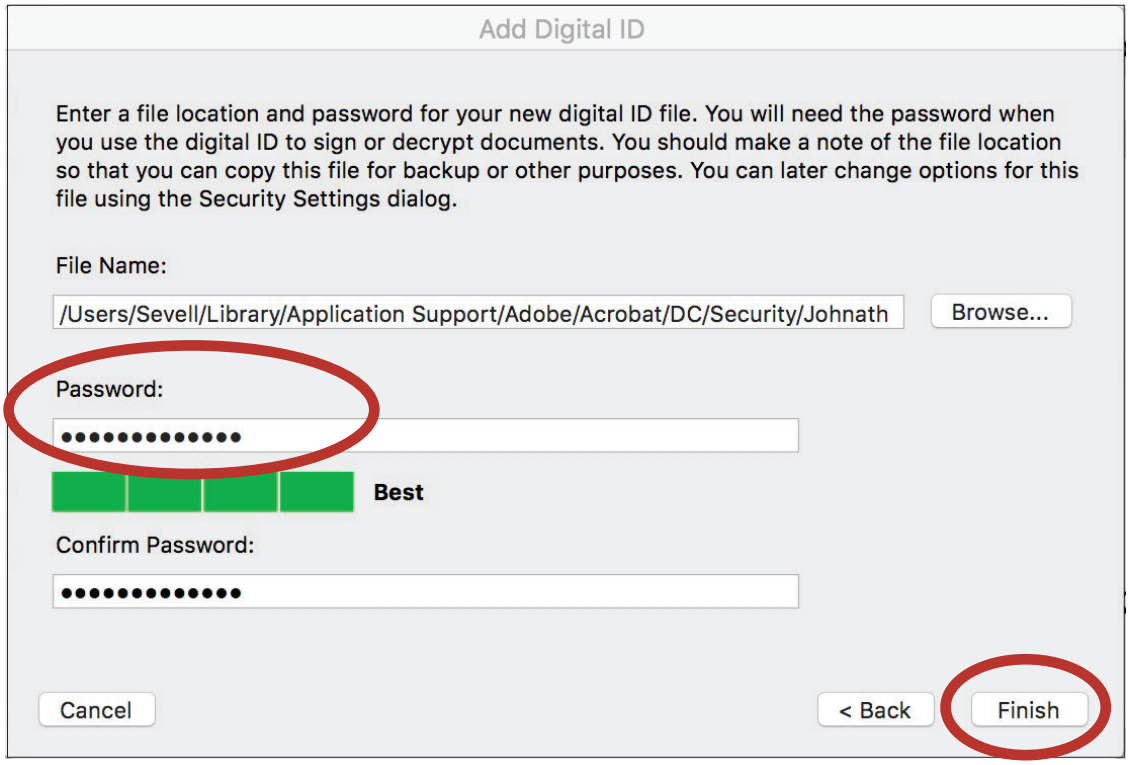


Fill in the "Name" and "Email Address" fields. Click the "Next" button

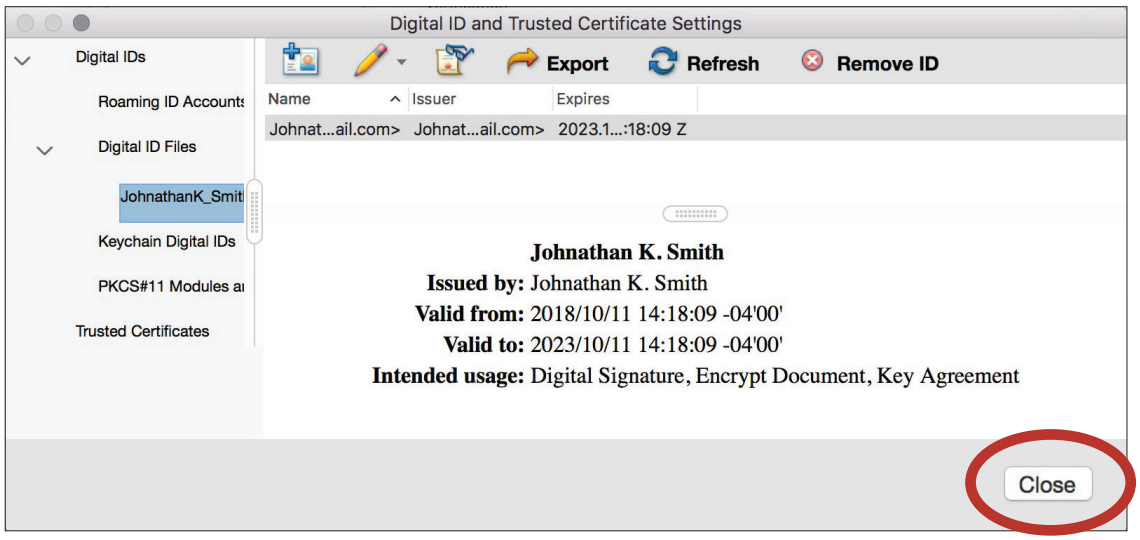


Instructions for signing DFCS forms

Fill in a password of your choice in both fields. Keep a record of it, because you'll need it again shortly. Click the "Finish" button

