Safety and Quality Standards (SQS) Acknowledgment

Primary Caregiver Name: Test One

Secondary Caregiver Name: Test Two

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: 06/21/2021

Caregiver 1: Test One Caregiver 2: Test Two

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 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.

Test One

_____
Printed Name

_____ _____
Signature Date

Please review all information provided for accuracy **before** completing the digital signature. Once you have completed the digital signature field the forms can no longer be edited

Caregiver Feedback Survey

*The Primary and Secondary Caregiver must complete their own **individual** survey.*
Check either the Primary or Secondary Caregiver box, based on your individual role.

☑ Primary Caregiver Name: Test One Date: 06/21/2021

☐ Secondary Caregiver Name: _____ Date: _____

Case Manager: _____ County/CPA: _____

Foster Homes are re-evaluated annually or more should circumstances warrant.

This form is used to give you an opportunity to formally review your experience working with the Division (DFCS), and to share your view on the fostering experience.

1. Have you had any placements within the current re-evaluation period ? ☐ Yes ■ No (If no, skip to question 3)

2. During the last 30 days, have you had a need to contact DFCS or CPA?

Which organization have you needed to contact? ■ DFCS ☐ CPA

☐ Yes, I have contacted them: ☐ If no, skip to the next question.

☐ Less than expected ☐ As expected ■ More than expected ☐ Consistently More

3. Have you received a copy of the Caregiver Passport? ☐ Yes ☐ No

4. Have you received the Child Passport for each child that's been placed in your home during the past year?

☐ Yes ☐ No ☐ Yes, but not for all children (Please explain below)

5. Considering the children currently placed in your home, and your ability to parent them, how well-matched would you say you are?

☐ Not matched well I am overwhelmed ☐ Matched well, but have had some minor adjustments ☐ Matched according to my initial preferences ☐ No children currently placed

6. Considering the children currently placed in your home, how well were you informed about their needs at the time of placement?

☐ Less than expected ☐ As expected ☐ More than expected ☐ Consistently more ☐ No children currently placed

7. Did you receive your reimbursements timely?

☐ Reimbursements are consistently late ☐ Reimbursements are seldom late ☐ Reimbursements are always received timely ☐ N/A

8. Think about the support you receive from DFCS or CPA in caring for the children placed in your home, how well are we supporting your family?

Which organization have you needed to contact? ☐ DFCS ☐ CPA.

They are supporting our family: ☐ More than expected ☐ As expected ☐ Less than expected ☐ No Contact

9. Have the continued development trainings increased your ability to parent children in care? ☐ Yes ☐ No

9a. How were you notified about the trainings? (Select all that apply)

☐ Email ☐ Mail ☐ Phone ☐ In Person ☐ Other _____

9b. What additional trainings are desired/needed?

_____

_____

10. Are there any additional supports needed?

_____

_____

10a. What can the child's case manager do to provide additional support?

_____

10b. What can the Resource Development worker do to provide additional support?

_____

Comments / Testimonials / Kudos:

_____

_____

_____

11. Has the Division (DFCS) provided timely notification of judicial and administrative hearings? ☐ Yes ☐ No

If Yes, it has been:

☐ Less than expected ☐ As expected ☐ Better than expected ☐ Consistently better

_____

12. Has the Division (DFCS) provided you the opportunity to participate in case planning/decision making?

☐ Yes ☐ No If Yes, it has been:

☐ Less than expected ☐ As expected ☐ Better than expected ☐ Consistently better

13. Has the Division (DFCS) provided you the opportunity to participate in visitation planning? ☐ Yes ☐ No

If so, has it been:

☐ Less than expected ☐ As expected ☐ Better than expected ☐ Consistently better

14. Have you filed any grievances since your last re-evaluation? ☐ Yes ☐ No

If yes, what was the nature of the grievance?

14a. Was the grievance resolved to your satisfaction? ☐ Yes ☐ No ☐ N/A

14b. Was the grievance regarding?

☐ DFCS Policies and Procedures ☐ CPA Policy and Procedures

DFCS Families Only

15. Has the child's DFCS case manager conducted a monthly face-to-face in home visit? ☐ Yes ☐ No

15a. Has the DFCS Resource Development case manager contacted you monthly? ☐ Yes ☐ No

15b. Has the DFCS Resource Development case manager conducted in home quarterly visits? ☐ Yes ☐ No

CPA Families Only

16. Has the child's DFCS case manager conducted a monthly in home visit? ☐ Yes ☐ No

16a. Has the CPA case manager conducted monthly in home visits? ☐ Yes ☐ No

Either the Primary and Secondary Caregiver must sign their own ***individual*** *survey, based on your individual role.*

Primary Caregiver Signature _____ Date _____

Secondary Caregiver Signature _____ Date _____