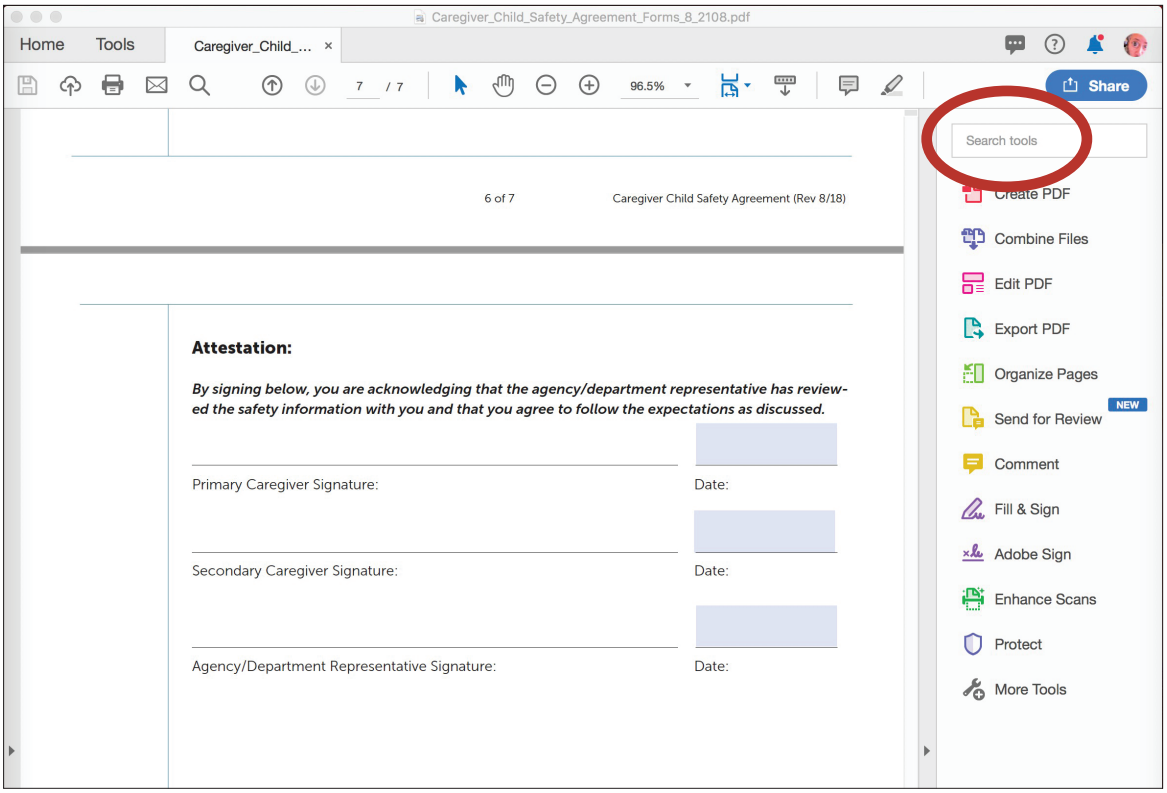


You'll see your name. Click the "Close" button

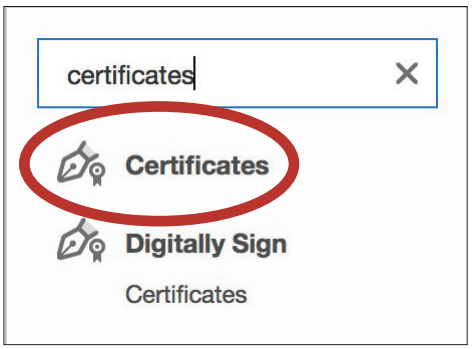


Instructions for signing DFCS forms

Click the "Certificates" link in the right column. If you don't see the word "Certificates"... Search for the word "Certificates" in the "search tools" field

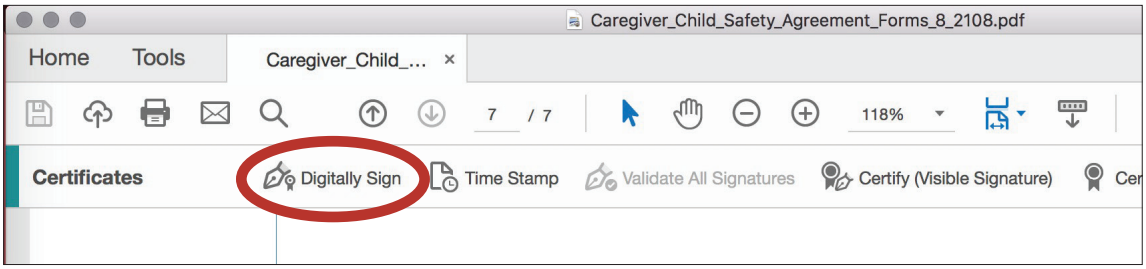


When you see the word "Certificates" appear below the "search tools" bar, click it.

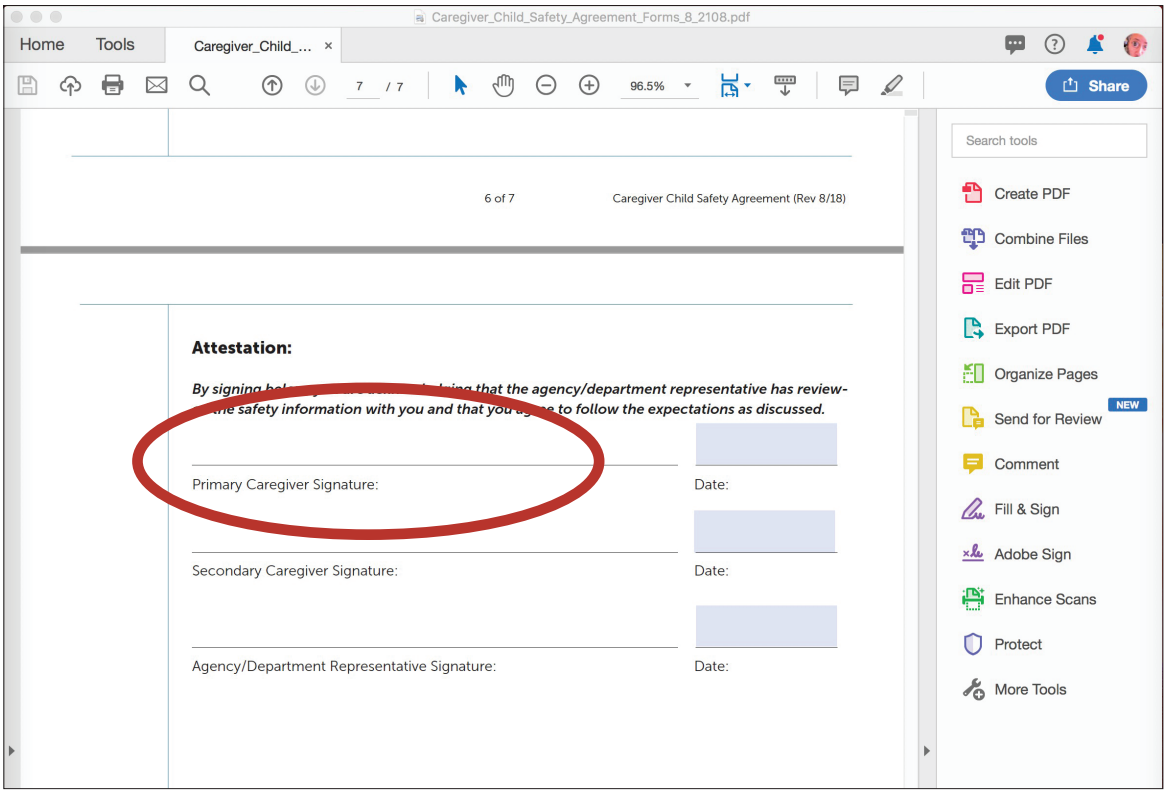


Instructions for signing DFCS forms

Click the "Digitally Sign" link

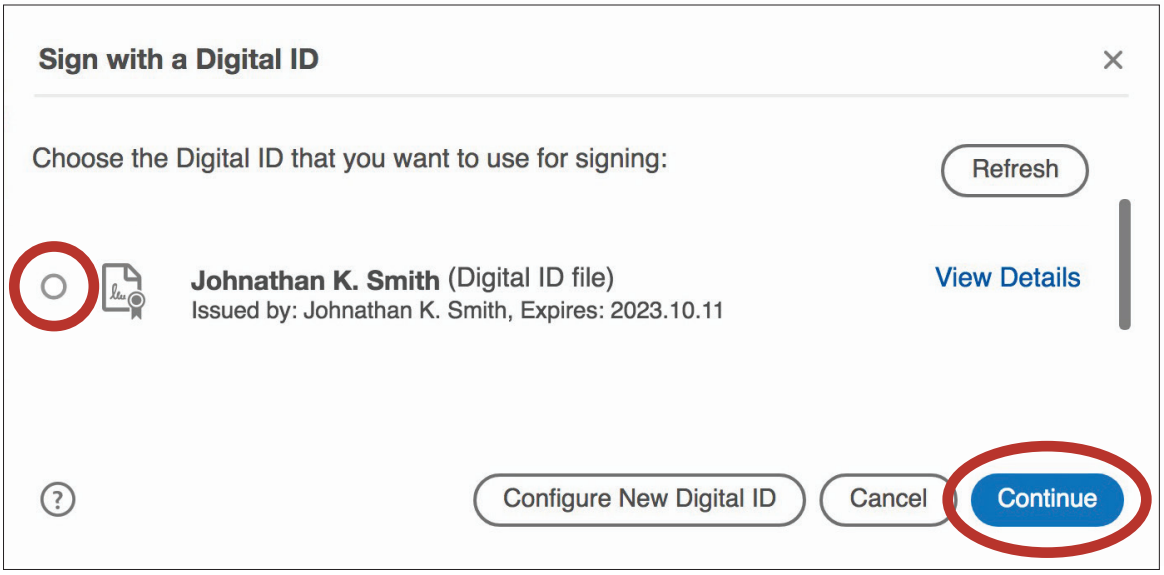


Click on the Signature line, and follow the prompts.

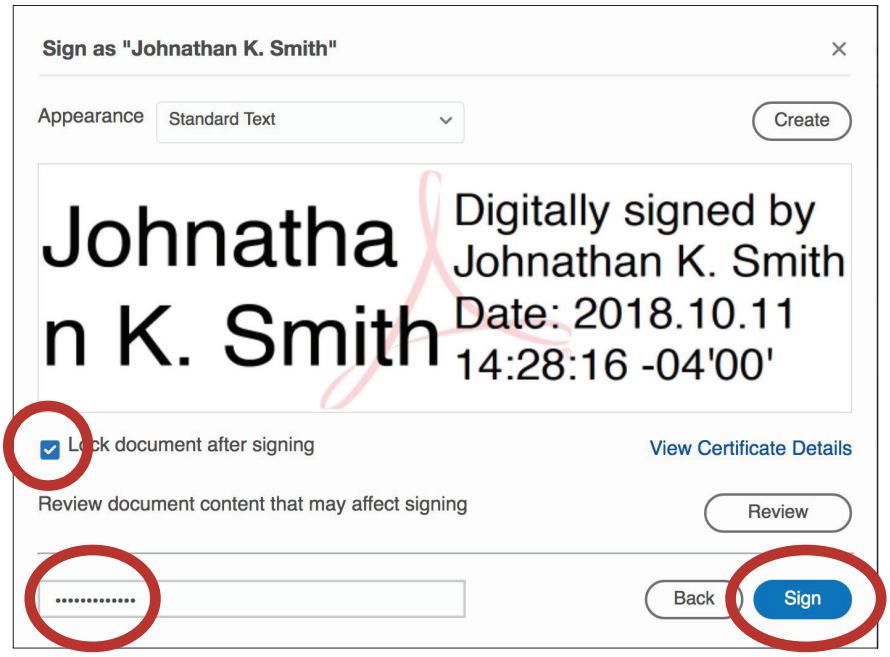


Instructions for signing DFCS forms

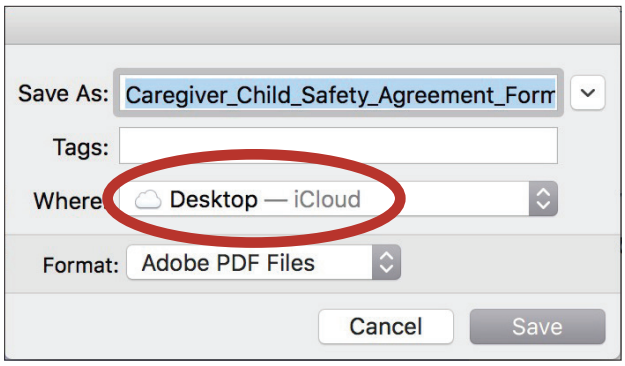
Click the button by your name. Click continue



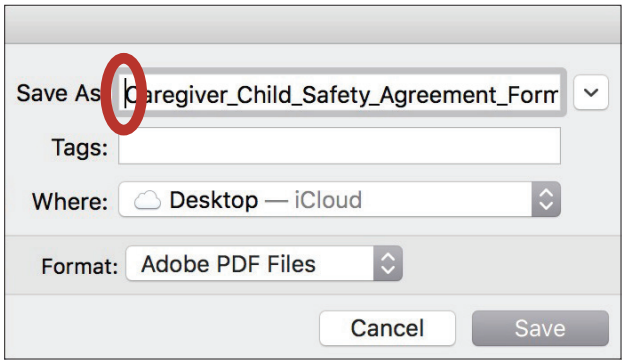
Click the "Lock document after signing" box, type in your password. Click the "Sign" button.



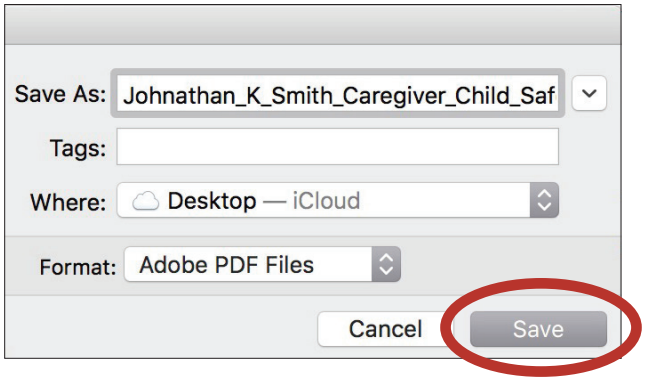
Instructions for signing DFCS forms



It's important to name the document correctly, so when this window pops up make sure you save it in a place, or in a folder, that you remember



Put your cursor in from of the name of the form and click

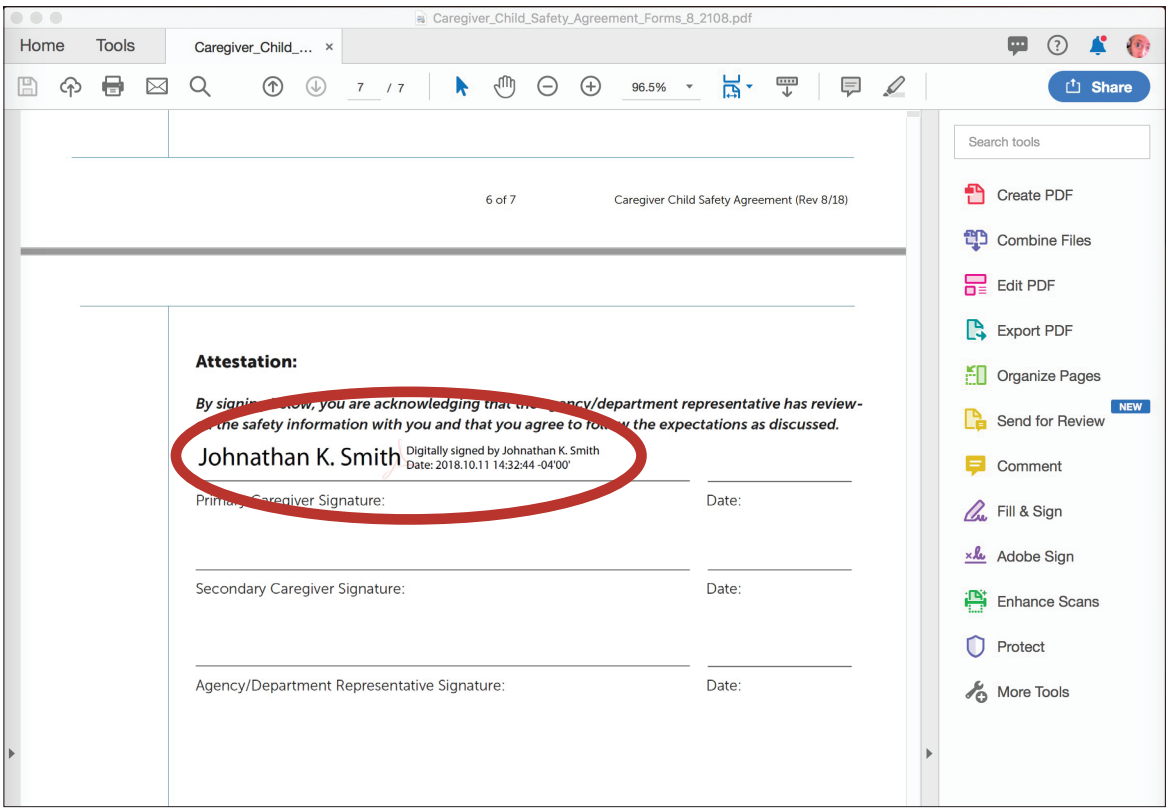


Type your name in front of the name of the document and use underlines between names and initials. This assures your form will be associated with your name.

Click the "Save" button

Instructions for signing DFCS forms

The digital signature of your name will appear in the Signature section



Safety and Quality Standards (SQS) Acknowledgment

Primary Caregiver Name: _____

Secondary Caregiver Name: _____

Review the SQS and sign and date the attestation.

To attain and maintain Full Approval Status, caregivers must:

a. Be a citizen or a permanent or legal resident;

b. Meet the following age requirement(s);

   i. Be at least 21 years of age

   ii. Relative/kinship caregivers must be at least 18 years of age

   iii. Be at least 25 years of age at the time of the adoption petition filing

   iv. Be at least 21 years of age as a relative/kinship caregiver at the time of the adoption petition filing

c. Have no substantiated Child Protective Services (CPS) history;

d. Complete a background check. Approval will not be granted for any felony conviction with in the last five years to include:

   i. Physical assault;

   ii. Battery; or

   iii. A drug or alcohol related offense.

   The non-negotiable convictions include felonies involving:

   i. Child abuse or neglect;

   ii. Spousal abuse;

   iii. A crime against a child or children (including child pornography); or

   iv. A crime involving violence, including rape, sexual assault, or homicide (but not including other physical assault or battery);

e. Be certified in CPR and First Aid;

continue

f. Meet health requirements for all household members;

   i. All children who are household members must be up-to-date on immunizations unless they are contrary to the child's health as documented by a licensed health care professional.

   ii. All household members who will be caregivers of children (ages 0 to 24 months old) must have an up-to-date pertussis (whooping cough) vaccination.

   iii. All household members who will be caregivers of children (ages 0 to 24 months old) and children with special medical needs must have an up-to-date annual influenza (flu) vaccination.

g. Abstain from the use of illegal drugs and misuse of prescription drugs and alcohol;

h. Demonstrate the maturity, stability, fitness, skills and competency to successfully protect, nurture, and meet the developmental needs of children;

i. Have sufficient income to maintain their family excluding the amount of the per diem received for any child(ren);

j. Complete an Information Session;

k. Support the agency's established case goals and permanency plan for child(ren) placed in their care;

l. Complete an approved pre-service training;

m. Support the religious and spiritual beliefs of a child's birth family;

n. Have a home environment that is clean, free of environmental hazards, and provides a livable atmosphere;

   i. Must have essentials such as safe drinking water, proper kitchen and bath facilities, etc.

   ii. If a home has a water well, the well needs to be inspected every three years as recommended by the Georgia Department of Public Health (DPH). Water wells also need to comply with the Georgia Water Wells Standard Act of 1985;

   iii. If a home has a septic tank, the septic tank needs to meet applicable specifications or criteria developed by DPH.

   iv. Must not smoke, and ensure that their guests do not smoke in the foster family home, in any vehicle used to transport a child, or in the presence of a child in foster care;

o. Have functional smoke alarms, fire extinguisher and carbon monoxide detector in the home;

   i. Must post a written evacuation plan in a prominent place in the home (e.g. on a refrigerator or family bulletin board), and review it with the children;

   ii. Must maintain a comprehensive list of emergency telephone numbers, including poison control, and post numbers in a prominent place in the home;

   iii. Must maintain first aid supplies;

p. Meet standards for appropriate utilization of the home:

   i. The total number of foster children that may be cared for in a foster family home must not exceed six except for the following reasons:

      1. To allow a parenting youth in foster care to remain with the child of the parenting youth;
      2. To allow siblings to remain together;
      3. To allow a child with an established, meaningful relationship with the family to remain with the family; and
      4. To allow a family with special training or skills to provide care to a child who has a severe disability.

continue

ii. Caregivers must provide a safe sleeping space, including sleeping supplies, such as a mattress and linens for each individual child, as appropriate for the child's needs and age;

iii. All children in the home must be treated equitably, meaning each child has a sleeping arrangement similar to other household members;

iv. Caregivers must not co-sleep, or bed-share, with children in foster care. (All foster children must sleep in a bed);

v. Caregivers with infants must adhere to infant sleeping practices outlined in the Infant Safe to Sleep Guidelines and Protocol.

q. Meet all safety guidelines in regard to fire safety, water safety, firearm safety, gas heaters, unvented fuel-fired heaters, pet inoculations, etc;

i. Must adhere to the title IV-E agency's reasonable and prudent parenting standards.

r. Have reliable, legal and safe transportation (includes a properly maintained vehicle or access to public transportation);

i. Any privately-owned vehicle (owned by caregiver, caregiver's family, or friends) used to transport a child in foster care must be operated by someone with a valid driver's license, insurance, and registration;

ii. Safety restraints (as appropriate for the child in accordance with the law) must be used when transporting a child in foster care.

s. Have at least three (3) personal character references;

t. Comply with the standards in the Foster Parent Manual;

u. Comply with requirements for supervision and discipline of children;

v. Follow the medication management protocol;

w. Be able to communicate with the child, DFCS/CPA, health care providers, and other service providers. At least one caregiver in the home must have functional literacy, such as having the ability to read medication labels; in foster care;

x. Meet the requirement for Continued Parent Development (CPD);

y. Must have emergency preparedness plans appropriate for the home's geographic location.

z. Have a Family Evaluation (Initial and subsequent) approved by the DFCS County Director/Designee or Child Placing Agency Director/Designee;

Acknowledgment Statement

I have reviewed and understand that I must meet (for initial approval) and remain in compliance with the Safety and Quality Standards (SQS) through my caregiving service.

If there is both a Primary and Secondary caregiver, both signatures are required.

Primary Caregiver Signature: _____ Date: _____

Secondary Caregiver Signature: _____ Date: _____

GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

Financial Statement for Resource Parenting

Case Name: _____ Date: _____

Caregiver 1: _____ Caregiver 2: _____

Occupation/Caregiver 1: _____ Occupation/Caregiver 2: _____

Name of Employer: _____ Name of Employer: _____

Address of Employer: _____ Address of Employer: _____

Date Employed: _____ Date Employed: _____

Monthly Gross Salary: _____ Monthly Gross Salary: _____

Home: ☐ Own ☐ Rent

Additional Household Income For both Caregivers
(Receiving Food Stamps, TANF, etc. *will not exclude you from being considered)*

Are you receiving Government Assistance? ☐ Yes ☐ No $ _____ (Monthly)

Other income: Monthly Amount: Source:

_____ _____

_____ _____

_____ _____

For the Purpose of Adoption Only

Life Insurance *(Name of Life Insurance company)*:

Caregiver 1: _____ Caregiver 2: _____

Health Insurance *(Name of Health Insurance company)*:

Caregiver 1: _____ Caregiver 2: _____

Is an adopted child covered from date of placement: ☐ Yes ☐ No

Is there a waiting period for pre-existing conditions: ☐ Yes ☐ No

Monthly Expenses: (List all monthly expenses by name and amount) *Attach additional page if needed.*

Monthly Expenses:	**Amount of Monthly Expense:**
Rent/Mortgage	$
Electricity/Gas	$
Water/Sewage	$
Telephone/Cell Phone	$
Insurance – Home/Auto	$
Insurance – Health/Dental	$
Insurance – Life	$
Medical/Prescription Expenses	$
Cable Television/Internet Service	$
Credit Cards	$
Groceries	$
Clothing	$
Tithes/Charitable Contributions	$
Child Support	$
Day Care	$
Auto Payments	$
Bank Loans	$
Student Loans	$
Other (list)	$
	$
	$
	$
Total:	**$** 0.00

Total Monthly Income (after withholding):	$
(-) Total Monthly Payments and Expenses:	$
(=) Available Monthly Surplus:	$ 0.00

Caregiver Reference Form

Primary Caregiver Name: _____

Secondary Caregiver Name: _____

The Caregiver Reference Form is a self-report form for prospective caregivers to share all prior foster and adoptive history and any work experience that involved the care of children. Please complete the form thoroughly and sign and date the attestation.

For each previous agency listed, please complete and sign a Release of Information form.

Current Foster or Adoptive Service

Do you have a current application with any other foster or adoptive agency or county Department?

☐ No ☐ Yes (Which agency or county?)

_____

Are you currently a foster or adoptive parent?

☐ No ☐ Yes (For Whom?) _____

Do you currently have foster or pre-finalization adoptive placements? ☐ N/A ☐ No ☐ Yes

Have you ever been involuntarily closed by a foster or adoptive agency or county department?

☐ No ☐ Yes (If yes, with whom and when?) _____

Have you ever applied but been denied approval to foster or adopt?

☐ No ☐ Yes (With Whom?) _____

Prior Foster or Adoptive Service

Do you have any previous foster or adoptive parent service history in or out of state?

☐ No ☐ Yes If yes, List all information below. Attach an additional page if necessary.

Agency / County Department: _____ Location: _____ Start – End Date: _____

Reason for Closure: _____ Contact Person / Contact Information: _____

Agency / County Department: _____ Location: _____ Start – End Date: _____

Reason for Closure: _____ Contact Person / Contact Information: _____

Agency / County Department: _____ Location: _____ Start – End Date: _____

Reason for Closure: _____ Contact Person / Contact Information: _____

Employment Experience Involving Care of Children or the Elderly

Does either caregiver have any current or previous employment involving the care of children or the elderly?

☐ No ☐ Yes If yes, list all service information below. Attach an additional page if necessary.

Applies to Which Caregiver?: _____ Employer Name/Location: _____ Start – End Date: _____

Reason for Departure: _____ Contact Person / Contact Information: _____

Applies to Which Caregiver?: _____ Employer Name/Location: _____ Start – End Date: _____

Reason for Departure: _____ Contact Person / Contact Information: _____

Applies to Which Caregiver?: _____ Employer Name/Location: _____ Start – End Date: _____

Reason for Departure: _____ Contact Person / Contact Information: _____

Caregiver References List

Primary Caregiver Name: _____

Secondary Caregiver Name: _____

As a prospective caregiver you must have acceptable character references from at least three individuals, one of which must be from a family member not residing in the home. All birth and adoptive children must be contacted for a reference however; this does not count toward the family member reference requirement or toward the total number of required character references.

If either the primary or secondary caregiver has had previous foster / adoptive experience and/or was employed in a child or elder care role, references are required from the prior agency(s) and/or employer(s).

If conflicting, ambivalent or inadequate information is obtained from any reference, additional references will be required.

Please complete the questions below thoroughly and sign/date the attestation statement at the end of the form. Based on the information below and on your Prior Service Report form, the county / agency will provide you with Authorization for Release of Information forms to sign so that your personal, prior service and professional references as applicable may be contacted for a reference.

List All Living Birth / Adoptive Children (Attach additional page if necessary)

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's Lives: ☐ In-Home ☐ Out of Home

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's Lives: ☐ In-Home ☐ Out of Home

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's Lives: ☐ In-Home ☐ Out of Home

List All Living Birth / Adoptive Children (Attach additional page if necessary)

Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's Lives: ☐ In-Home ☐ Out of Home

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Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's Lives: ☐ In-Home ☐ Out of Home

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Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's Lives: ☐ In-Home ☐ Out of Home

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Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's Lives: ☐ In-Home ☐ Out of Home

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Name: _____

Phone: _____ Email: _____

Parents: ☐ Couple's ☐ Primary Caregiver's ☐ Secondary Caregiver's Lives: ☐ In-Home ☐ Out of Home

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Provide At Least Three (3), Per Person, Personal Character References
(At Least One Must Be From A Family Member)

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

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Provide At Least Three (3) Per Person, Personal Character References
(At Least One Must Be From A Family Member)

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

Provide At Least Three (3), Per Person, Personal Character References
(At Least One Must Be From A Family Member)

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

Name: _____

Phone: _____ Email: _____

Family Member: ☐ No ☐ Yes ☐ Primary Caregiver's ☐ Secondary Caregiver's

CAREGIVER ATTESTATION STATEMENT

I attest that the information provided in this report is true and accurate. I understand that purposely providing false or misleading information will impact whether or not I may be approved as a foster or adoptive parent.

Completed By Name: _____

Primary Caregiver Signature: _____ Date: _____

Secondary Caregiver Signature: _____ Date: _____

A Release of Information must be obtained from the primary and secondary caregiver as applicable to contact personal, prior service and professional references. Utilize Form 5459 R, Authorization For Release of Information.

Caregiver Child Safety Agreement

Date of Review: _____ Agency/Department Representative: _____

Purpose: ☐ Initial Approval /Placement ☐ Re-Evaluation ☐ Other: _____

Foster Parent Manual—The Foster Parent Manual is your guide to understanding safety, supervision and service expectations of caregivers. Standards of care for children in foster care are stringent due to the uniqueness of the situation. Caregivers must abide by the information in the Foster Parent Manual. Your agency /department should have provided you with a copy of the Foster Parent Manual.
It can also be accessed here.

To ensure the safety and well-being of the children placed in (my/our) home, (I/we) agree to the following:

- *Review and abide by the information in the Foster Parent Manual*

Primary Caregiver's initials here: ☐

Secondary Caregiver's initials here: ☐

Household Composition/ Significant Events—***Your home's approval has been based on the current household information and the safety screens of the current household members listed below.***

List Household Members:

_____ _____

_____ _____

_____ _____

To ensure the safety and well-being of the children placed in (my/our) home, (I/we) agree to the following report any of the following to the agency/department within one (1) business day of occurrence:

- Report any additions to the household (regular resident or re-occurring overnight resident).
- Report any 911 calls from the residence.
- Report if law enforcement or the fire/EMS department is dispatched to the residence.
- Report any arrests, convictions or other law enforcement involvement with any household member

and

- Report any other such significant event.

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Corporal Punishment—*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 no 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:

- To 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) from the Foster Parent Manual and in consultation with the agency/department.
- Seek on-going information/training to build and enhance (my/our) child behavioral management skills.
- Immediately inform the agency / department of the need for assistance in managing the behavior of any child placed in (my/our) home.
- Carefully review and abide by the information on discipline and behavior management in the Foster Parent Manual. Caregiver Child Safety Agreement (Rev 04/17).

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Supervision of Children—*Caregivers must provide safe, responsible and appropriate supervision of children at all times.*

Names of Approved Substitute Caregivers:

_____ _____

_____ _____

_____ _____

In keeping with this requirement, (I/we) agree to adhere to the following:

- Provide appropriate adult supervision for the children in my care at all times.
- Ensure that any substitute caregivers are approved in advance by the agency/ department.
- Provide appropriate adult supervision for the children in my care at all times.
- Ensure that children are not placed under the care or supervision of anyone under the age of 18 years.

continued

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Supervision of Children—*continued*

- Ensure that children are not left unattended in a motor vehicle.
- Obtain approval from the agency prior to leaving older children unsupervised.
- Carefully review and abide by the information on safe supervision in the Foster Parent Manual.
- We agree that we will not use any illegal substances, abuse alcohol by consuming it in excess amounts, or abuse legal prescription and/or nonprescription drugs by consuming them in excess amounts or using them contrary to as indicated.

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Firearm Safety—*Caregivers must ensure that children placed do not handle or have access to firearms. Caregivers must take precautions to ensure that preventable injury or death from firearms does not occur.*

# of Firearms in the home _____ **Location of Firearms** _____

_____

In keeping with this requirement, (I/we) agree to adhere to the following:

- Inform DFCS of the presence of firearms in (my/our) home, now or at any time in the future.
- Secure all firearms in the home, using a commercially available safety lock designed for this purpose, or in a storage cabinet that securely.
- Keep all firearms unloaded; store firearms and ammunition separately.
- Never allow children placed in the home to handle guns.
- Carefully review and abide by the information on gun safety in the Foster Parent Manual.

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Motor Vehicle and Bicycle Safety—*According to national statistics, motor vehicle accidents are the leading cause of death for children ages 5-14. Caregivers must take precautions to ensure the safety of children in motor vehicles including following all state laws dictating car seat use and restrictions regarding children riding in the front seat.*

Children must wear helmets while bicycling.

In keeping with this requirement, (I/we) agree to adhere to the following:

- Secure children under age 8 in a federally approved child safety restraint seat that is properly installed according to the manufacturer's instructions.
- Secure all children in federally approved and properly installed safety seat belts.
- Ensure that children 12 years of age are under are transported in the rear seat of the vehicle to protect them from air bag injuries.
- Ensure that children/youth under 18 years do not ride in the bed of a pickup truck at any time.
- Obtain permission from the agency/department 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.
- Ensure that children wear a properly fitted helmet while bicycling or engaged in other approved motor vehicle activities where a helmet is indicated (all-terrain vehicles, for example).
- Carefully review and abide by the information on motor vehicle safety in the Foster Parent Manual.

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Water Safety—*Children are at high risk for accidental drowning. Foster parents whose residence is equipped with an in-ground /above ground swimming pool, or who live on a waterfront property, are required to take extra safety precautions with children placed in their care.*

Does the caregiver have an in-ground/above ground pool? ☐ ***Yes*** ☐ ***No***

Does the caregiver live on a waterfront property? ☐ ***Yes*** ☐ ***No***

In keeping with this requirement, (I/we) agree to adhere to the following:

- Know or learn how to swim
- Hold a current certificate in CPR/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.
- Foster Parent or an approved caretaker must provide direct supervision of children when around bodies of water (does not include lifeguards and pool personnel).

continued

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Water Safety—continued

In keeping with this requirement, (I/we) agree to adhere to the following:

- 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.
- Complete all water safety requirements within one (1) year of the child's placement in the home.
- Carefully review and abide by the information on water safety in the Foster Parent Manual.
- Inform DFCS immediately prior to adding an in-ground/above ground swimming pool.

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Motor Vehicle "Hot Car" Safety

Children are sensitive to heat as their body temperature can heat up three to five times faster than an adult's. Children will die if their body temperature exceeds 107 degrees. Even at a temperature of 60 degrees outdoors, the temperature inside a car can exceed 110 degrees. At initial placement caregivers should be reminded of motor vehicle safety as it pertains to hot cars and steps they can take to avoid related serious injury or death. The U.S. Department of Transportation (DOT) National Highway Traffic Safety Administration (NHTSA) recommends the following precautions to take in order to avoid child heatstroke.

In keeping with this requirement, (I/we) agree to adhere to the following:

- Never leave a child unattended in a vehicle – even if the windows are partially open or the engine is running and the air conditioning is on.
- Make a habit of looking in the vehicle–front and back– before locking the door and walking away.
- Ask the childcare provider to call if the child doesn't show up for care as expected.
- Do things that serve as a reminder that a child is in the vehicle, such as placing a phone, purse or briefcase in the back seat to ensure no child is accidentally left in the vehicle, or writing a note or using a stuffed animal placed in the driver's view to indicate a child is in the car seat.
- Always lock your vehicle when not in use and store keys out of a child's reach, so children cannot enter unattended. Teach children that a vehicle is not a play area.
- A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Safe to Sleep for Babies

Caregivers of infants ages 0-12 months old must be informed of conditions that constitute a safe sleeping environment and that reduce the risk of Sudden Infant Death Syndrome (SIDS), also known as "crib death".

At minimum, caregivers should practice the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the 'ABC's' of safe sleep.

In keeping with this requirement, (I/we) agree to adhere to the following:

- **A**lone – Ensure the baby's sleep area should be close to, but separate from, where caregivers and others sleep. The sleep area should be free of soft objects, toys, and loose bedding.
- **B**ack – Ensure that infants are always placed on their back to sleep for naps and at night.
- **C**rib – Ensure to place infants on a firm sleep surface, such as on a safety approved crib mattress, covered by a fitted sheet. Ensure that the child's sleep area contains no blankets, quilts, crib bumpers, or toys.

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Environmental and Animal Safety—*Caregivers must ensure that the home environment (inside and outside) is clean, free of environmental hazards and provides a comfortable, livable atmosphere. Household pets may not be dangerous or aggressive; exotic pets (snakes, wild life, etc.) require special approval. Additionally, caregivers must protect children from secondhand smoke (SHS). Smoke-free homes and cars provide the best protection against SHS for children. SHS can worsen asthma and increase the risk of bronchitis, lung and ear infections in children.*

In keeping with this requirement, (I/we) agree to adhere to the following:

- Maintain our home environment (inside and outside) to ensure that it is clean, free of environmental hazards and provides a comfortable, livable atmosphere.
- I/We, and any visiting guests, will not smoke in the family foster home, in any vehicle used to transport the child, or in the presence of the child in foster care.
- Provide close supervision of children when around animals.
- Properly secure animals as necessary with a leash, fence or cage, etc.
- Notify agency/department immediately of any dog/pet attacks or bites sustained by a child placed in your home.
- Take necessary precautions to protect children from SHS particularly those with medical conditions that can be worsened by exposure to SHS.
- Carefully review and abide by the information on animal and environmental safety in the Foster Parent Manual.

Primary Caregiver's initials here:

Secondary Caregiver's initials here:

Reasonable and Prudent Parenting Standards—*Caregivers shall apply the reasonable and prudent parenting standard when determining whether to allow a child in foster care to participate in particular extracurricular, enrichment, cultural, and social activities.*

In keeping with this requirement, (I/we) agree to adhere to the following:

- Make reasonable and prudent parenting decisions regarding the day-to-day care of children placed under their care and oversight.
- Engage the child/youth's birth parents in decision making regarding the types of activities they desire the child to participate.
- Notify DFCS/CPA prior to the occurrence of a child participating in overnight trips exceeding two nights.
- Provide a summary of the activities the child has participated in to the child's assigned case manager at each visit.

Attestation:

By signing below, you are acknowledging that the agency/department representative has reviewed the safety information with you and that you agree to follow the expectations as discussed.

Primary Caregiver Signature: _____ Date: _____

Secondary Caregiver Signature: _____ Date: _____

Agency/Department Representative Signature: _____ Date: _____

GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

Confidentiality and Privacy Standards Agreement

Caregiver Acknowledgement Form

Primary Caregiver/Family Name: _____

Maintaining confidentiality and privacy is an essential responsibility of the child's caregivers, treatment team, and DFCS. Information shared is intended to support achieving the highest quality care for the child and to facilitate permanency. When families feel that confidentiality and privacy is respected, they are more willing to share necessary information that will strengthen outcomes for the child and his or her future.

As an agent of the Division, caregivers may have access to a child's confidential information to support their ability to provide adequate care. Confidential information about the foster child, and his or her family, may not be shared with others who are not members of the child's foster care team without the expressed written consent of DFCS, except in an emergency. When in doubt, always ask the child's case manager before sharing any information about the child. Willful and unlawful disclosure of protected confidential child welfare information is punishable by law (O.C.G.A. § 49-5-44). These confidentiality standards also apply to other adult household members, and persons who provide supplemental support to caregivers.

By signing below, you are acknowledging that you have reviewed and understand the following Confidentiality and Privacy Standards.

To attain and maintain Full Approval Status, foster and adoptive parents, adult household members, and supplemental supports must:

- Keep all records in a safe and secure place. Ensure protections are in place to prevent the unauthorized release of information maintained in such records.
- Share only the information that is required by law, or necessary to arrange for services for the child.
- Not discuss confidential information about the foster child and his or her family with your family or friends.
- Use care in discussing details about the child in public places and when leaving messages on answering machines, texting, or other communication methods

- Protect the identity of the child, and his or her family, when communicating with other foster parents.

- Understand that disguising the identity of foster children does not allow for the sharing of information regarding those children, this includes social media sites.

- Refrain from displaying any photos or live video of any child placed in your home on any social media sites. Again, disguising the identity of children does not allow for the sharing of photographs or other potentially identifying information.

- Refrain from placing any cameras in bedrooms where the child sleeps, and in/near bathrooms that the child frequently uses, as they are prohibited. Cameras must not be used in a manner that violates privacy of youth.

- Infant video/audio monitors are only to be used/placed in the sleeping areas of children under the age of one. Consideration may be allowed for children on a case-by-case basis with prior approval from the Division.

Acknowledgement Statement

I have reviewed and understand that for initial and ongoing approval, I must meet and remain in compliance with the Confidentiality and Privacy Standards throughout my caregiving service.

_____
Printed Name

_____ _____
Signature Date

GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES

Confidentiality and Privacy Standards Agreement

Caregiver Acknowledgement Form

Primary Caregiver/Family Name: _____

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- Share only the information that is required by law, or necessary to arrange for services for the child.
- Not discuss confidential information about the foster child and his or her family with your family or friends.
- Use care in discussing details about the child in public places and when leaving messages on answering machines, texting, or other communication methods

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Acknowledgement Statement

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_____
Printed Name

_____ _____
Signature Date